



West Midlands Ambulance Service
University NHS Foundation Trust



Trust Information Pack

March 2022

Trust us to care.

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

Our commitment to provide the best care for all patients

- 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.

Strategic Objective 2: A great place to work for all

Creating the best environment for staff to flourish

- 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.

Strategic Objective 3: Effective planning and use of resources

Continued efficiency of operation and financial control

- 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.

Strategic Objective 4: Innovation and Transformation

Developing the best technology and services to support patient care

- 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

Strategic Objective 5: Collaboration and Engagement

Working in partnership to deliver seamless patient care

- 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



Our Corporate Culture – A Commitment

Towards an engaged, learning culture at its best

We believe that our values are the engine that drives our culture, and that to influence culture, we must use stories, words and behaviours that reflect the culture we want to be. We therefore commit to a culture that:

- **Is High Achieving:** consistently achieves and continually improves performance against our strategic objectives
- **Is Values-based:** is consistent with our values, patient-focussed, can-do and collaborative
- **Has a Diverse Workforce:** reflects the cultural mix of the communities we serve, and who are confident, capable and well-equipped.
- **Has a fully engaged staff:** is committed to continual learning and high standards, and where everyone feels proud to be a part of the team and of the organisation
- **Has confident and capable managers:** who are developed, empowered and supported, and who are creating a positive performance culture in our teams
- **Has teams that work together:** a joined-up organisation, using the full talents of every team to maximise the difference we are making
- **Is outward-facing:** strategic, and collaborative in our work with our patients
- **Is learning, improving and innovating:** a pragmatic, action-orientated culture for putting learning into action

We know that stating in documents that our people are our greatest asset is not enough; we need to demonstrate this by our behaviours, thoughts and actions.

The organisation has some of the longest serving staff in healthcare and those that are just starting out in their careers. We know that our patients will receive a superior service when they are cared for by staff where there is high morale and therefore we must all strive to make our working environment an enjoyable and stimulating experience.

In creating our corporate culture we are firmly opposed to management by intimidation; the best results are delivered by people who don't have to be told what to do but who know our shared values and how these are enacted every day. We strive to be free of prejudice of any kind. Promotions and career development to achieve individual potential is open to everybody, regardless of religion, race, gender, or sexual preference.

We have invested in our leadership to ensure high standards are in place. The setting of clear direction, and the involvement of our people to aid the decision making process are essential qualities and encourages us all to own the results that this brings.

Ian Cumming
Chairman

Anthony Marsh
Chief Executive Officer

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OPERATIONAL & CLINICAL KEY PERFORMANCE INDICATORS



NHS

West Midlands Ambulance Service
University NHS Foundation Trust

Trust Information Pack

February 2022

Service Delivery Directorate

Operational Metrics and KPIs

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Call Demand

	All Emergency Calls			
	Current Year	Previous Year	Variation from Previous Year	% Variation
	Call Count	Call Count	Call Count	Call Count
	Month	114,371	94,645	19,726
QTD	239,873	215,919	23,954	11.1 %
YTD	1,463,463	1,141,272	322,191	28.2 %

	Demand against Contract		
	Assigned Incidents	Contract Incidents	% Variation
	Month	89,510	97,514
QTD	185,929	205,862	-9.68 %
YTD	1,124,643	1,102,749	1.99 %

	111/999	111 vs 999 calls			
		Current Year		Previous Year	
		Call Count	Call Count	Call Count	Call Count
Month	999	99,099	86.6 %	76,404	80.7 %
	111	15,272	13.4 %	18,241	19.3 %
	Total	114,371		94,645	
QTD	999	209,343	87.3 %	175,615	81.3 %
	111	30,530	12.7 %	40,304	18.7 %
	Total	239,873		215,919	
YTD	999	1,295,245	88.5 %	932,900	81.7 %
	111	168,218	11.5 %	208,372	18.3 %
	Total	1,463,463		1,141,272	

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	84,125	87,351	(3,226)	-3.7 %
QTD	174,911	190,566	(15,655)	-8.2 %
YTD	1,060,175	1,024,468	35,707	3.5 %

	Emergency Incidents			% Variation from Previous Year
	Current Year	Previous Year	Variation from Previous Year	
	Incident Count	Incident Count	Incident Count	
Month	80,560	81,398	(838)	-1.0 %
QTD	167,750	178,365	(10,615)	-6.0 %
YTD	1,010,649	952,839	57,810	6.1 %

Section 1: Demand

February 2022

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	21,133	25.1 %	21,599	24.7 %	264,237	24.9 %	254,073	24.8 %
Black Country	18,644	22.2 %	19,357	22.2 %	235,046	22.2 %	225,437	22.0 %
Arden	12,157	14.5 %	12,599	14.4 %	152,046	14.3 %	147,986	14.4 %
Staffordshire	15,821	18.8 %	17,000	19.5 %	206,140	19.4 %	197,788	19.3 %
Herefordshire	2,562	3.0 %	2,485	2.8 %	30,451	2.9 %	28,828	2.8 %
Shropshire	6,100	7.3 %	6,533	7.5 %	75,649	7.1 %	75,425	7.4 %
Worcester	7,541	9.0 %	7,661	8.8 %	94,676	8.9 %	93,189	9.1 %
Out of Area	95	0.1 %	68	0.1 %	1,174	0.1 %	1,143	0.1 %
No Value	72	0.1 %	49	0.1 %	756	0.1 %	599	0.1 %
Total	84,125		87,351		1,060,175		1,024,468	

Treatment Type (AQI Incidents, Emergency only)

Treatment Type Group	Treatment Type	MTD	QTD	YTD
Hear & Treat	Advice	3,130	6,100	26,740
	Alt Service	9,584	20,042	105,851
	Total	12,714	26,142	132,591
	%	16.1 %	15.8 %	13.3 %
See & Convey	Transport - ED	38,327	79,030	483,889
	Transport - Non ED	3,896	7,979	46,161
	Total	42,223	87,009	530,050
	%	53.3 %	52.7 %	53.1 %
See & Treat	Response	24,234	52,013	336,229
	Total	24,234	52,013	336,229
	%	30.6 %	31.5 %	33.7 %
Total	Total	79,171	165,164	998,870

Section 2: Performance

February 2022

(S&T and S&C Treatment Types only - this doesn't apply to Call Answer figures)

	Target		Month		QTD		YTD	
	Mean	90%	Mean	90%	Mean	90%	Mean	90%
Priority	7:00	15:00	8:11	14:17	8:10	14:19	7:46	13:40
Category 1	7:00	15:00	8:11	14:17	8:10	14:19	7:46	13:40
Category 1 T	19:00	30:00	9:36	16:44	9:32	16:48	9:00	16:05
Category 2	18:00	40:00	33:36	71:51	34:11	74:01	30:37	66:58
Category 3	60:00	120:00	146:14	355:34	150:55	372:56	121:46	310:56
Category 4	-	180:00	195:26	472:50	184:10	449:19	144:55	367:23
HCP 2hr	-	-	164:43	367:31	155:13	350:40	121:28	283:03
HCP 4hr	-	-	265:36	573:16	232:57	509:55	188:39	432:05

Call Answer	Month	QTD	YTD
Call Answer Mean	0:03	0:05	0:05
Call Answer Median	0:02	0:02	0:00
Call Answer 95th	0:09	0:25	0:28
Call Answer 99th	0:33	0:55	1:22

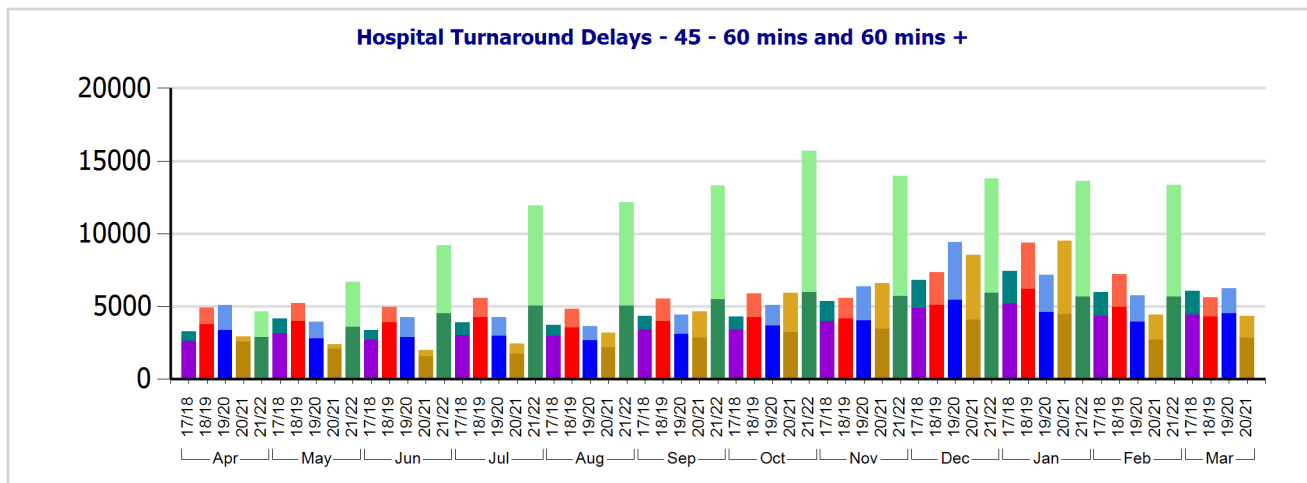
Over 2 minute Call Answer Delays											
Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
6	13	3	18	737	211	252	195	49	355	166	17

MTD	Target		Arden		Birmingham		Black Country		Herefordshire		Shropshire		Staffordshire		Worcester	
	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%
Priority	7:00	15:00	8:51	15:21	6:41	11:00	6:42	10:47	13:07	25:38	11:29	23:04	8:54	15:22	10:18	18:20
Category 1	7:00	15:00	8:51	15:21	6:41	11:00	6:42	10:47	13:07	25:38	11:29	23:04	8:54	15:22	10:18	18:20
Category 1 T	19:00	30:00	9:49	16:40	7:28	12:19	7:34	12:32	15:48	29:44	14:00	27:05	11:04	18:42	13:04	20:36
Category 2	18:00	40:00	33:44	68:15	32:20	71:54	19:04	37:26	37:39	77:13	48:16	103:59	41:13	88:06	43:27	93:33
Category 3	60:00	120:00	122:06	278:42	181:58	488:27	103:58	247:29	115:22	281:04	171:28	431:22	151:47	366:09	186:44	484:27
Category 4	-	180:00	146:03	400:00	255:15	625:35	169:00	381:22	189:25	485:31	240:28	635:45	175:39	380:39	233:42	598:13
HCP 2hr	-	-	146:18	349:17	157:10	326:08	132:20	291:10	108:48	280:08	274:11	680:17	161:41	337:50	169:01	373:07
HCP 4hr	-	-	225:56	517:48	252:38	468:57	258:17	553:11	340:05	718:56	371:08	940:10	255:51	519:44	330:33	925:33

QTD	Target		Arden		Birmingham		Black Country		Herefordshire		Shropshire		Staffordshire		Worcester	
	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%
Priority	7:00	15:00	8:44	15:02	6:43	11:02	6:36	10:46	12:33	25:11	11:37	23:24	9:02	15:24	10:15	18:22
Category 1	7:00	15:00	8:44	15:02	6:43	11:02	6:36	10:46	12:33	25:11	11:37	23:24	9:02	15:24	10:15	18:22
Category 1 T	19:00	30:00	10:03	17:02	7:35	12:22	7:26	12:13	14:43	29:06	14:16	26:58	10:46	18:15	12:31	21:38
Category 2	18:00	40:00	33:24	68:21	32:55	74:59	19:24	37:59	35:22	72:46	48:25	105:32	44:28	98:34	42:46	90:06
Category 3	60:00	120:00	128:13	300:36	185:50	506:12	106:18	256:19	108:52	258:25	172:41	438:55	170:44	426:41	174:49	443:45
Category 4	-	180:00	161:26	416:51	229:09	548:03	150:17	349:44	157:11	444:07	192:08	517:52	183:43	403:03	218:09	519:04
HCP 2hr	-	-	132:25	312:17	155:36	337:59	118:09	254:48	111:35	289:38	240:50	608:08	159:32	354:03	171:05	398:09
HCP 4hr	-	-	196:29	438:44	228:46	453:04	235:50	524:34	230:03	652:06	346:53	844:00	223:44	455:00	273:12	679:58

YTD	Target		Arden		Birmingham		Black Country		Herefordshire		Shropshire		Staffordshire		Worcester	
	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%
Priority	7:00	15:00	8:30	14:53	6:24	10:38	6:15	10:18	11:28	23:21	11:20	22:46	8:25	14:32	9:33	17:31
Category 1	7:00	15:00	8:30	14:53	6:24	10:38	6:15	10:18	11:28	23:21	11:20	22:46	8:25	14:32	9:33	17:31
Category 1 T	19:00	30:00	9:49	17:15	7:12	11:53	7:07	11:40	13:50	26:48	13:42	26:42	9:55	17:07	11:24	20:32
Category 2	18:00	40:00	34:33	73:51	29:02	65:36	18:05	35:12	30:01	61:58	45:48	102:04	36:58	81:33	34:02	73:00
Category 3	60:00	120:00	127:16	320:15	143:32	384:19	91:11	227:59	83:27	203:08	150:03	386:05	123:33	314:36	123:34	321:21
Category 4	-	180:00	150:45	390:42	172:08	439:50	130:40	328:12	105:03	245:32	166:28	426:11	134:57	334:49	137:07	344:13
HCP 2hr	-	-	115:47	272:32	121:35	282:27	95:10	219:22	90:35	206:43	191:36	452:21	118:03	271:05	123:56	300:48
HCP 4hr	-	-	179:18	407:42	170:38	399:34	179:45	431:41	172:20	408:23	294:14	739:49	191:56	415:23	206:00	513:46

	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	44,569	47,104	-2,535	-5.4 %	7,685	1,720	5,965	346.8 %	22,005	4,572	17,433	381.3 %
QTD	91,720	100,295	-8,575	-8.5 %	15,647	6,763	8,884	131.4 %	44,927	16,185	28,742	177.6 %
YTD	562,774	547,508	15,266	2.8 %	72,863	21,718	51,145	235.5 %	187,321	57,200	130,121	227.5 %



Destination	Hospital Turnaround Timebands													
	MTD							YTD						
	Under 30	30-60 mins	60+ mins	Total	Under 30	30-60 mins	60+ mins	Total	Under 30	30-60 mins	60+ mins	Total		
Alexandra	1151	63.0 %	584	32.0 %	91	5.0 %	1826	14274	67.5 %	5372	25.4 %	1489	7.0 %	21136
Birmingham Childrens	453	56.9 %	313	39.3 %	30	3.8 %	796	5839	61.0 %	3538	37.0 %	196	2.0 %	9573
Burton	331	32.4 %	565	55.3 %	126	12.3 %	1022	5408	42.6 %	6267	49.4 %	1015	8.0 %	12690
City (Birmingham)	1155	55.7 %	842	40.6 %	75	3.6 %	2072	15615	61.4 %	8846	34.8 %	982	3.9 %	25443
County Hospital (Stafford)	486	58.6 %	291	35.1 %	52	6.3 %	829	6876	65.6 %	3135	29.9 %	463	4.4 %	10474
George Elliot	441	38.6 %	641	56.1 %	61	5.3 %	1143	6375	45.2 %	7349	52.2 %	366	2.6 %	14090
Good Hope	602	25.6 %	1137	48.3 %	614	26.1 %	2353	12323	40.0 %	12612	40.9 %	5877	19.1 %	30812
Heartlands	778	23.4 %	1668	50.2 %	880	26.5 %	3326	15590	34.6 %	20093	44.6 %	9321	20.7 %	45005
Hereford County	766	49.7 %	596	38.7 %	179	11.6 %	1541	9183	49.6 %	7903	42.7 %	1432	7.7 %	18518
New Cross	1375	40.1 %	1597	46.6 %	455	13.3 %	3427	22678	51.0 %	16443	37.0 %	5340	12.0 %	44461
New Queen Elizabeth Hosp	936	27.3 %	1901	55.4 %	596	17.4 %	3433	14884	34.7 %	21644	50.4 %	6399	14.9 %	42929
Princess Royal	400	24.0 %	744	44.6 %	526	31.5 %	1670	7668	36.1 %	9330	43.9 %	4244	20.0 %	21242
Royal Shrewsbury	218	17.0 %	638	49.8 %	424	33.1 %	1280	3745	22.9 %	7084	43.3 %	5522	33.8 %	16352
Royal Stoke Univ Hosp	912	22.0 %	1985	47.9 %	1246	30.1 %	4143	16540	30.5 %	28285	52.2 %	9359	17.3 %	54185
Russells Hall	804	26.2 %	1780	58.0 %	483	15.7 %	3067	13153	34.5 %	20177	52.9 %	4827	12.7 %	38158
Sandwell	650	30.8 %	1154	54.7 %	304	14.4 %	2108	11204	42.1 %	13064	49.1 %	2358	8.9 %	26626
Solihull	3	100.0 %		0.0 %		0.0 %	3	22	68.8 %	9	28.1 %		0.0 %	32
Uni Hospital Cov & War	1050	27.9 %	2308	61.3 %	408	10.8 %	3766	17076	36.1 %	26908	56.9 %	3293	7.0 %	47278
Walsall Manor	1428	52.5 %	1235	45.4 %	59	2.2 %	2722	18108	55.6 %	13922	42.7 %	567	1.7 %	32597
Warwick	410	24.7 %	1075	64.7 %	176	10.6 %	1661	5377	27.1 %	12435	62.6 %	2061	10.4 %	19873
Worcestershire Royal	696	29.2 %	783	32.9 %	900	37.8 %	2380	13282	42.5 %	10209	32.7 %	7751	24.8 %	31243

Turnaround - Time at Hospital to Time Clear

RPI

	Month	QTD	YTD
Category 1	1.44	1.44	1.43
Category 2	1.04	1.04	1.04
Category 3	1.05	1.05	1.04
Category 4	1.06	1.05	1.05
HCP	1.06	1.06	1.07
Total	1.09	1.09	1.09

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

	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22
Bromsgrove Hub	98.9%	99.8%	99.8%	98.7%	99.4%	100.0%
Coventry Hub	99.9%	100.0%	100.0%	100.0%	99.9%	100.0%
Donnington Hub	100.0%	100.0%	100.0%	99.7%	99.8%	99.8%
Dudley Hub	99.5%	99.5%	98.7%	96.1%	95.2%	95.2%
Erdington Hub	96.0%	96.7%	99.0%	96.4%	97.3%	96.9%
Hereford Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hollymoor Hub	98.8%	98.3%	97.6%	96.6%	97.4%	97.3%
Lichfield Hub	99.2%	100.0%	99.6%	99.4%	99.3%	99.4%
Sandwell Hub	86.9%	91.0%	93.9%	98.1%	97.9%	98.9%
Shrewsbury Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Stafford Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Stoke Hub	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%
Warwick Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Willenhall Hub	99.2%	99.1%	99.6%	98.8%	95.1%	95.4%
Worcester Hub	99.8%	100.0%	100.0%	99.8%	100.0%	100.0%
Total	98.5%	98.7%	99.0%	98.3%	98.2%	98.3%

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

	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22
Percentage	98.1%	98.6%	98.9%	98.3%	98.2%	98.3%

Job Cycle Times (minutes)

	MTD		QTD		YTD	
	S&T	S&C	S&T	S&C	S&T	S&C
Category 1	101.32	120.87	103.64	120.81	96.85	111.36
Category 2	116.89	160.06	118.26	160.13	110.75	145.05
Category 3	206.99	271.15	217.36	275.73	193.50	227.97
Category 4	218.50	364.18	230.15	357.86	202.45	285.99
HCP	298.48	338.05	285.17	319.07	244.08	257.51

Section 5: EPR Completion

January 2022

Please note that data is to end October. Due to the switch to EPR2, later data is not currently available.

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	607,584	553,167	91.0 %	Total	382,158	346,700	90.7 %	Total	225,426	206,467	91.6 %

Notes:

- **9451** 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	%
87,209	78,397	89.9 %	147,491	132,799	90.0 %	134,314	124,268	92.5 %	120,617	111,250	92.2 %	18,081	15,365	85.0 %	44,473	40,523	91.1 %	55,399	50,565	91.3 %

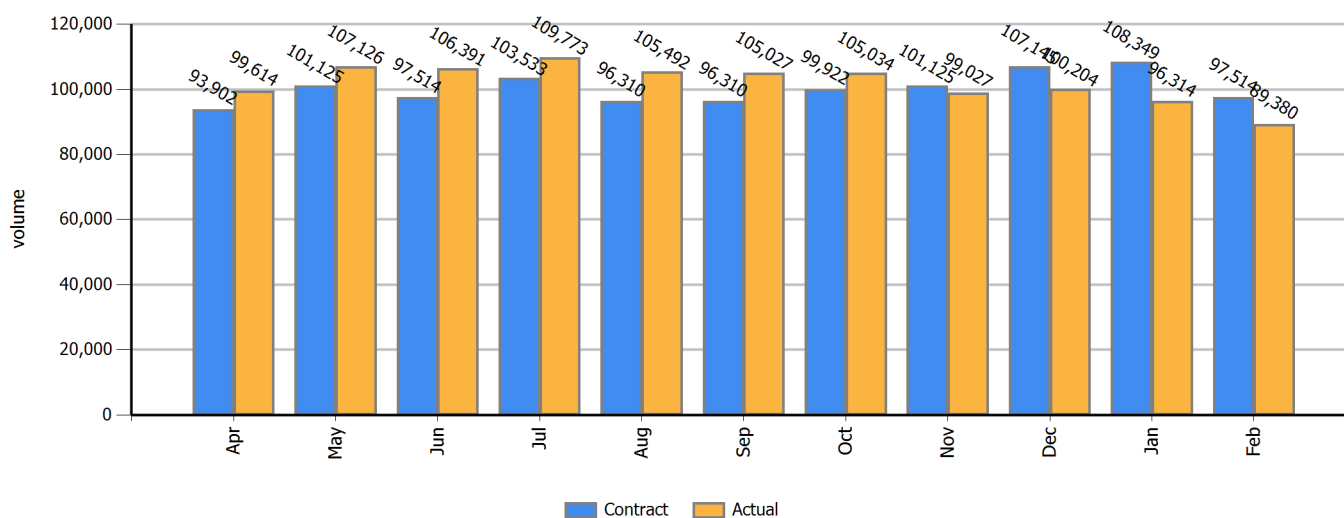
Section 6: Monthly Contract Position

February 2022

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

CCG	February 2022				Year To Date			
	Actual	Contract	Diff	% Diff	Actual	Contract	Diff	% Diff
Birmingham and Solihull CCG	19,205	20,771	-1,566	-7.54%	239,394	234,895	4,499	1.92%
Black Country and West Birmingham CCG	23,124	25,244	-2,120	-8.40%	290,364	285,470	4,894	1.71%
Coventry and Warwickshire CCG	12,818	13,970	-1,152	-8.25%	160,874	157,981	2,893	1.83%
Herefordshire and Worcestershire CCG	10,752	11,610	-858	-7.39%	132,442	131,293	1,149	0.88%
Shropshire, Telford and Wrekin CCG	6,515	7,189	-674	-9.37%	80,789	81,293	-504	-0.62%
Staffordshire CCG	16,739	18,730	-1,991	-10.63%	217,170	211,816	5,354	2.53%
WMAS	89,380	97,514	-8,134	-8.34%	1,123,382	1,102,749	20,633	1.87%

Actual Vs Contract Position by Month



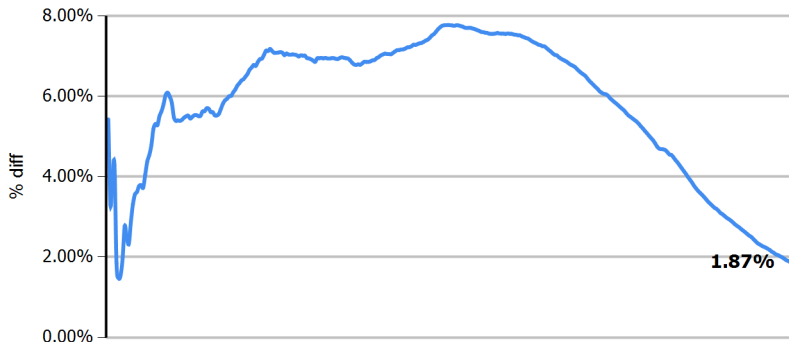
Please note this report for guidance only: An error margin exists between this report and the CCG Contract Monitoring Report. Data includes No Values & OOA's (hidden).

Financial Position Vs Contract
(YTD)

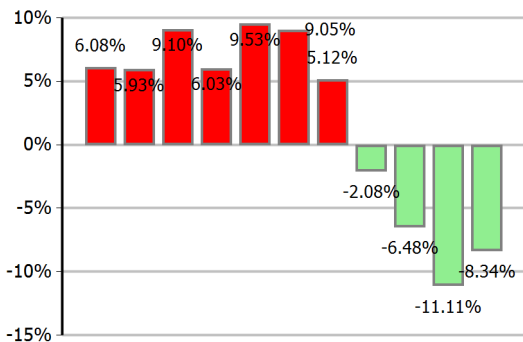
£3,793,041

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

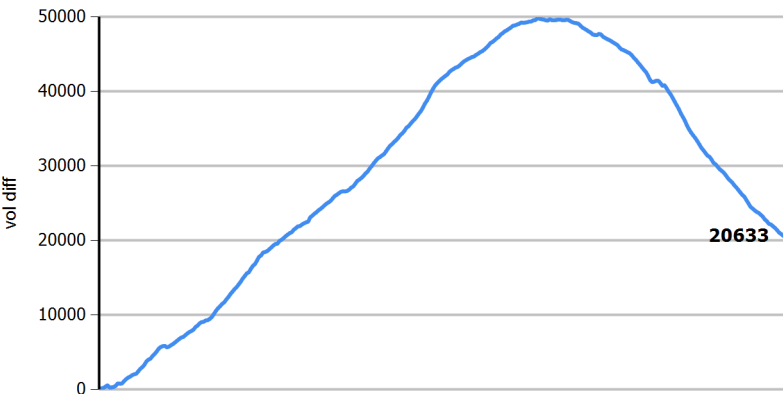
Cumulative Actual Vs Contract (percent difference)



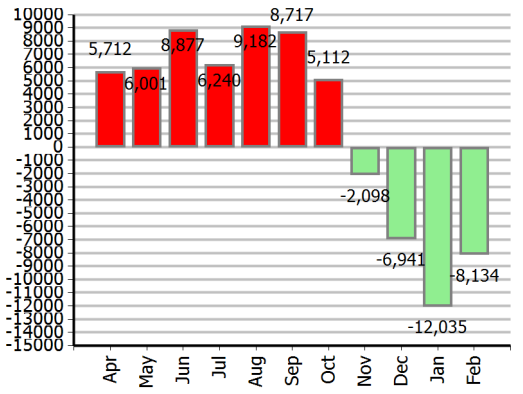
Actual Vs Contract (percentage) by Month



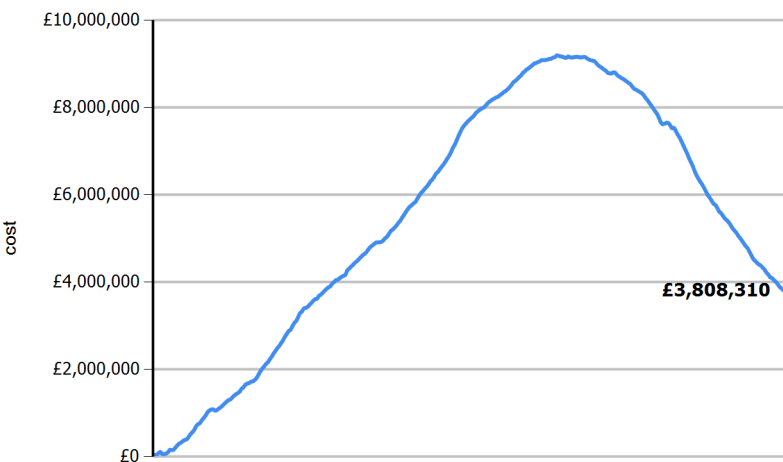
Cumulative Actual Vs Contract (volume difference)



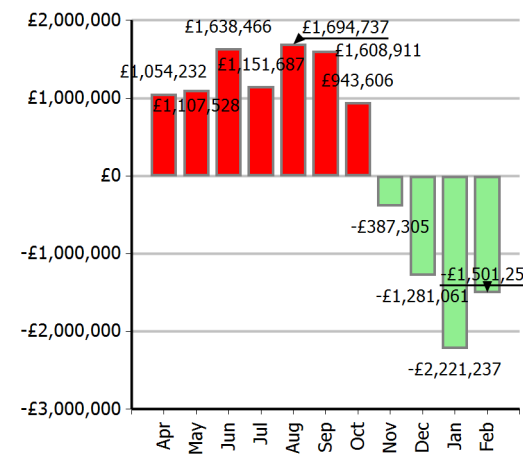
Actual Vs Contract (volume difference) by Month



Cumulative Actual Vs Contract (volume difference) by Cost



Actual Vs Contract (difference) Cost by Month



3

**GOVERNANCE &
SECURITY**

KEY

**PERFORMANCE
INDICATORS**



NHS

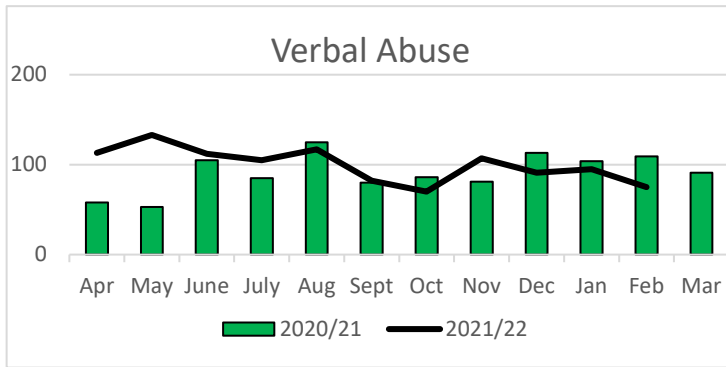
West Midlands Ambulance Service
University NHS Foundation Trust

Trust Information Pack

March 2022

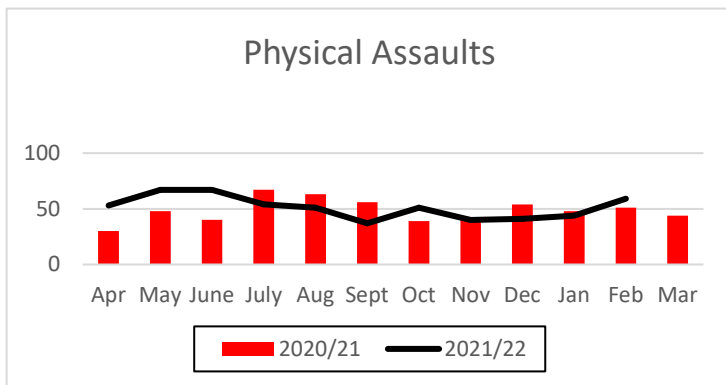
Governance and Security

Physical / Verbal Assaults, Near Misses and Security Incidents Report



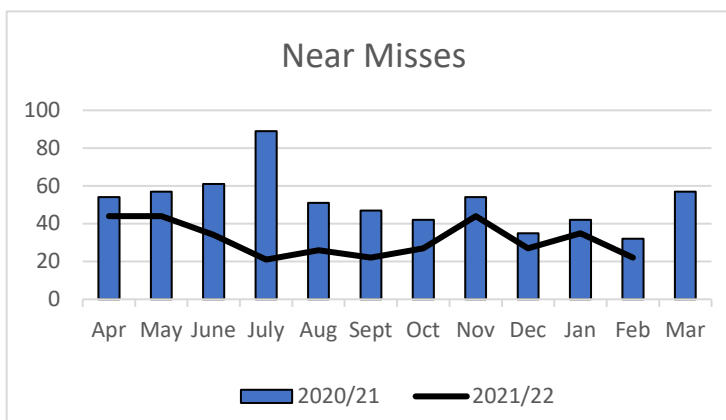
Verbal Abuse

For the 11th month of this financial year 2021/22 verbal abuse incidents were showing a slight decrease (34) on a monthly basis for the same period in 2020/21. On an annual basis (year to date) the Trust is showing an increase (101) having received a total of 1100 reported incidents to date for 2021/22 against 999 for the 2020/21 retrospective period.



Physical Assaults

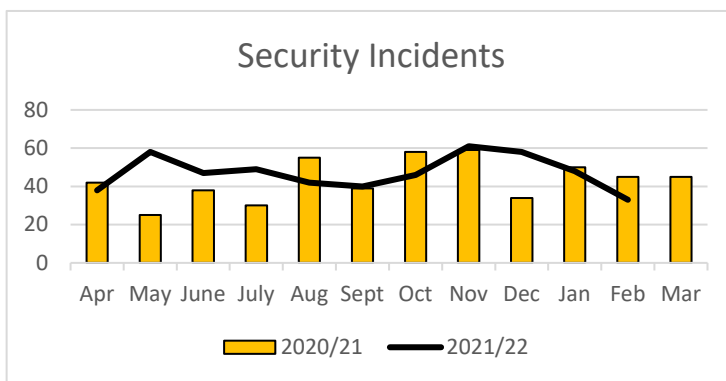
For the 11th month of this financial year physical assaults were showing a slight increase (8) on a monthly basis for the same period in 2020/21. On an annual basis (year to date) the Trust is showing an increase (27) having received a total of 564 reported physical assaults to date for 2021/22 against 537 for the 2020/21 retrospective period



Near Misses

For the 11th month of the financial year 2021/22 reported near miss incidents were showing a decrease (10) compared to the same period in 2020/21. This has resulted in the Trust showing a decrease having a total of 346 recorded incidents to date for 2021/22 (218) against 564 incidents for the 2020/21 retrospective period.

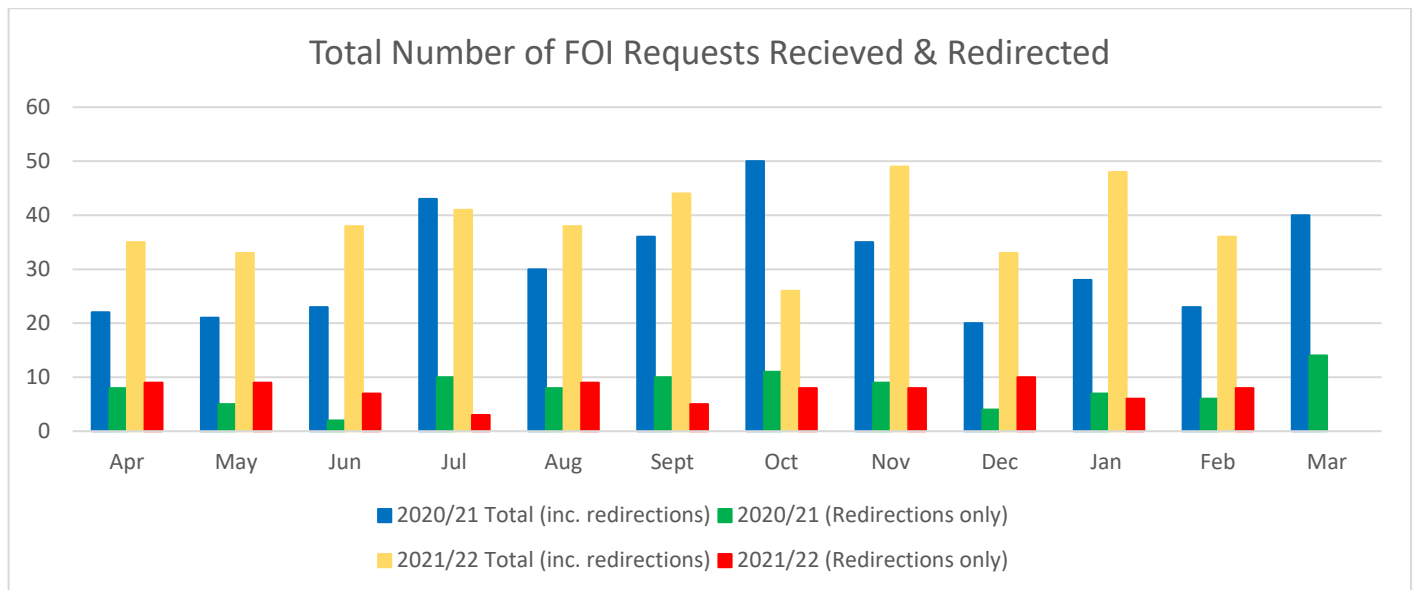
Definition: A near miss is an unplanned event that has the potential to cause but does not actually result in injury.



Security Incident

This area includes incidents such as lost Trust property, theft of property (ID cards, equipment etc) and criminal damage caused to Trust property. This has resulted in the 11th month of the financial year security incidents showing a decrease (12) on a monthly basis against the same period in 2020/21. This has resulted in the Trust showing an increase (45) having received a total of 520 reported security incidents for 2021/22 against 475 for the 2020/21 retrospective period.

Freedom of Information (FOI)



Number of FOI Requests Received		
2019/20	2020/21	2021/22
657	371	421

Number of FOI Breaches (Exceeding Statutory Time Limit to respond)		
2019/20	2020/21	2021/22
57	4	5

Freedom of Information

Since 1 April 2021 we have five 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

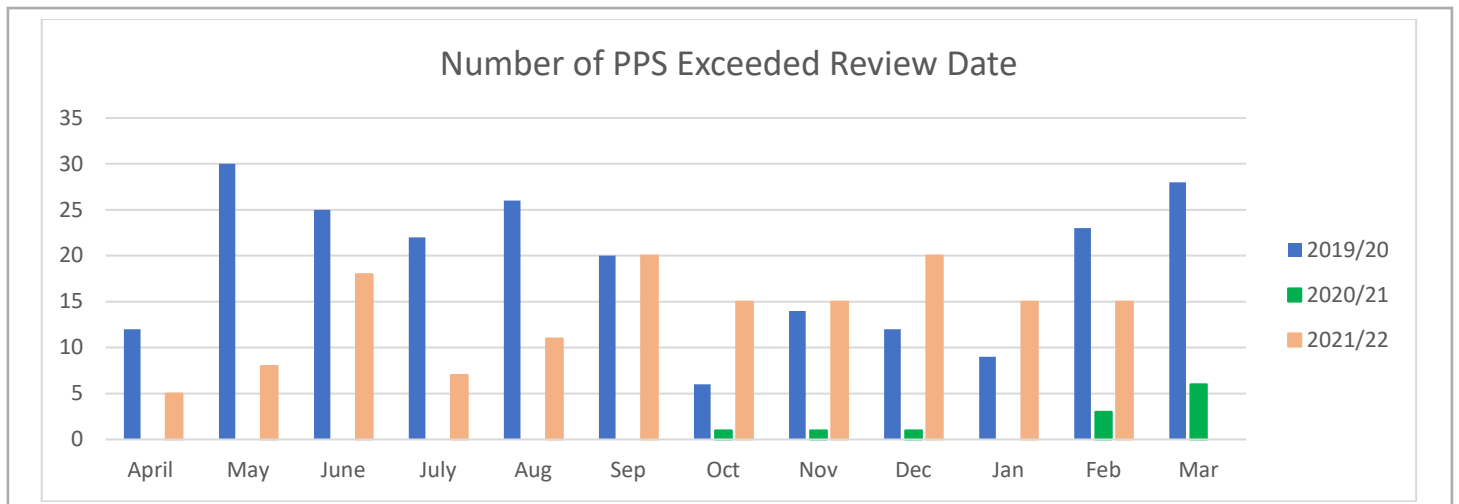
The new NHSX Records Management Code of Practice 2021 has now been released.

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.

[Records Management Code of Practice - NHSX](#)

There are currently a number of on-going inquiries including the Independent Inquiry into Historic Child Sex Abuse (IICSA) and the Infected Blood Public Inquiry (IBI). This means that records must not be destroyed until guidance is issued by the relevant Inquiry.

Policies, Procedures & Strategies (PPS)



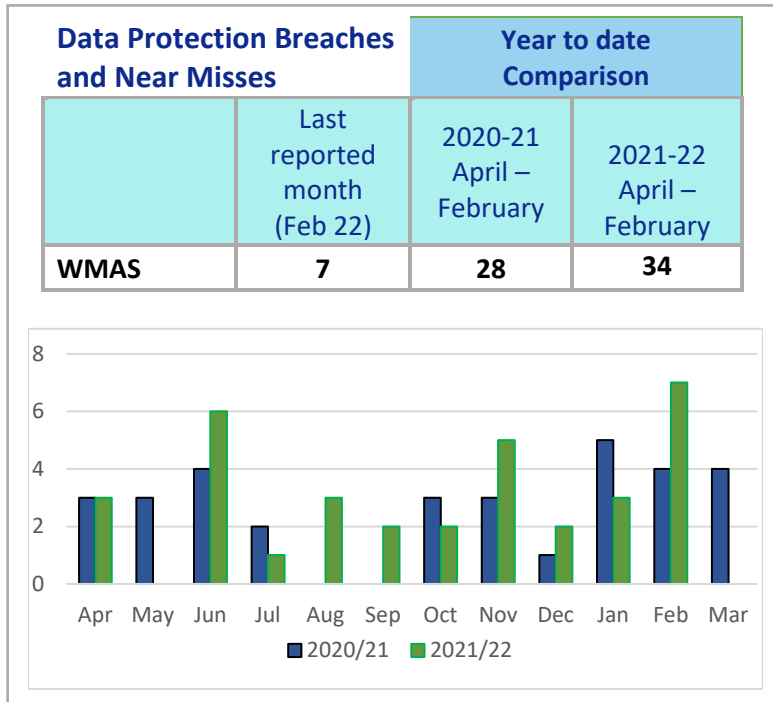
Policies Procedures and Strategies

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 328 documents.

Fifteen documents have breached the timeframe for review which was due by the end of February 2022.

Data Protection Officer



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.

Data Protection Impact Assessments (DPIAs)

February 2022

DPIA DPO220206

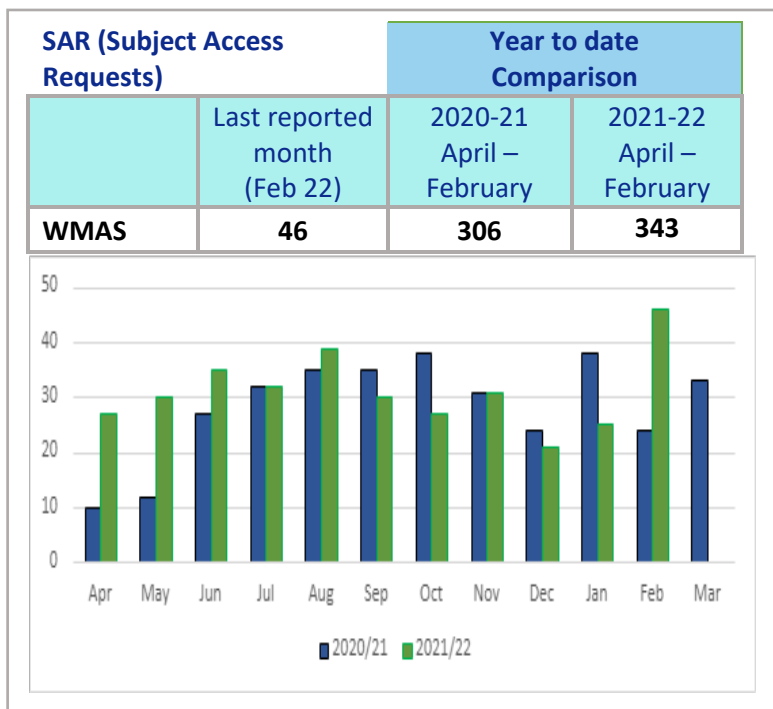
A Patient Level Information and Costing Solution (PLICS), enabling end-to-end cost reporting and management for key decision makers.

Civica / Cost Master costing system

DPIA captured and agreed subject to SAFA assurance with Trust's IT security architect

NB:

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



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.

There have been 6 incidences of Subject Access Requests not being fully completed in the appropriate timeframe since April 2021.

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

February 2022

DSA [DPO220202] Data Sharing Agreement with Warwick University regarding location of AEDs within West Midlands area. The aim of the project is to optimize the placement of public-access AEDs in England, using mathematical modelling techniques, to maximize the likelihood that an individual suffering an OHCA will have access to PAD, improving their chances of survival. To assess the cost-effectiveness of optimized public-access AED placement compared to current placement.

NB: DSA/ISPs set out a common set of rules to be adopted by the various organisations involved in the data sharing operation outlining what information is shared and for what purpose.

4

NURSING & CLINICAL COMMISSIONING INDICATORS



West Midlands Ambulance Service
University NHS Foundation Trust



Trust Information Pack

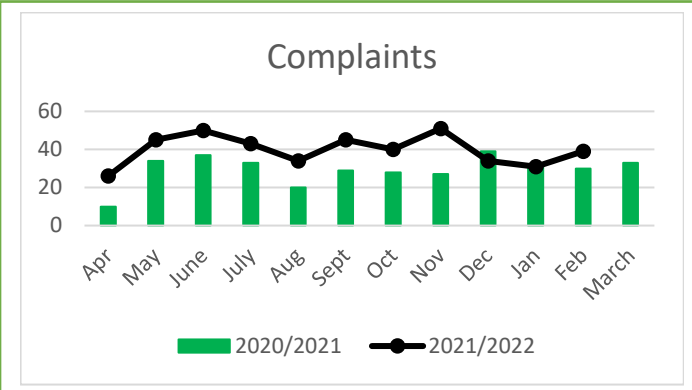
Nursing & Clinical Commissioning Directorate

Trust Board March 2022

Patient Experience

Formal Complaints

	Last reported month (Feb 2022)	Year to date	
		2020-21 Total	2021-22 YTD
WMAS	39	319	438



Year to Date the Patient Experience Team has acknowledged 98.8% of its complaints within 3 working days. The Trust has responded to 96.3% of cases within 25 working days

For the month of February, we saw 39 complaints received compared to 30 in February 2021 an increase of 9.

The main reason for a complaint was clinical = 15

Of the cases closed to date:

3 Justified, 1 Not Justified. Remaining open cases are still under investigation and will require to be closed by 4 April 2022

Month of February 2022: In February 2022, the Trust undertook:

118,816 Emergency Calls, which equates to 1 Complaint for every 8,486 calls received.

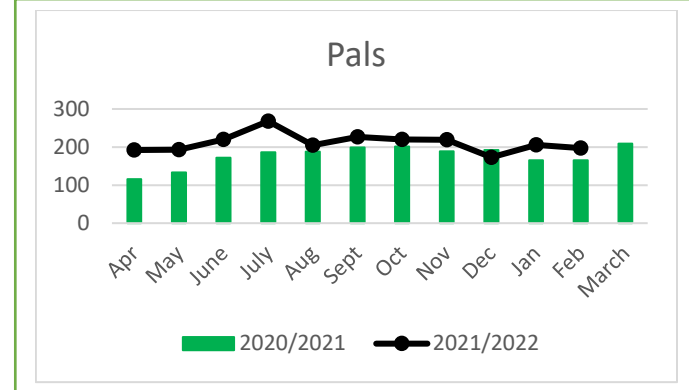
82,699 Emergency Incidents, which equates to 1 Complaint for every 4,046 Incidents.

68,791 Non-Emergency Patient Journeys, which equates to 1 Complaint for every 22,930 Journeys.

110,390 IUC Calls answered which equated to 1 complaint for every 22,078 calls received

Informal (PALS)

	Last reported month (Feb 2022)	Year to date	
		2020-21 Total	2021-22 YTD
WMAS	197	1906	2320



The main reason for an informal concern being raised was as follows:

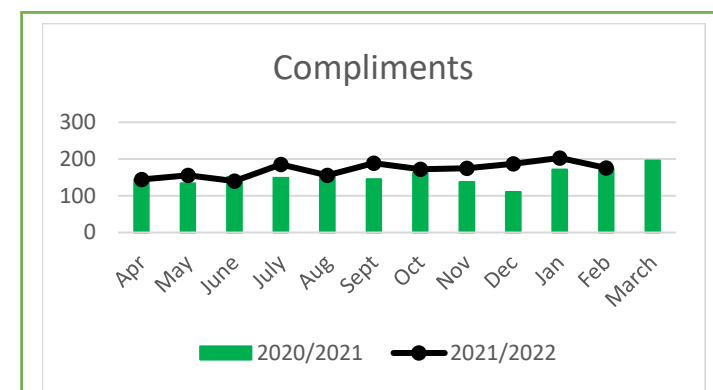
- Response – 57
- Loss/Damage– 31
- Call Management– 25

Of the Cases closed to date (month) –

- 18= *Justified*,
- 16 = *Part Justified*,
- 29= *Not justified*

Compliments

	Last reported month (Feb 2022)	Year to date	
		2020-21 Total	2021-22 YTD
WMAS	176	1638	1883



Compliments: February 2022, 176 compliments received compared to 175 the previous year.

Friends and Family Test (YTD)

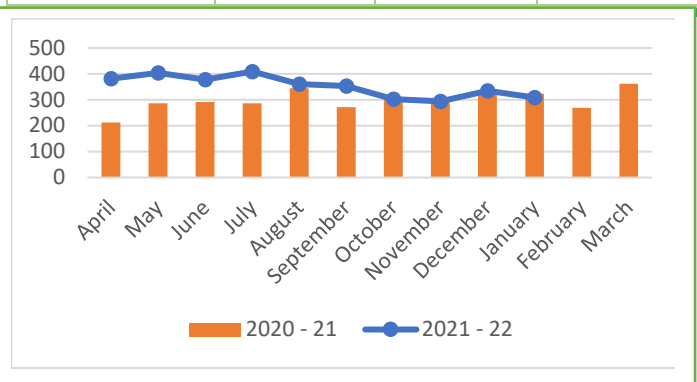
The FFT question is available on the Trust website: **'Thinking about the service provided by the patient transport service, overall how was your experience of our service?'**:

Response (YTD)	Small Survey	FFT Survey	PTS Survey
Very Good	19	32	17
Good	2	61	13
Neither Good or Poor	1	4	1
Poor	0	0	0
Very Poor	1	1	3
Don't Know	0	4	0
Total	23	102	35

Discharge on Scene Results: 0 response received.

Patient Safety Incidents

Total Patient Safety Incidents		Year to date	
	Last reported month (Jan 22)	2020-21	2021-22
WMAS	309	2957	3527



For the month of January, there were 309 patient safety incidents reported. This is a 10% (30) decrease on the same month for last year.

Service Delivery (E&U & EOC) had 207 patient safety incidents which accounts for 67% of the total. The main themes are:

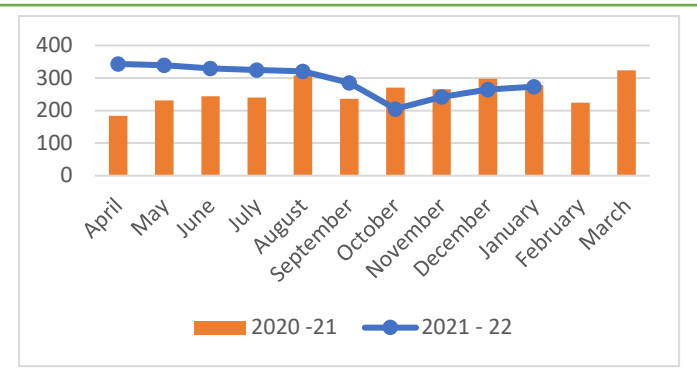
- Incidents relating to delayed ambulance responses.
- Injuries caused during manual handling.
- Inappropriate discharges on scene.

PTS had 88 patient safety incidents which accounts for 28% of the total reported. The main themes are:

- Avoidable injuries and skin tears.

IUC/111 had 14 patient safety incidents which accounts for 5% of the total reported. The main themes are: Incidents relating to delayed ambulance responses.

No Harm Incidents		Year to date	
	Last reported month (Jan 22)	2020-21	2021-22
WMAS	273	2554	2924



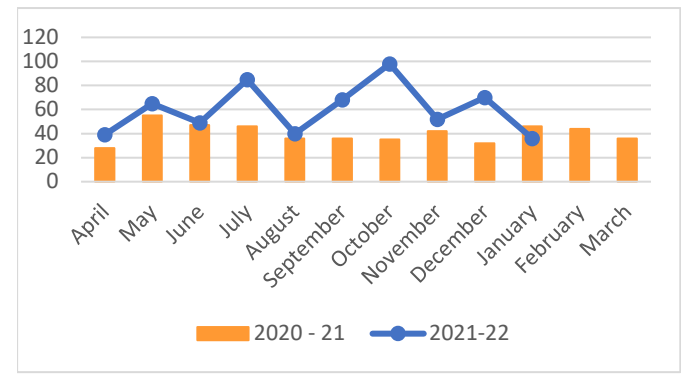
For the month of January, there were 273 no harm incidents.

Service Delivery accounts for 66% (180) of the total of no harm patient safety incidents.

PTS accounts for 29% (80) of the total of no harm patient safety incidents.

IUC/111 accounts for 5% (13) of the total of no harm patient safety incidents.

Harm Incidents		Year to date	
	Last reported month (Jan 22)	2020-21	2021-22
WMAS	36	403	602



Harm	Jan 2022	%
Service Delivery	27	75%
PTS	8	22%
IUC / 111	1	3%
Total	36	100%

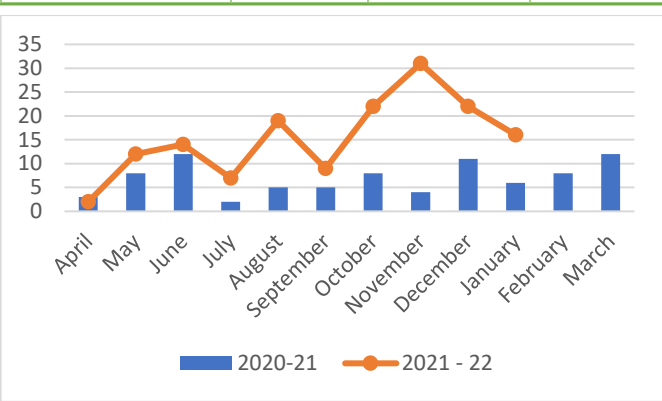
The top trend for low harm incidents, relate to harm caused due to avoidable injuries caused to patients. E.G., skin tears during moving and handling, injury due to collision/contact with an object and ECG dot removal.

The top trends for severe harm incidents, relate to delayed ambulance responses.

Service Delivery accounts for 75%, PTS 22% & IUC/111 3% of the total of patient harm incidents

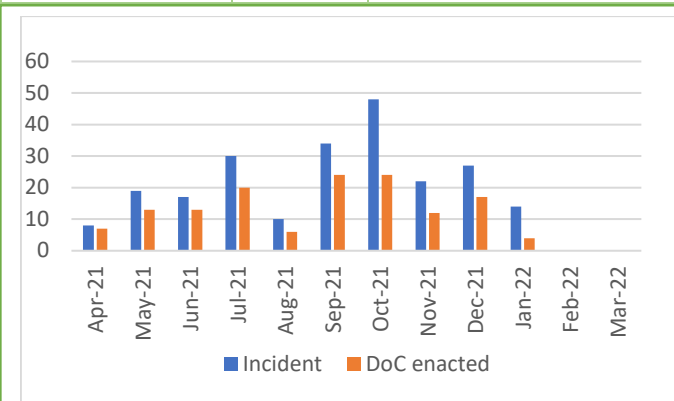
Serious Incidents and Duty of Candour

Total number of serious incidents reported	Last reported month (Jan 22)	Year to date	
		2020-2021	2021-2022
WMAS	16	64	158



- There are currently 154 serious incidents open on StEIS.
- 42 SI's are currently over the time frame. 1 is due to an ongoing police investigation with the others being due to work volume.
- 39 requests for SI closure were made since the last report, with 3 being closed on StEIS by the CCG.
- 31 SI's were raised during November.
- 22 SI's were raised during December.
- 16 SI's were raised during January.
- 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.

Moderate harm and above	Last reported month (Jan 22)	Year to date
		2021-2022
WMAS	14	229

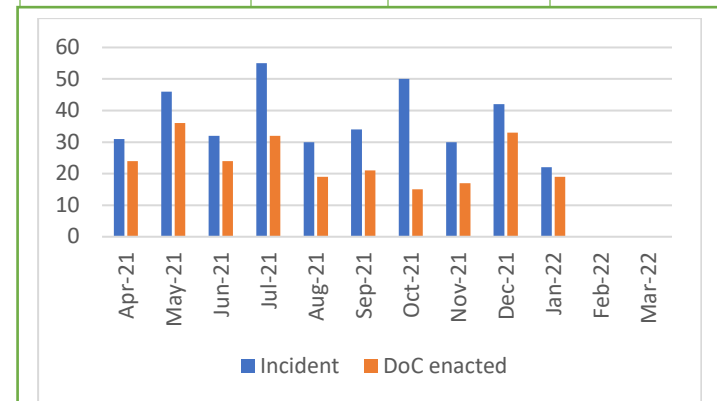


Duty of Candour has been enacted in 28.6% of cases where moderate harm or above has been caused during January. Delays in completion of DoC are because at the time of reporting, NoK (Next of Kin) details are not always known.

Multiple reporting of the same incident also reduces the compliance.

The year-to-date figure is 61.1%

Low harm	Last reported month (Jan 22)	Year to date	
		Total number of incidents	Number of incidents being open completed
WMAS	22	372	240

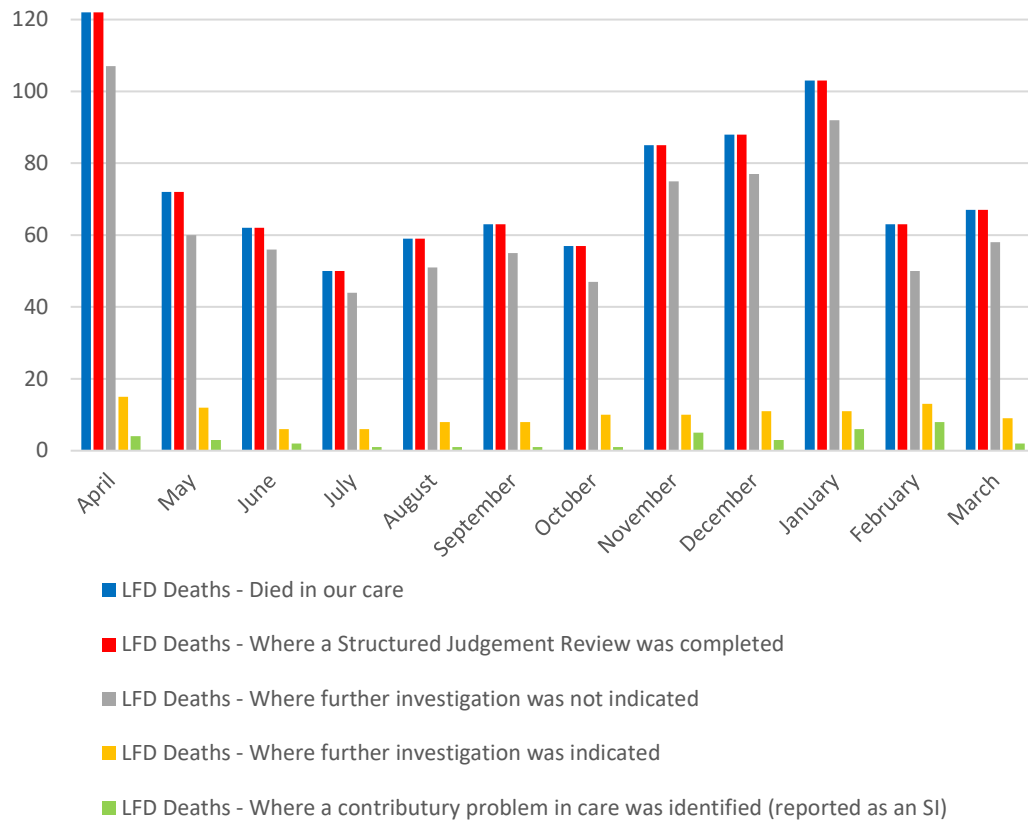


There have been 22 incidents where low harm has been caused to a patient.

Out of these, evidence of 'Being Open' can be provided for 19 of the incidents (86.4%).

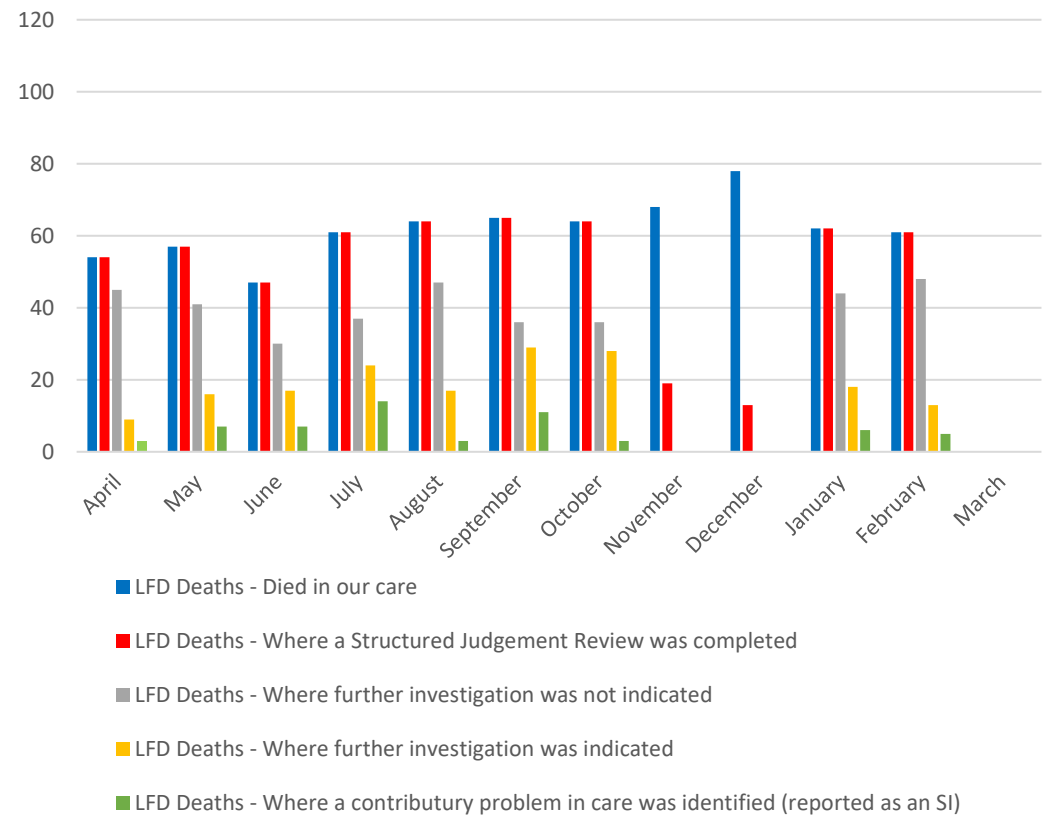
Learning from Deaths (LFD)

Learning From Deaths 2020/2021



- The figures above depict the 2020-2021 year of WMAS LFD reporting
- In the 2020/2021 LFD reporting period: -
 - 891 deaths occurred whilst in WMAS care.
 - 891 structured judgement reviews were completed.
 - 116 of the 891 deaths required further investigation following the structured judgement review; of these 37 were investigated under the Serious Incident Framework.

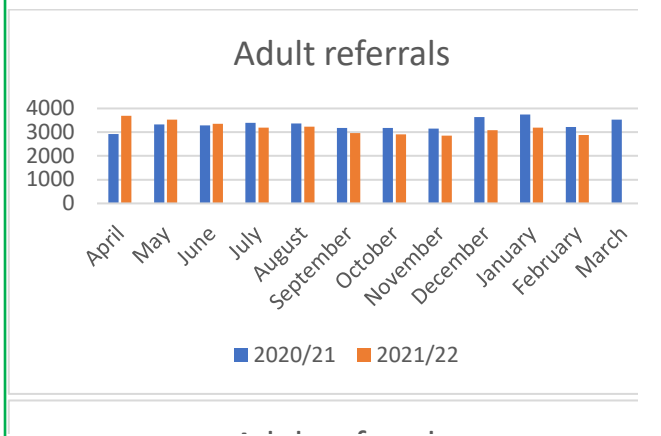
Learning From Deaths 2021/2022



- 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 a death in our care.
- In comparison with the first 11 months of the 2020/2021 LFD reporting period there has been:
 - A 17% decrease in LFD Deaths.
 - A 54% increase in the need to investigate further following the structured judgement review.
- There have been 62 serious incidents that have been identified through the LFD agenda in the current financial year.
- November & December; total deaths with a structured judgement review for cases falling within the National Mortality Review Programme.

Safeguarding Referrals

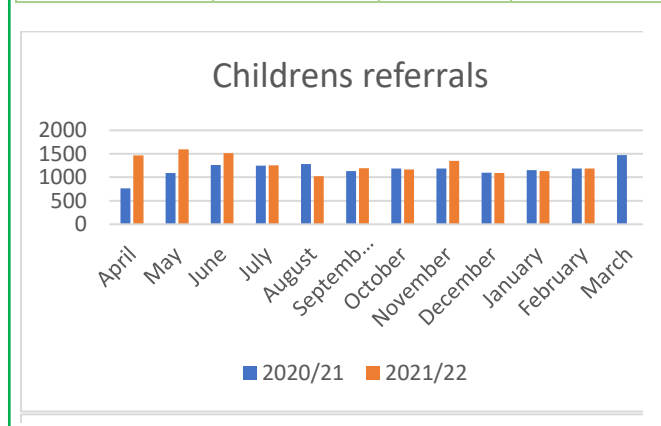
Total Adult Safeguarding Referrals	Last reported month (Feb 22)	Year to date	
		2020-2021	2021-2022
WMAS	2886	39926	34878



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 10% decrease in the number of adult care/welfare and adult safeguarding referrals sent February 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.

Total Child Safeguarding Referrals	Last reported month (Feb 22)	Year to date	
		2020-2021	2021-2022
WMAS	1187	14082	13974



Child Safeguarding Referral- these figures are for under 18 years old.

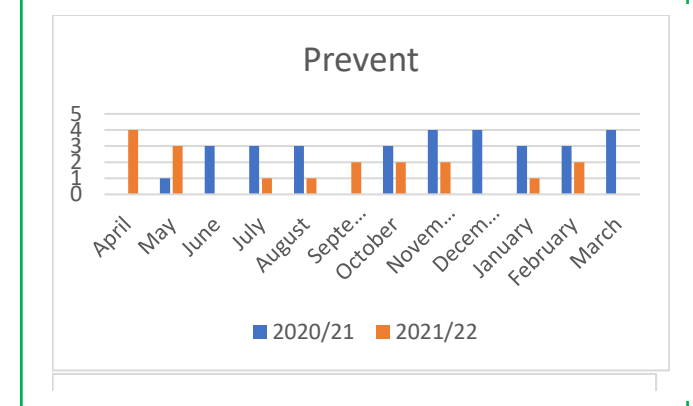
Comparison to previous years for the same time period.

There is a 0.3% decrease in the number of child safeguarding referrals sent January 2022 compared to the previous year.

This is an increase and further work is required with our partner agencies to understand and analyse this increase.

The change of reporting from the Commercial Call Centre to the Emergency Operations Centre has increased the number of safeguarding referrals.

Total PREVENT Referrals	Last reported month (Feb 22)	Year to date	
		2020-2021	2021-2022
WMAS	2	31	18



Prevent Referrals are made where there are concern an individual is being radicalised for extremism.

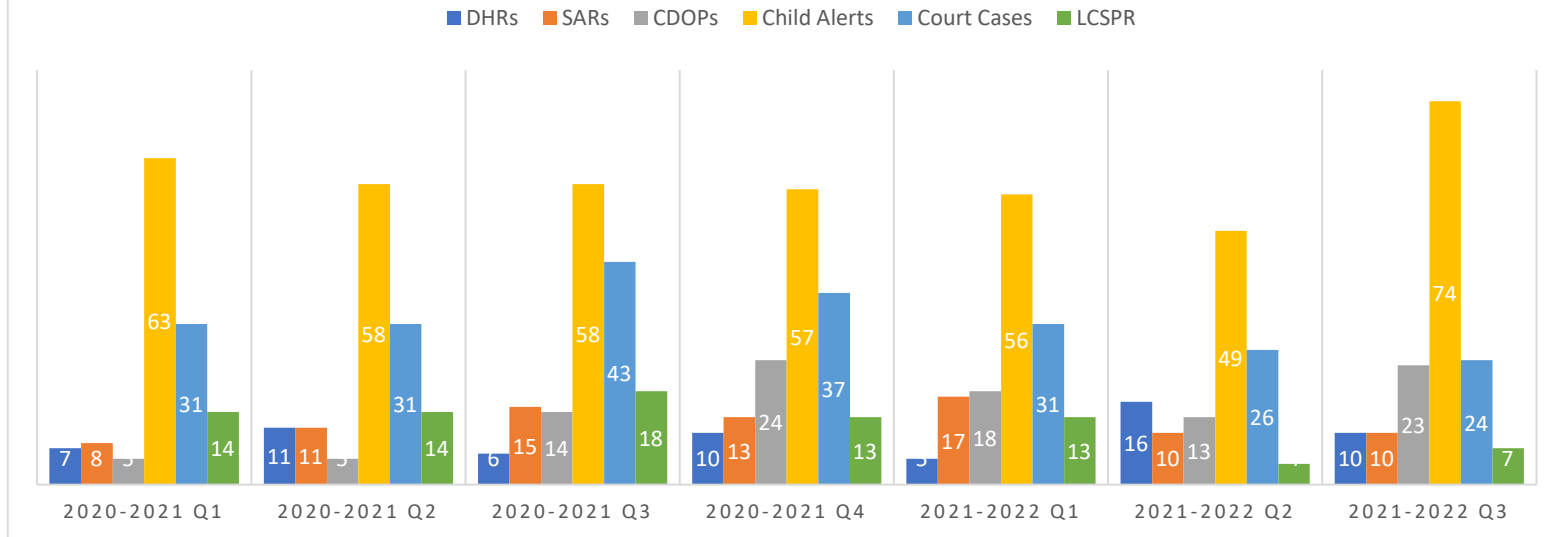
Quarterly Prevent reports are submitted to NHS England via Unify2. This demonstrates compliance with contractual requirements and legislative requirements.

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



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 5 DHRs in Q2 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 1 SARs from Q2 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 13 LCSPR's in Q1 2021/2022.

There has been a decrease of 10 LCSPR 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 Q2 there has been an increase of 8 CDOPs 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 injuries. Where a child dies this may become a (Child Death Overview Panel) CDOP for WMAS.

There has been a decrease in 9 Child Alerts from Q2 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.

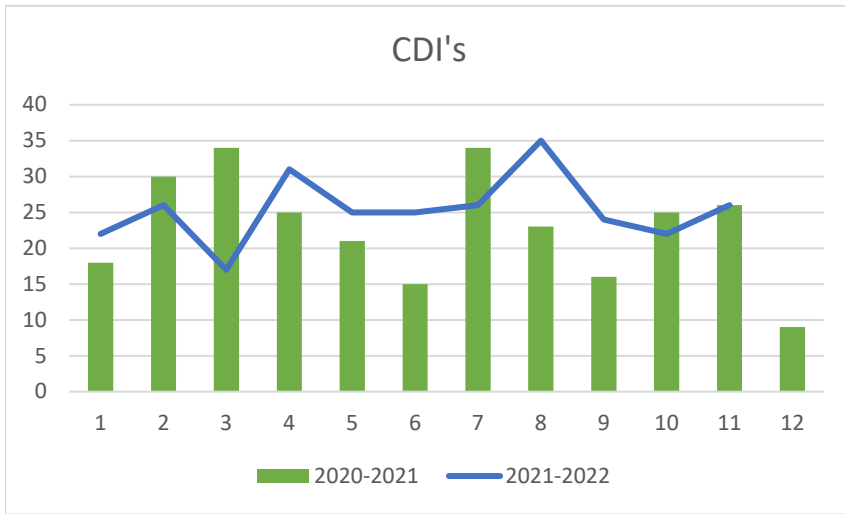
There has been a decrease of 5 court cases in Q2 against the same period last year.

Medicines Management and Pharmacy

CONTROLLED DRUGS

Total Controlled Drugs Incidents (CDI's)

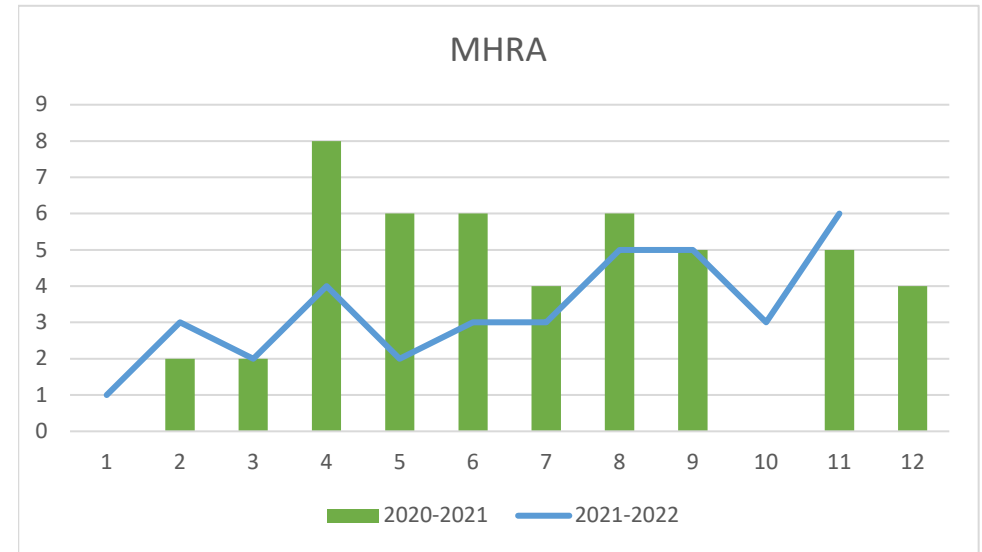
		Year to date	
Last reported month (Feb 22)	2020-2021 April- to date	2021-2022 YTD	
26	267	279	



MHRA Alerts

		Year to date	
Last reported month (Feb 22)	2020-2021 April- to date	2021-2022 YTD	
6	44	37	

None of the medicines referenced within the alert were procured or distributed by WMAS.

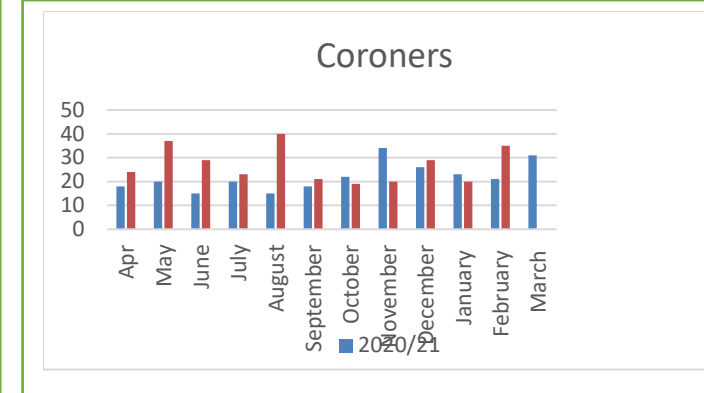
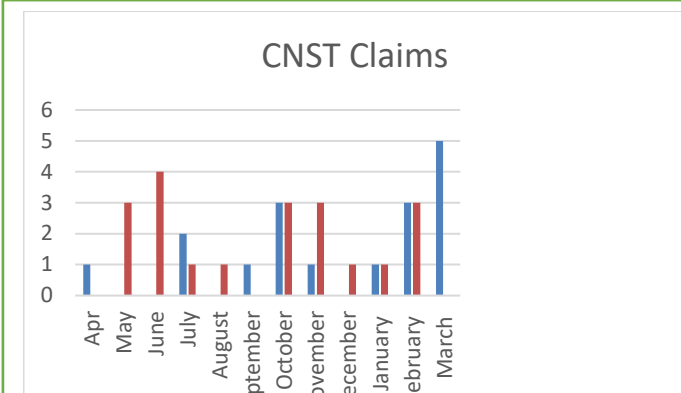
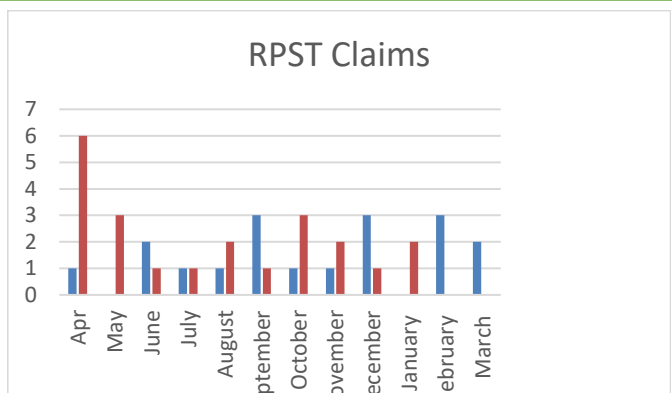


Claims and Coroners

RPST (Risk Pooling Schemes for Trusts)		Year to date	
	Last reported month Feb 22	2020-21	2021-22
WMAS	0	18	22

CNST (Clinical Negligence Scheme for Trusts)		Year to date	
	Last reported month Feb 22	2020-21	2021-22
WMAS	3	17	20

Coroners Requests		Year to date	
	Last reported month Feb 22	2020-21	2021-22
WMAS	47	263	297



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 0 RPST claims in February 2022. This is a decrease of 3 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 February 2022. This is the same figure compared to the previous year.

Coroners Requests

West Midlands Ambulance Service covers the following areas for Coroners

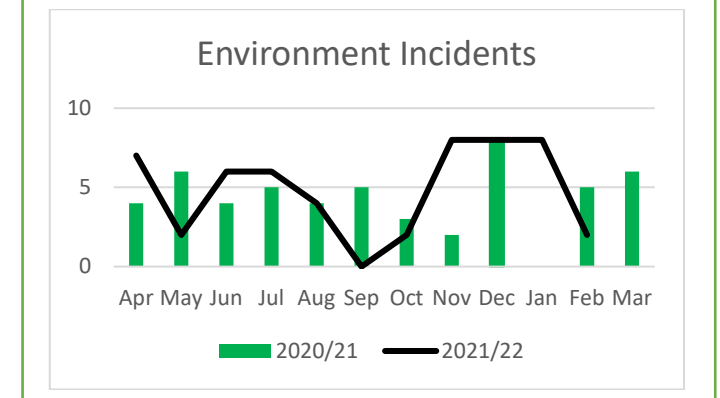
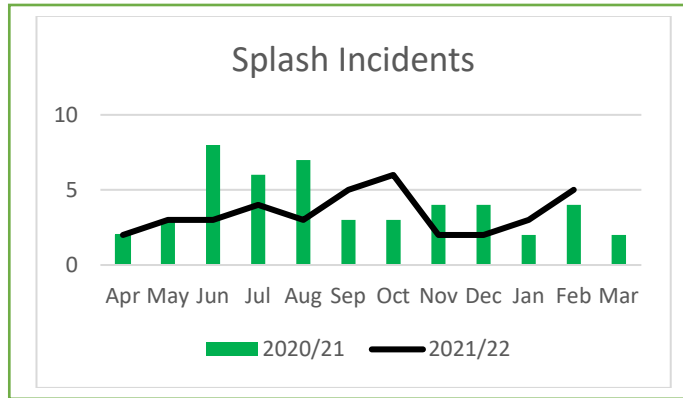
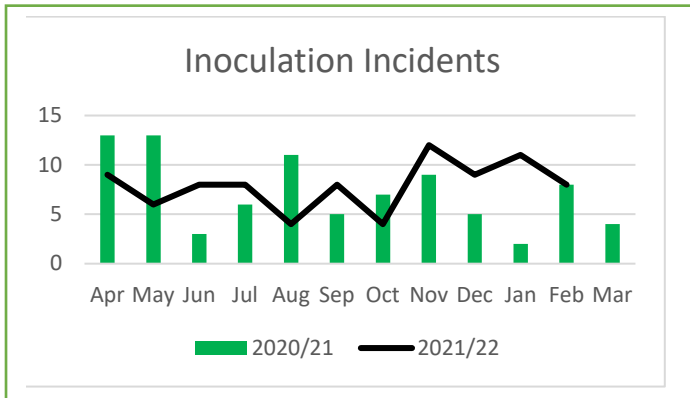
- Birmingham and Solihull
- Black Country
- Coventry
- Herefordshire
- Shropshire, Telford & Wrekin
- South Staffordshire
- Stoke on Trent & North Staffordshire
- Warwickshire
- Worcestershire

Infection Prevention and Control

Inoculation Incidents	Last reported month Feb 22	Year to date Comparison	
		2020-21	2021-22 Apr-Feb
WMAS	8	86	87

Splash Incidents	Last reported month Feb 22	Year to date Comparison	
		2020-21	2021-22 Apr-Feb
WMAS	5	48	38

Environment Incidents	Last reported month Feb 22	Year to date Comparison	
		2020-21	2021-22 Apr-Feb
WMAS	2	52	53



Inoculation Incident Key Performance Indicator:

By the end of 2021/22 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.

February 2022 saw 8 inoculation incidents. These incidents include 3 used cannula devices and 3 razor stick injuries.

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 2021/22 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.

February 2022 saw 5 splash incidents. These include the patients' blood/bodily fluids splashing onto the face or body of the treating clinician.

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

Environment Incident Key Performance Indicator:

By the end of 2021/22 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.

February 2022 saw 2 environment related incidents. These relate to personal protective equipment, specifically powered air purifying respirators.

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

Incident Reports

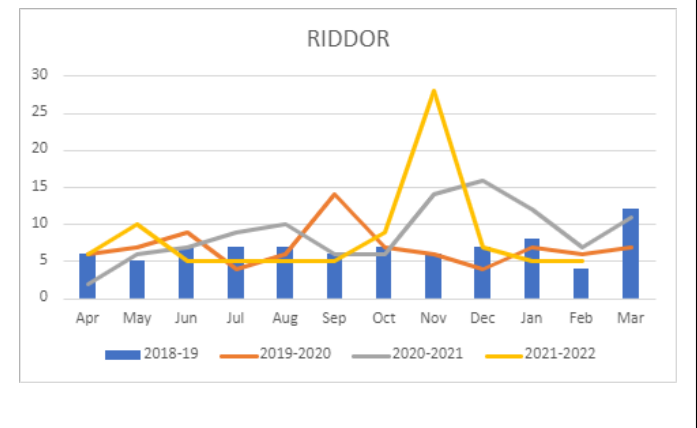
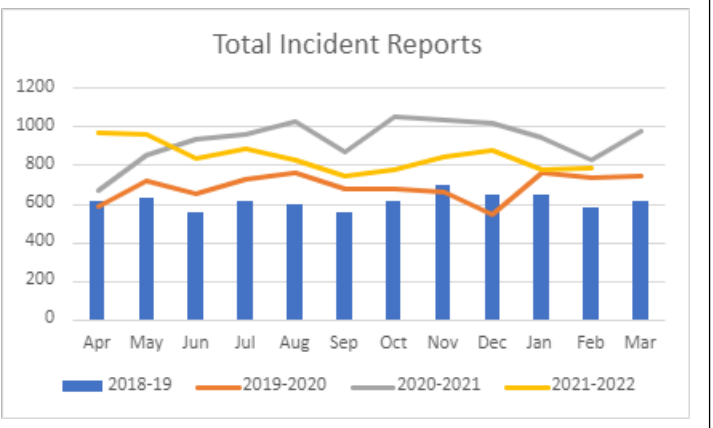
Total Incidents Reported	Last reported month (Feb 22)	Year to date	
		2020-2021 April - Mar	2021-2022 April - Feb
WMAS	786	11,204	9,294

RIDDOR	Last reported month (Feb 22)	Year to date	
		2020-2021 April - Mar	2021-2022 Apr - Jan
WMAS	5	106	90

Top 5 Incidents for Non-Patient Safety (Feb)

WMAS Top 5 Types	Total
Violence / Aggression	139
Complaint	83
Equipment	81
RTC	73
Injury	59

WMAS Top 5 Categories	Total
V&A - Verbal - Intentional	44
Equipment - Failure	34
Complaints – WMAS Procedures	33
Near Miss	31
Equipment - Not Available or Suitable	30



Over 55,000 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 to be released late March

Trend Review and Learning process to be discussed at SMT's and Organisational Learning Paper drafted for review and agreement at HSREG, QGC and EMB

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 February.
1. V&A – Verbal - Intentional – Reviewed via Security
 2. Equipment Failure – Report submitted to SMT and OMT
 3. Complaints – WMAS Procedures – Various issues raised – to be reviewed
 4. Near Miss – Mainly V&A, HSREG updated via V&A Reduction Standard.
 5. Equipment – Not Available or Suitable – Various types of equipment reported

5

**FINANCIAL
PERFORMANCE**



West Midlands Ambulance Service
University NHS Foundation Trust



Finance Report

Reporting period: Month 11 - February 2022

Trust us to care.

As part of the on-going emergency financial regime the Trust set and delivered a breakeven financial position for the first half of the year (Apr 21 – Sep 21, known as H1). For the second half of the year (Oct 21 – Mar 22, known as H2) the Trust has a planned surplus of £0.1m, with the current forecast being a surplus of £3.2m.

There is a continued focus on the Better Practice Payment Code to achieve 95%. The Trust is currently at 91.4%.

INCOME

£7.8m favourable position reported at Month 11 due to the pay award impact and funding from ICS to cover WMAS deficit position.

£48.2m non-recurrent income

OVERTIME SPEND

YTD £17.4m



Overtime spend Year to date equates to £17.4m, compared to a spend of £16.7m, for the period April to Feb 21 which was at the height of the pandemic.



**Year To Date position at M11
£2.1m surplus
Forecast M12 – £3.2m surplus**



YTD efficiency delivery is £2.5m against a target of £2.5m. We assume full delivery by year and as per planning assumptions.

CASH-FLOW

£62m closing cash balance
BPPC – 91.4% Against target of 95%

EXPENDITURE

including Operating Expenditure and Finance Costs is £5.7m adverse position at Month 11.

Capital

Capital Plan £16.6m
Capital Expenditure of £13.2m at Month 11.
Full Year forecast expenditure £16.6m

Integrated Finance Report | Executive Scorecard and SOF metrics for Finance

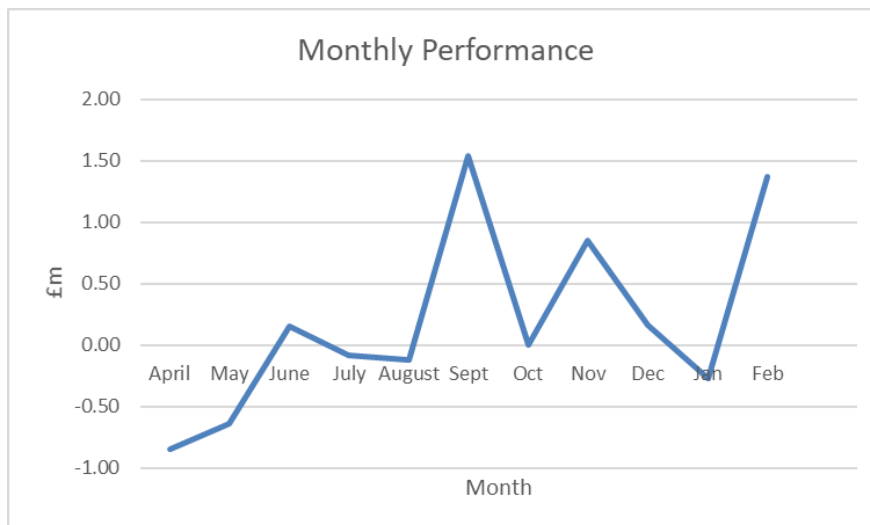
Reporting Month: February 2022

The executive scorecard shows key ratios and performance indicators.

Executive Scorecard and SOF metrics for Finance													Target
Measure	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	YTD	Status
EBITDA £m	0.4	0.7	1.4	1.1	1.2	2.8	1.3	2.1	1.6	1.1	2.8	16.5	On or ahead of target
CIP Programme £m	0.00	0.00	0.00	0.00	0.00	0.48	0.46	0.56	0.51	0.51	0.51	3.03	Slightly off target - subject to monitoring
Capital Expenditure £m	0.0	0.3	0.1	2.0	0.7	2.6	1.8	2.1	1.6	1.1	0.9	13.2	Off target and actions being taken to improve RAG rating
Capital Service Capacity ratio	5.1	6.3	9.6	10.4	11.0	14.6	14.6	15.8	15.9	15.7	17.2	17.2	Not reported/measurement not started
Liquidity ratio	1.3	0.9	1.1	0.6	0.6	0.5	0.4	0.3	0.3	0.2	0.5	0.5	On or ahead of target
I&E margin %	-2.80	-2.41	-1.47	-1.24	-1.06	-0.05	-0.06	0.26	0.29	0.17	0.54	0.54	On or ahead of target
Distance from YTD plan %	-2.63	-2.25	-1.32	-1.13	-0.97	0.04	-0.16	0.02	0.02	0.03	0.50	0.50	On or ahead of target
Better Payment Practice Code %	95.7	93.2	92.5	91.9	91.6	92.0	92.6	92.7	92.5	91.4	91.4	91.4	Slightly off target - subject to monitoring
Agency spend £m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.02	0.00	0.00	0.04	Off target and actions being taken to improve RAG rating

SOF metrics for finance													Target
Measure name (metric)	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	YTD	Status
Performance against financial plan %	-2.63	-2.25	-1.32	-1.13	-0.97	0.04	-0.16	0.02	0.02	0.03	0.50	0.03	On or ahead of target
Underlying financial position £m	-0.85	-0.64	0.15	-0.08	-0.12	1.54	0.00	0.85	0.16	-0.27	1.37	2.11	On or ahead of target
Run rate expenditure £m	31.16	31.36	31.59	30.81	30.16	35.05	31.60	33.60	32.15	34.27	34.42	356.18	Slightly off target - subject to monitoring
Overall trend in reported financial position	See chart below												

On or ahead of target
Slightly off target - subject to monitoring
Off target and actions being taken to improve RAG rating
Not reported/measurement not started



- EBITDA – This is a measure of the overall financial performance. This is the earnings before interest, taxes, depreciation and amortisation. This was high at month 6, 8 and 11 due to ICS commissioner funding.
- CIP Programme, capital expenditure and agency spend – This shows delivery of the CIP programme, capital programme and agency spend to date.
- Capital Service Capacity ratio – This shows the degree to which the generated income covers its financial obligations. This increased at month 6,8 and 11 due to ICS commissioner funding.
- Liquidity ratio – This measures the ability to pay debt obligations.
- I&E margin – This calculates the I&E surplus/deficit divided by the total income. This reduced in month 6 due to H1 ICS deficit funding to reach a breakeven position. This increased in month 11 due to an improved surplus for the month.
- Distance from YTD plan – This measures the YTD actual surplus/deficit in comparison to the plan.
- BPPC – This shows the percentage of invoices paid within 30 days. The target is 95%.

The SOF metrics shows key performance indicators as requested by NHS England guidance.

- Performance against financial plan. This is also shown in the executive scorecard as distance from YTD plan.
- Underlying financial position. This shows the surplus or deficit each month.
- Run rate expenditure. This shows the total expenditure excluding finance costs each month. These costs were high in month 6 due to the pay award and in month 8 due to the Flowers payments. Month 10 and 11 were high due to increased pay costs.
- Overall trend in reported financial position – This is shown by the graph opposite to show the movement in the reported position each month.

Integrated Finance Report | Trust Financial Position

Reporting Month: February 2022

11 Months Ended 28 February 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
Total Income From Patient Care Activities	339,851	345,004	5,153	372,237	378,807	6,570
Adjusted Top Up Income	0	0	0	0	0	0
Total Other Operating Income	11,409	14,030	2,621	12,570	16,025	3,455
Total Operating Income	351,260	359,034	7,774	384,807	394,832	10,025
Total Medical and Dental - Substantive	(887)	(1,288)	(401)	(973)	(1,411)	(438)
Total Agenda for Change - Substantive	(256,490)	(259,324)	(2,834)	(281,056)	(284,037)	(2,981)
Total Medical and Dental - Bank	(1,320)	(1,247)	73	(1,440)	(1,396)	44
Total Agenda for Change - Bank	(4,995)	(4,345)	650	(5,644)	(4,852)	792
Total Medical and Dental - Agency	0	0	0	0	0	0
Total Agenda for Change - Agency	0	(40)	(40)	0	(40)	(40)
Other gross staff costs	(1,318)	(1,126)	192	(1,470)	(1,237)	233
Total Employee Expenses	(265,010)	(267,370)	(2,360)	(290,583)	(292,973)	(2,390)
Total Operating Expenditure excluding employee expenses	(85,263)	(88,810)	(3,547)	(93,561)	(97,570)	(4,009)
Total Operating Expenditure	(350,274)	(356,180)	(5,906)	(384,144)	(390,543)	(6,399)
Operating Surplus/ (Deficit)	986	2,854	1,868	663	4,289	3,626
Total Finance Expense	(18)	27	45	(20)	27	47
PDC dividend expense	(963)	(964)	(1)	(1,050)	(1,050)	0
Finance income	446	11	(435)	535	11	(524)
Net Finance Costs	(535)	(926)	(391)	(535)	(1,012)	(477)
Other gains including disposal of assets	0	186	186	0	186	186
Surplus/Deficit For the Period	451	2,114	1,663	128	3,463	3,335
Control Total Adjustments	0	0	0	0	0	0
Gains on disposals of assets	0	(218)	(218)	0	(218)	(218)
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	451	1,896	1,445	128	3,245	3,117

Year to date Financial Performance :
£2.1m surplus at 28 February 2022

Income from Patient Care Activities: £5.2m favourable

- £48.2m of non-recurrent funding in the position
- £4.5m income for pay award impact and also funding from ICS to cover activity growth in H1
- Additional benefit from 111 First

Other Operating Income: £2.6m favourable

- Overperformance on other operating income due to higher than expected Apprenticeship Levy income and UTF funding.

Expenditure: £5.9m adverse

- Ongoing activity pressures across the service resulting in high use of overtime and increased recruitment
- PTS Taxi's to support PTS contracts/KPI's
- Medical supplies & consumables usage
- Vehicle accident damage
- UTF costs which are offset by income

Full Year Forecast Financial

Performance :

Forecast £3.2m surplus position for year end.

Income from Patient Care Activities: £6.6m favourable

- Additional funding from ICS to cover activity growth in H1 and H2

Other Operating Income: £3.5m favourable

- Continued overperformance of apprenticeship income in line with recruitment plan
- UTF funding

Expenditure: £6.4m adverse

- Ongoing activity pressures across the service resulting in high use of overtime and increased recruitment
- Education and training costs related to increased income
- PTS Taxi's to support PTS contracts/KPI's
- UTF costs which are offset by income

Integrated Finance Report | Revenue Analysis

Reporting Month: February 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. If the Trust was funded under the previous mechanism further income of £3.9m (as per below) for emergency activity would have been received.

The Trust has an income plan for the second half of 21/22 (H2) of £201.4m, of which £28.4m (14%) is non-recurrent, relating to COVID costs, winter funding and growth pressure funding from all systems.

A small amount of income (circa 4%) operates the same as it did pre-COVID – this category of income (shown as 'other' below), includes events and non NHS income sources.

H2	Total Plan	Notes
Contracted activity income		
Black Country and West Birmingham CCG's	53,590	111 funding is received solely from BCWB. Other CCG's reimburse BCWB directly for their share
Birmingham and Solihull CCG's	28,151	111 funded via BCWB
Coventry and Warwickshire CCG's	20,928	111 funded via BCWB
Hereford and Worcester CCG's	21,286	111 funded via BCWB
Shropshire CCG's	12,163	111 funded via BCWB
Staffordshire CCG's	23,908	E&U only
Cheshire CCG	4,539	PTS only
Total Contract Income	164,565	
Other Income	8,384	
Non recurrent Income		
COVID	11,079	
Winter Pressures	5,686	All paid via BCWB
Pressure Funding	11,678	
	28,443	
Total Plan	201,392	

If the Trust had been operating under tariff rules, income generated by activity year to date would have been £3.9m above current levels. The split by month is as follows:

April 2021 - £1.06m
 May 2021 - 1.12m
 June 2021 - £1.6m
 July 2021 £1.2m
 August 2021- £1.7m
 September 2021- £1.6m
 October 2021 - £1.0M
 November 2021 - (£0.4m)
 December 2021 - (£1.2m)
 January 2022 -(£2.2m)
 February 2022 – (1.5m)

It should be noted that since November conveyances have fallen and continue to fall.

In addition to the £3.9m, the Trust would have invoiced £12.1m for the ongoing handover delays at most hospital sites.

Integrated Finance Report | Statement of Financial Position

Reporting Month: February 2022

11 Months Ended 28 February 2022	Actual Year end 2020/21 £'000	YTD Actual 2021/22 £000
Non-current assets		
Intangible assets	1,166	907
Property, plant and equipment	79,384	79,115
Receivables: due from non-NHS/DHSC group bodies	853	853
Total non-current assets	81,403	80,875
Current assets		
Inventories	3,078	2,176
Receivables: due from NHS and DHSC group bodies	8,281	5,787
Receivables: due from non-NHS/DHSC group bodies	11,871	9,176
Cash and cash equivalents: GBS/NLF	46,991	62,148
Total current assets	70,221	79,287
Current liabilities		
Trade and other payables: capital	(1,206)	(10)
Trade and other payables: non-capital	(57,107)	(62,447)
Provisions	(8,052)	(7,862)
Other Liabilities	0	(1,058)
Total current liabilities	(66,365)	(71,377)
Total assets less current liabilities	85,259	88,785
Non-current liabilities		
Provisions	(2,264)	(2,211)
Total non-current liabilities	(2,264)	(2,211)
Total net assets employed	82,995	86,574
Financed by		
Public dividend capital	42,347	43,812
Revaluation reserve	9,423	9,423
Other reserves	5,395	5,395
Income and expenditure reserve	25,830	27,944
Total taxpayers' and others' equity	82,995	86,574

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.

No official Plan for SoFP was required in the "H1" or "H2" planning rounds but an internal plan was compiled, based on a break-even control total.

Property, plant and equipment has decreased slightly from last year due to capital programme additions in the current year. This is offset by increased depreciation relating to the purchase of I Pads and new vehicles in 20/21.

Inventories are lower than last year end due to high covid stocks held at the end of last year.

Receivables due from NHS/DHSC group bodies and non NHS/DHSC group bodies in total are lower than last year due to accrued Flowers funding at the year end being received in September and to the timing of prepayments for CQC, fleet lease invoices. This reduction is partly offset by accrued/invoiced ICS commissioner funding income.

Cash and cash equivalents includes NARU pass through funding still to be paid out and extra funds received from the block receipts relating to "H2" and the pay uplift.

Trade and other payables non capital are high compared to the last year end due to NARU SORT funding, fleet and insurance accrued expenses. This increase is partially offset by the release of the Flowers creditor at the end of last year which was paid in September.

Other liabilities relate to deferred Apprenticeship levy income.

Integrated Finance Report | Capital Expenditure

Reporting Month: February 2022

Capital Scheme	Total £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000	Mitigated Plan £'000
Information technology	1,430	1,180	923	-257	1,255
Clinical equipment	430	200	9	-191	215
Estates	730	400	98	-302	730
Oldbury Project	600	150	0	-150	600
Fleet	13,183	12,214	12,187	-27	12,849
Contingency	250	0	0	0	0
Total capital programme	£16,623	£14,144	£13,217	-£927	£15,649

Capital Expenditure

Capital expenditure is managed at a system level. The system is expected to manage within an overall capital allocation of £80m. Organisational plans within the system totalled £98m. The Trust submitted a capital plan of £16.6m.

We have received recent notification of £1.3m of additional capital funding for 2021/22 winter schemes and £1.4m for other IT schemes.

Agreement with NHSI resolved a technical issue in relation to DGH with a revised system capital allocation of £92m. All providers were asked to review and agree to submit a balanced plan with the likelihood of additional capital from slippage either within the system or region.

WMAS reviewed a range of options to provide mitigations against the risk share, these include non utilisation of contingency and deferral of expenditure into 22/23. National funding is also being pursued as well as other sources of funding for digital and net zero projects.

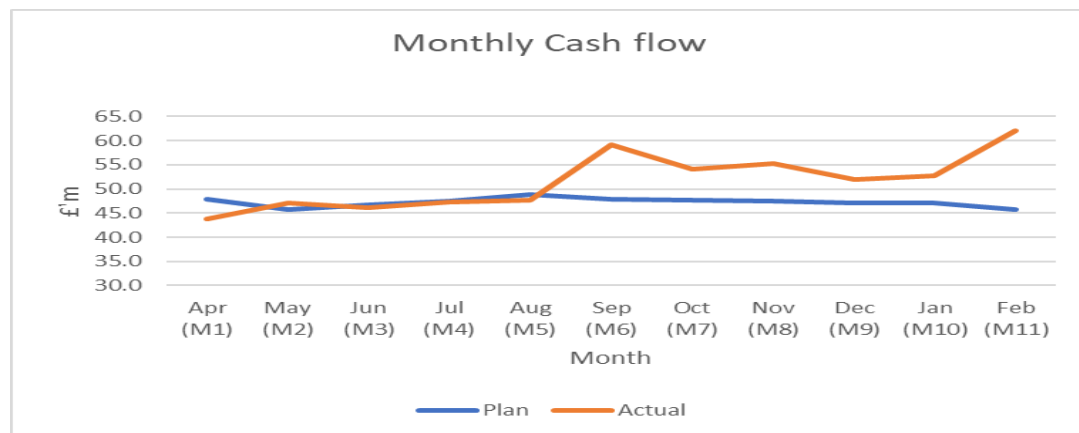
WMAS have incurred expenditure of £13.22m YTD. A review of the phasing of the fleet capital plan was completed in M4.

A full review of the BCWB system plans is currently underway to ensure full delivery against allocated expenditure and ensure any requests to the region for additional capital up to the original plan of £98m are credible.

Integrated Finance Report | Statement of Cash Flow

Reporting Month: February 2022

	Actual Apr (M1)	Actual May (M2)	Actual Jun (M3)	Actual Jul (M4)	Actual Aug (M5)	Actual Sep (M6)	Actual Oct (M7)	Actual Nov (M8)	Actual Dec (M9)	Actual Jan (M10)	Actual Feb (M11)	Forecast 2021/22 Totals	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Cash Inflow from activities													
NHS A&E	20,778	20,521	20,595	20,495	21,078	20,487	22,938	24,991	20,878	21,205	32,650	267,251	
NHS PTS	3,419	3,204	3,886	3,426	4,370	3,544	3,994	3,950	3,656	3,832	3,937	44,556	
NHS 111	2,579	2,579	3,307	2,579	2,579	4,558	2,580	2,579	2,579	2,579	2,579	33,657	
System top up alloc			7,228	2,397	2,397	2,397	2,397	2,397	2,397	2,397	2,397	28,801	
NHS other	116	4,921	92	680	420	19,243	3,321	412	326	1,756	2,114	35,048	
CBRN		1,151										1,151	
Training	1,898											1,898	
Apprenticeship Levy				2146	494	209		86	940	258	357	224	4,806
Other Receipts	290	268	305	555	723	430	461	686	260	330	372	4,813	
Interest Receivable										4	7	11	
Capital Receipts												0	
Sale of Assets												0	
VAT Refund	315	676	547		627	269	326	461	394	337	219	4,446	
Total Cash Inflows	29,395	33,320	38,106	30,626	32,403	50,928	36,103	36,416	30,748	32,797	44,499	426,438	
Cash outflow													
Monthly payroll	14,603	13,881	13,914	13,505	13,683	18,679	13,838	15,302	14,326	14,694	14,904	176,310	
PAYE/NIC/pensions	9,750	10,414	9,653	9,990	9,367	9,458	13,862	10,104	10,916	10,148	10,430	124,692	
Non-Pay expenditure	8,195	5,879	14,888	5,444	6,835	8,077	11,744	7,438	7,146	6,014	8,965	104,221	
Capital expenditure		306	206	582	2,099	2,875	1,792	2,365	1,635	1,154	864	18,088	
Bank Charges												0	
PDC Capital												0	
Dividends on PDC						260						785	
Loan Repayment												0	
Total Cash Outflows	32,548	30,480	38,661	29,521	31,984	39,349	41,236	35,209	34,023	32,010	35,163	424,096	
Net Inflows / (Outflows)	-3,153	2,840	-555	1,105	419	11,579	-5,133	1,207	-3,275	787	9,336	2,342	
Opening Balance	46,991	43,838	46,678	46,123	47,228	47,647	59,226	54,093	55,300	52,025	52,812	46,991	
Closing Balance	43,838	46,678	46,123	47,228	47,647	59,226	54,093	55,300	52,025	52,812	62,148	49,333	



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.

No official cash flow was required in the “H1” or “H2” planning round but an internal plan has been compiled based on a break-even control total and the submitted capital plan.

Key cash movements are highlighted below.

Year to Date

- Apprenticeship levy funding was received in M3 and M8 and higher than expected which increased the cash balance above expected.
- Capital spend comprises payments made to capital suppliers, including payments of year-end creditors.
- Cash flow is higher than expected partly due to NARU contract funding received for quarter 4 still to be paid out. There is also around £11m more than the original plan received in month 11 from the block receipts relating to “H2” and the pay uplift.
- The block contracts have been amended to take account of the backpay for the pay award and uplift going forward.

Forecast H1 and H2

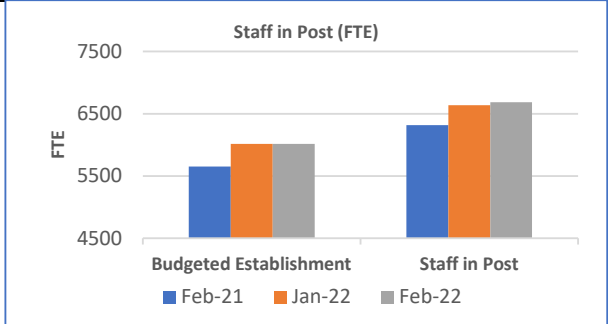
- It is currently forecast that cash movements will be largely in line with the expectations to meet a balanced position.
- The cashflow accounts for the corrective payments required in respect of the Flowers settlement and pay award which were made in Sept. The funding for the Flowers settlement was also received in Sept.
- Cash flows in H2 will be largely dependent on the impact on the Trust’s financial outturn from the NHS funding regime implemented from October and the ability to maintain the capital programme.
- Increased recruitment and additional winter funding which is largely applicable from H2 will be built into future cashflow analysis.

6

WORKFORCE INDICATORS

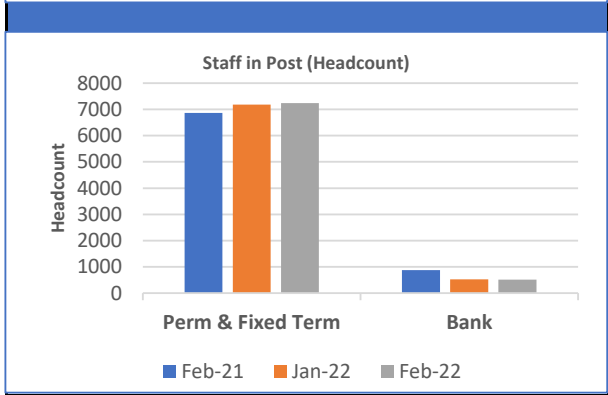
WORKFORCE PERFORMANCE SCORECARD FEBRUARY 2022

Data as at 14-03-22			
Establishment & Staff in Post (FTE)			
FTE	Feb-21	Jan-22	Feb-22
Budgeted Establishment	5651.16	6014.01	6014.01
Staff in Post	6313.91	6636.90	6683.54
Air Amb, Naru, NEDs	45.76	41.89	41.89
Total FTE	6359.67	6678.79	6725.43



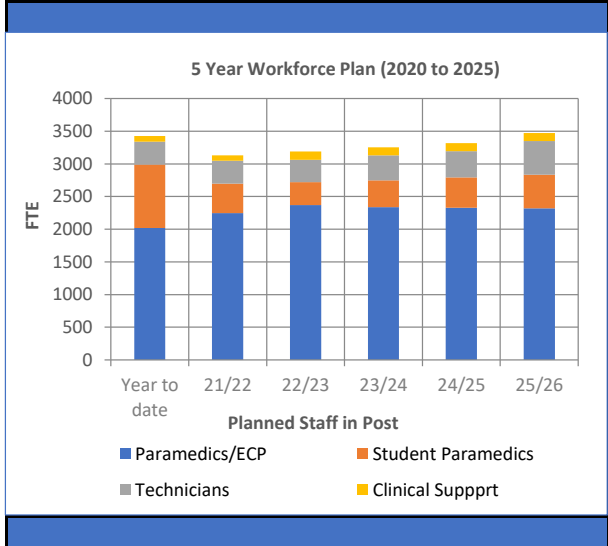
The budgeted establishment for January 2022 has increased to 6014.01 FTE (monthly average) to reflect the workforce plan agreed for 21/22. In February 2022 staff in post continues to exceed budgeted establishment by 711.42 FTE.

Staff in Post (Headcount)			
Headcount	Feb-21	Jan-22	Feb-22
Perm & Fixed Term	6862	7179	7235
Air Amb, Naru, NEDs	70	60	64
Bank	873	521	509
University Students	702	357	331
Total Headcount	7805.00	7760	7808



The Trust headcount has reached a new peak for February 2022 at 7808.

Operational Workforce			
	Feb-21	Jan-22	Feb-22
Budgeted Ops Establishment	3045.00	3368.00	3368.00
Staff in Post FTE	3379.57	3448.31	3473.15
Paramedic Skill Mix	61.94%	57.89%	57.35%
Skill Mix (exc St Paramedics)	82.48%	82.19%	82.28%
Recruitment (Students) H/C YTD	333	359	398
Recruitment (PTS to AAP) H/C YTD	76	0	0

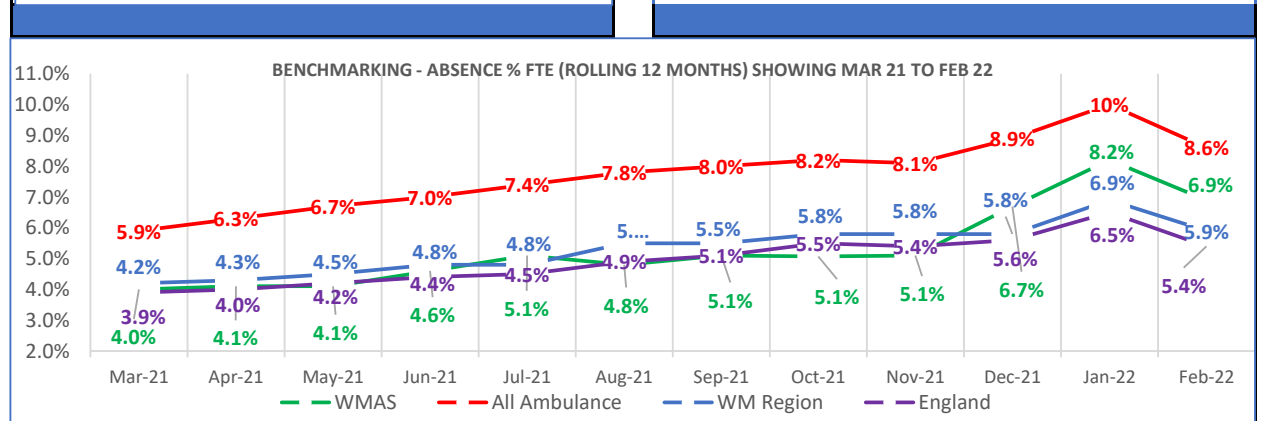
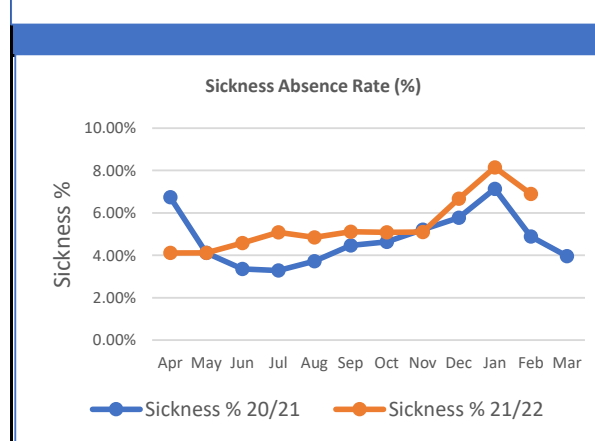
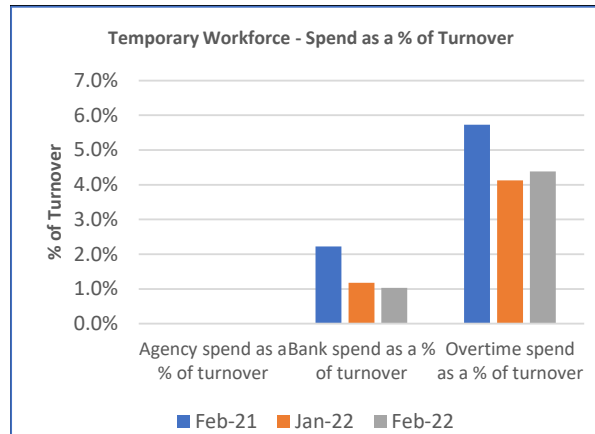


The budgeted establishment for 2021-22 is 3368.00 FTE. **There is an over establishment of 105.15 FTE.** The paramedic skill mix is 57.35% and is affected by newly qualified paramedics (NQP) and student paramedics recruitment. The Recruitment Plan for 2021-22 is for 458 Student Paramedics and 144 Graduate Paramedics. These numbers have not been included in the 5 year Workforce Plan.

	Temporary Workforce		
	Feb-21	Jan-22	Feb-22
Agency Spend	£ -	£ -	£ -
Agency spend as a % of turnover	0.00%	0.00%	0.00%
Bank Spend	£ 598,935	£ 367,451	£ 321,329
Bank spend as a % of turnover	2.22%	1.18%	1.03%
Overtime Spend	£ 1,546,006	£ 1,282,530	£ 1,360,178
Overtime spend as a % of turnover	5.73%	4.13%	4.38%

	Sickness Absence Rate (%)		
	Feb-21	Jan-22	Feb-22
Sickness %	4.91%	8.16%	6.91%
WMAS excluding Covid-19	3.24%	3.75%	3.86%
Covid-19	1.67%	4.41%	3.05%
Short Term		5.58%	3.29%
Long Term		2.58%	3.62%

	Sickness Absence Cost		
	Feb-21	Jan-22	Feb-22
Cost £	£ 774,958	£ 1,567,748	£ 1,195,172
WMAS excluding Covid-19	£ 494,720	£ 723,279	£ 660,209
Covid-19	£ 280,238	£ 844,469	£ 534,962



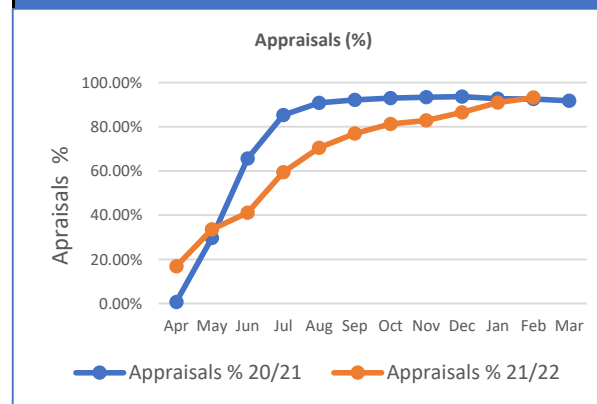
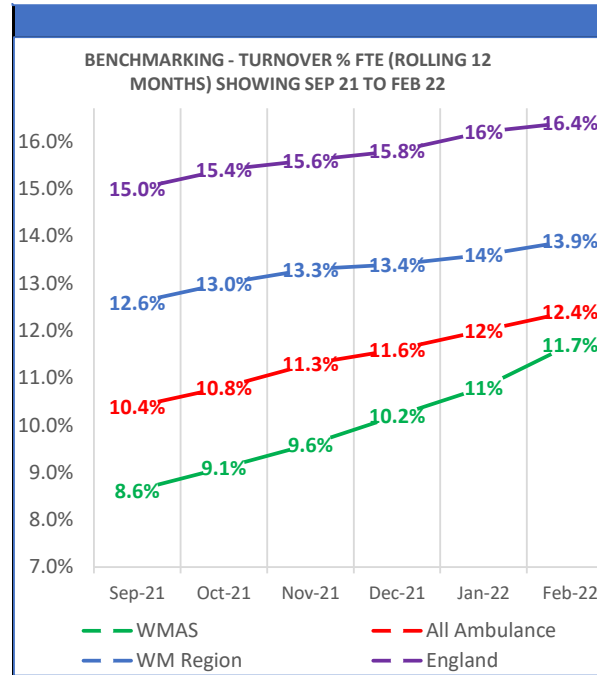
Bank Spend - this increased substantially due to the engagement of university students into employed positions to support the workforce resource during the pandemic in 2020. The spend has continued to wane. Overtime Spend - there was an increase in this cost arising from activity associated with the 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 in April 2020. However, the Trust management of sickness, partially through early swab tests, has ensured that sickness absence levels remain the best for the ambulance sector and compares favourably with regional and national trends.

Staff Movements			
	Feb-21	Jan-22	Feb-22
Average Headcount (12m)	7253	7779	7780
Average FTE (12m)	6,118.01	6527.80	6534.39
Starters Headcount	214	209	125
Starters FTE	93.53	203.20	116.44
Leavers Headcount	46	106	134
Leavers FTE	34.08	72.43	88.66
Leavers Headcount (12m)	822	1132	1231
Turnover Rate FTE (12m) %	8.36%	10.60%	11.55%
Maternity	106	130	124

Appraisals			
	Feb-21	Jan-22	Feb-22
Year to Date	92.58%	90.90%	93.20%
Rolling 12 months	92.65%	91.21%	89.59%

Mandatory Training			
Data as at 14-03-2022	Feb-21	Jan-22	Feb-22
E&U %	85.47%	62.23%	80.38%
PTS %	56.23%	73.13%	79.94%



The highest number of leavers in February was from Additional Clinical Services - Non-Emergency Patient transport. Allied Health Professional attrition remains inline with forecasted attrition rates.

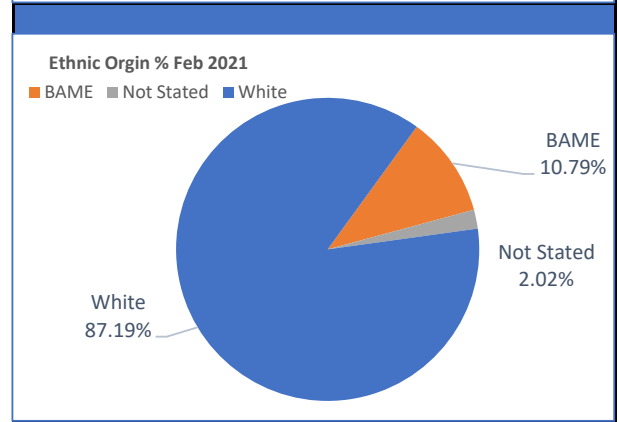
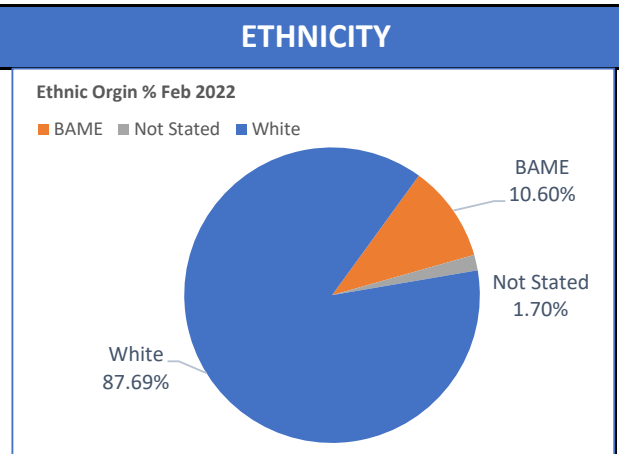
Staff Group	Leavers Count	Leavers FTE	Avg FTE	FTE %
Add Prof Scientific and Technic	1	0.28	28.50	0.99%
Additional Clinical Services	81	43.03	2,173.88	1.98%
Administrative and Clerical	9	8.53	602.44	1.42%
Allied Health Professionals	30	26.40	2,467.39	1.07%
Estates and Ancillary	5	4.00	286.96	1.39%
Medical and Dental	0		8.11	
Nursing and Midwifery Registered	7	5.41	105.51	5.12%
Students	1	1.00	1,053.35	0.09%
Grand Total	134	88.66		

The timeline for completion of PDRs for all non-operational staff and managers is detailed below:
 Band 8 & 9 – by the end of April 2021
 Band 7 – by the end of May 2021
 Band 6 – by the end of June 2021
 All other staff by the end of July 2021.
 The completion rate is currently higher than in 2020-21.

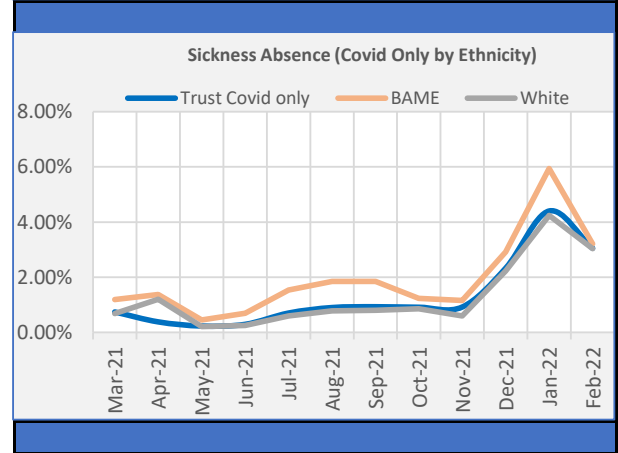
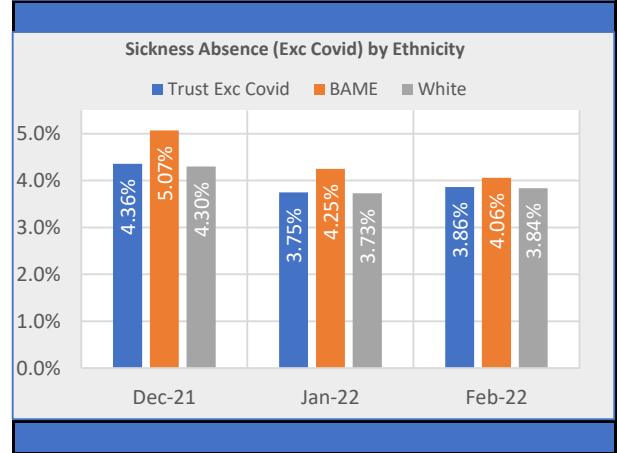
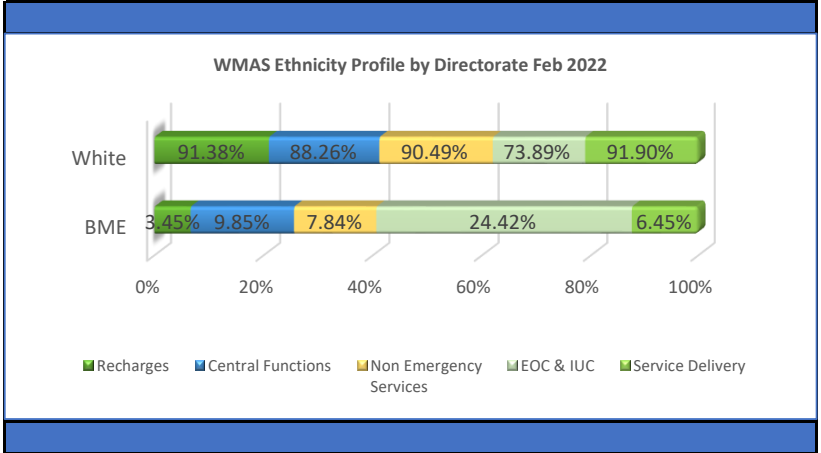
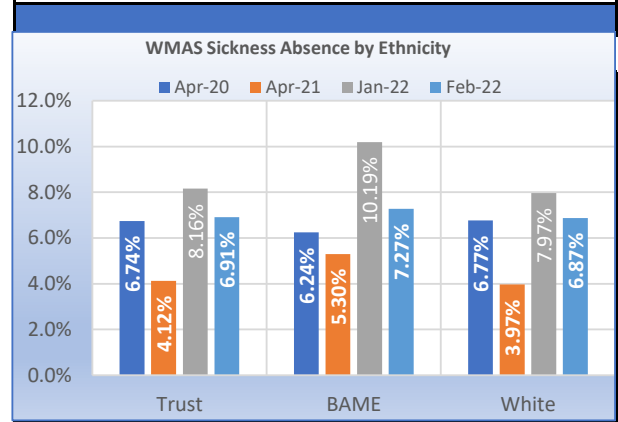
Clinical Mandatory Training commenced in June. PTS Mandatory Training commenced in April and is progressing well.

Data as at 14-03-2022			
Ethnic Origin			
Feb-22	Headcount	%	FTE
BAME	828	10.60%	680.93
Not Stated	133	1.70%	115.97
White	6847	87.69%	5929.23
Grand Total	7808	100.00%	6726.13

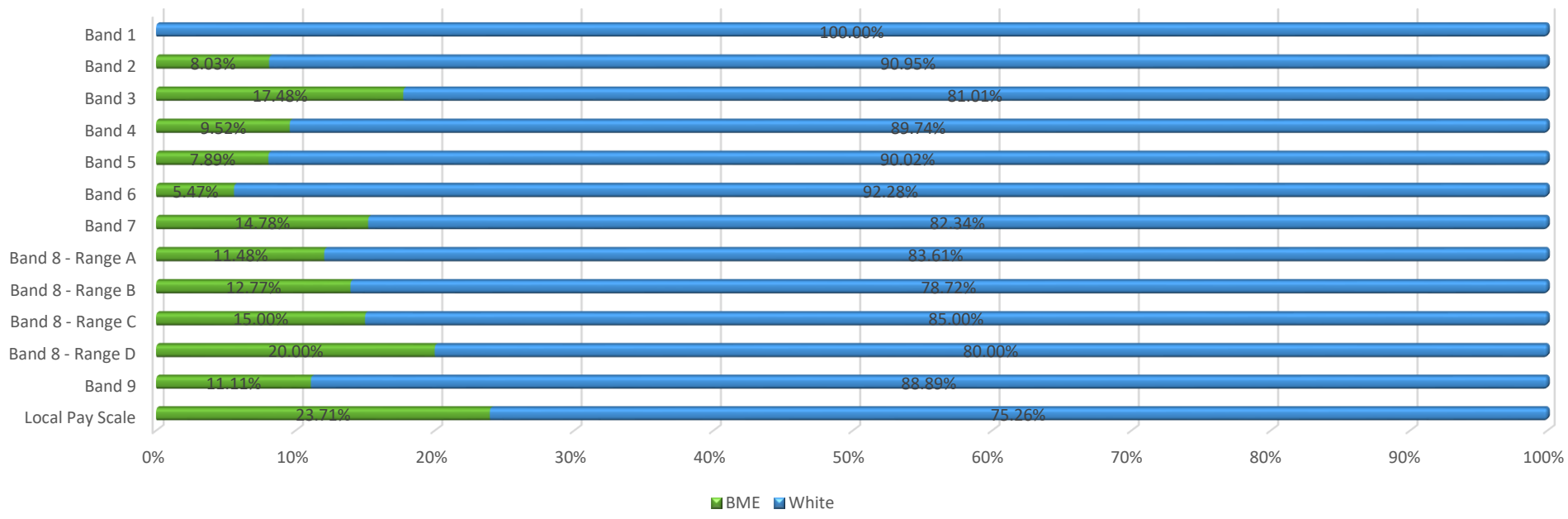
Ethnic Origin			
Feb-21	Headcount	%	FTE
BAME	842	10.79%	643.39
Not Stated	158	2.02%	124.61
White	6805	87.19%	5591.67
Grand Total	7805	100.00%	6359.67



The number of staff from a BAME background reduced 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 Ethnicity Profile by Pay Band Feb 2022



7

**PUBLIC
MEMBERSHIP**

Membership Breakdown Report - March 2022

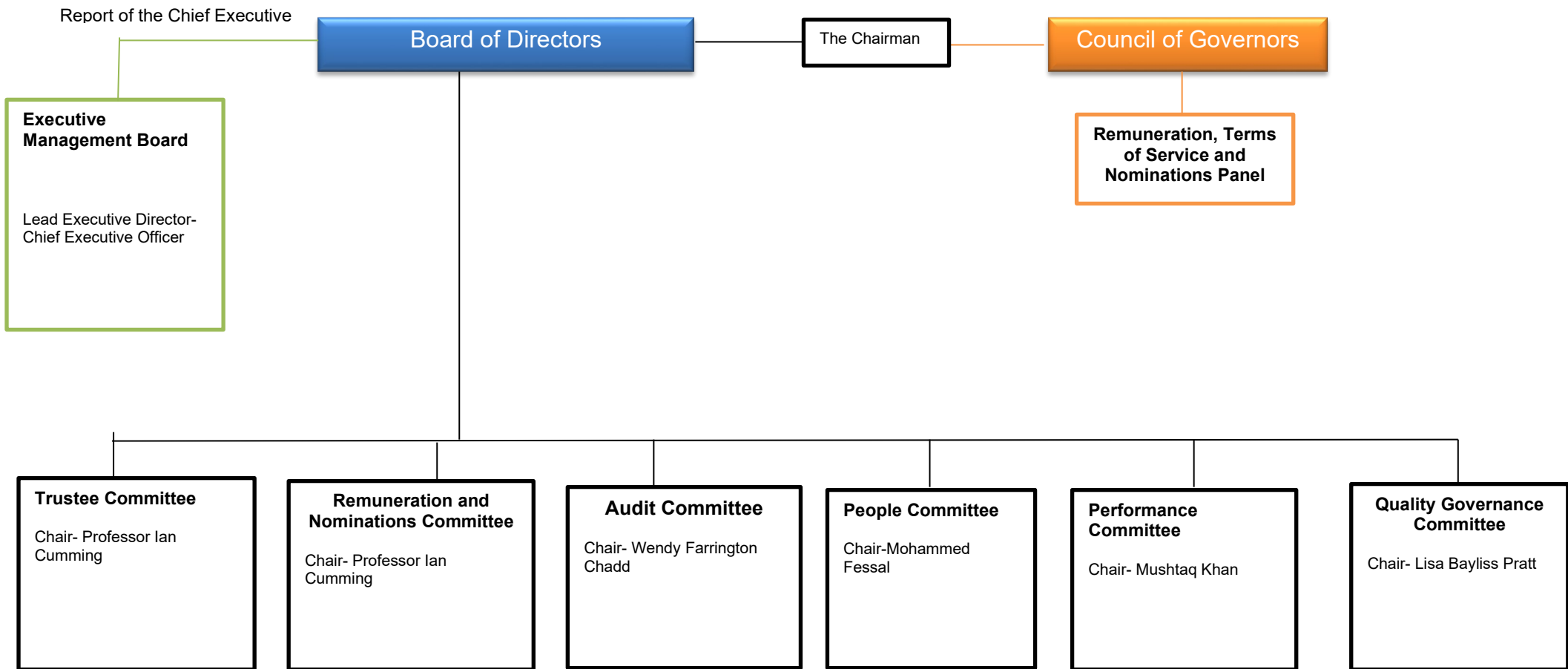
	Members	Population
Public Members	9053	5,955,554
Staff Member	7805	
Total	16858	
Catchment Areas	Members	
Birmingham	2086	1,374,458
Black Country	2836	1,205,296
Coventry and Warwickshire	1111	944,902
Staffordshire	1377	1,136,828
West Mercia	1613	1,136,828
Out of Trust Area	30	
Total	9053	5,955,554
Gender	Actual	
Male	3845	2,953,156
Female	4942	3,002,398
Unknown	266	
Total	9053	5,955,554
Monitor Ethnicity	Actual	Population
Asian	1944	604357
Black	296	182109
Mixed	141	131669
Other	98	31821
Unknown	448	0
White	6126	4491926
Total	9053	5407622
General Ethnicity	Actual	Population
Asian Bangladeshi	157	52,477
Asian Chinese	16	31,263
Asian Indian	858	218,397
Asian Other	299	74,979
Asian Pakistani	614	227,241
Black African	103	64,250
Black Caribbean	170	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	448	0
White British	5960	4,427,289
White Gypsy and Irish Traveller	0	4,726
White Irish	60	55,185

White Other	106	4,726
Other Arab	0	18,079
Total	9053	5,595,494
Monitor Age Range	Actual	Population
Age 0-16	0	1,238,370
Age 17-21	23	358,826
Age 22+	6458	4,358,358
Unknown	2572	
Total	9053	5595494
Age	Actual	Population
Age 0 - 16	0	1,238,370
Age 17-21	23	358,826
Age 22-29	746	640,123
Age 30-39	995	764,955
Age 40-49	1288	716,615
Age 50-59	1157	792,680
Age 60-74	1308	914,089
Age 75 +	964	529,896
Unknown	2572	0
Total	9053	5595494
NRS Classification	Actual	Population
AB	2117	464,168
C1	2503	700,672
C2	2017	539,612
DE	2348	711,263
Unknown	68	0
Total	9053	5595494

8

GOVERNANCE STRUCTURE

TRUST COMMITTEE STRUCTURE



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

TRUST COMMITTEE STRUCTURE



9

MEETING SCHEDULE

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

				2022										2023		
Title of Meeting		Chair	Secretariat	Staff side Reps	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	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
	Trustee Committee - (As and when required)	Ian Cumming	Phil Higgins													
	Remuneration and Nominations Committee - (As and when required)	Ian Cumming	Phil Higgins													
	Audit Committee	Wendy Farrington-Chadd	Donna Stevenson			23		12				15		24		14
	People Committee	Mohammed Fessal	Dawn John			23			22			28			27	
	Performance Committee	Mushtaq Khan	Donna Stevenson		26			28			27			23	23	
	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														
	Senior Efficiency Group	Karen Rutter	Donna Stevenson													
	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
	Policy Group	Nathan Hudson	Aimee Dicken		7	5	9	7	4	1	6	3	1	5	9	9
	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
	Learning Review Group	Mark Docherty	Nicky Shaw	Staff side reps x 2	20	16	15	13		14	12	23		16	20	20
	Professional Standards Group	Craig Cooke	Nicky Shaw	Staff side reps x 2	25	23	27	25		26	24	28		30	27	27
	Immediate Care Governance Group (Report to Professional Standards Group)	Alison Walker	Nicky Shaw			10		12		13		8		10		14
	Clinical Audit and Research Programme Group (Report to Professional Standards Group)	Craig Cooke	Jenny Lumley-Holmes	Staff side rep x 1												
People Sub Committee	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	
	BBC Locality Partnership Forum	Senior Ops Manager	Samantha Walton	Staff Side Reps x 11	21	19	23	21		22	20	17				
	EOC Partnership Forum	Jeremy Brown	Louise Bowater	Staff Side Reps x 4												
	West Mercia Locality Partnership Forum	Liz Parkes		Staff Side Reps x 6												
	Staffordshire Locality Partnership Forum	Dean Jenkins		Staff Side Reps x 9												
	Coventry and Warwickshire Locality Partnership Forum	Dan Swain		Staff Side Reps x 7												
	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 Development Day (As required)	Ian Cumming	Suzie Wheaton							13						
	Annual Council of Governors and Annual Member Meetings	Ian Cumming	Suzie Wheaton				27									
	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



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



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



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



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



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