



West Midlands Ambulance Service
University NHS Foundation Trust



Trust Information Pack

May 2022

Trust us to care.

C O N T E N T S

SECTION	TITLE
1	Vision and Values
2	Operational & Clinical Key Performance Indicators
3	Governance and Security Key Performance Indicators
4	Nursing & Clinical Commissioning Indicators
5	Financial Performance
6	Workforce Indicators
7	Public Membership
8	Governance Structure
9	Meeting Schedule
10	Glossary of Terms

1

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

2

OPERATIONAL & CLINICAL KEY PERFORMANCE INDICATORS



NHS

West Midlands Ambulance Service
University NHS Foundation Trust

Trust Information Pack

April 2022

Service Delivery Directorate

Operational Metrics and KPIs

Contents

- Section 1: Demand
- Section 2: Performance
- Section 3: Hospitals
- Section 4: Resourcing
- Section 5: EPR
- Section 6: Contract Position

Call Demand

	All Emergency Calls			
	Current Year	Previous Year	Variation from Previous Year	% Variation
	Call Count	Call Count	Call Count	Call Count
	Month	135,343	107,865	27,478
QTD	135,343	107,865	27,478	25.5 %
YTD	135,343	107,865	27,478	25.5 %

	Demand against Contract		
	Assigned Incidents	Contract Incidents	% Variation
	Month	96,432	98,411
QTD	96,432	98,411	-2.01 %
YTD	96,432	98,411	-2.01 %

	111/999	111 vs 999 calls			
		Current Year		Previous Year	
		Call Count	Call Count	Call Count	Call Count
Month	999	117,067	86.5 %	86,781	80.5 %
	111	18,276	13.5 %	21,084	19.5 %
	Total	135,343		107,865	
QTD	999	117,067	86.5 %	86,781	80.5 %
	111	18,276	13.5 %	21,084	19.5 %
	Total	135,343		107,865	
YTD	999	117,067	86.5 %	86,781	80.5 %
	111	18,276	13.5 %	21,084	19.5 %
	Total	135,343		107,865	

Incident Demand

	All Incidents			
	Current Year	Previous Year	Variation from Previous Year	% Variation from Previous Year
	Incident Count	Incident Count	Incident Count	Incident Count
Month	89,719	95,513	(5,794)	-6.1 %
QTD	89,719	95,513	(5,794)	-6.1 %
YTD	89,719	95,513	(5,794)	-6.1 %

	Emergency Incidents			% Variation from Previous Year
	Current Year	Previous Year	Variation from Previous Year	
	Incident Count	Incident Count	Incident Count	
Month	86,518	89,471	(2,953)	-3.3 %
QTD	86,518	89,471	(2,953)	-3.3 %
YTD	86,518	89,471	(2,953)	-3.3 %

Section 1: Demand

April 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	22,177	24.7 %	23,547	24.7 %	22,177	24.7 %	23,547	24.7 %
Black Country	20,279	22.6 %	20,717	21.7 %	20,279	22.6 %	20,717	21.7 %
Arden	13,002	14.5 %	14,082	14.7 %	13,002	14.5 %	14,082	14.7 %
Staffordshire	16,893	18.8 %	18,485	19.4 %	16,893	18.8 %	18,485	19.4 %
Herefordshire	2,580	2.9 %	2,751	2.9 %	2,580	2.9 %	2,751	2.9 %
Shropshire	6,435	7.2 %	7,194	7.5 %	6,435	7.2 %	7,194	7.5 %
Worcester	8,139	9.1 %	8,594	9.0 %	8,139	9.1 %	8,594	9.0 %
Out of Area	111	0.1 %	93	0.1 %	111	0.1 %	93	0.1 %
No Value	103	0.1 %	50	0.1 %	103	0.1 %	50	0.1 %
Total	89,719		95,513		89,719		95,513	

Treatment Type (AQI Incidents, Emergency only)

Treatment Type Group	Treatment Type	MTD	QTD	YTD
Hear & Treat	Advice	3,989	3,989	3,989
	Alt Service	11,061	11,061	11,061
	Total	15,050	15,050	15,050
	%	17.7 %	17.7 %	17.7 %
See & Convey	Transport - ED	39,700	39,700	39,700
	Transport - Non ED	3,812	3,812	3,812
	Total	43,512	43,512	43,512
	%	51.3 %	51.3 %	51.3 %
See & Treat	Response	26,276	26,276	26,276
	Total	26,276	26,276	26,276
	%	31.0 %	31.0 %	31.0 %
Total	Total	84,838	84,838	84,838

Section 2: Performance

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

Priority	Target		Month		QTD		YTD	
	Mean	90%	Mean	90%	Mean	90%	Mean	90%
Category 1	7:00	15:00	8:16	14:45	8:16	14:45	8:16	14:45
Category 1 T	19:00	30:00	9:42	17:34	9:42	17:34	9:42	17:34
Category 2	18:00	40:00	55:58	130:22	55:58	130:22	55:58	130:22
Category 3	60:00	120:00	210:50	595:11	210:50	595:11	210:50	595:11
Category 4	-	180:00	249:54	657:19	249:54	657:19	249:54	657:19
HCP 2hr	-	-	235:46	622:33	235:46	622:33	235:46	622:33
HCP 4hr	-	-	332:12	875:32	332:12	875:32	332:12	875:32

Call Answer	Month	QTD	YTD
Call Answer Mean	0:03	0:03	0:03
Call Answer Median	0:02	0:02	0:02
Call Answer 95th	0:13	0:13	0:13
Call Answer 99th	0:31	0:31	0:31

Over 2 minute Call Answer Delays

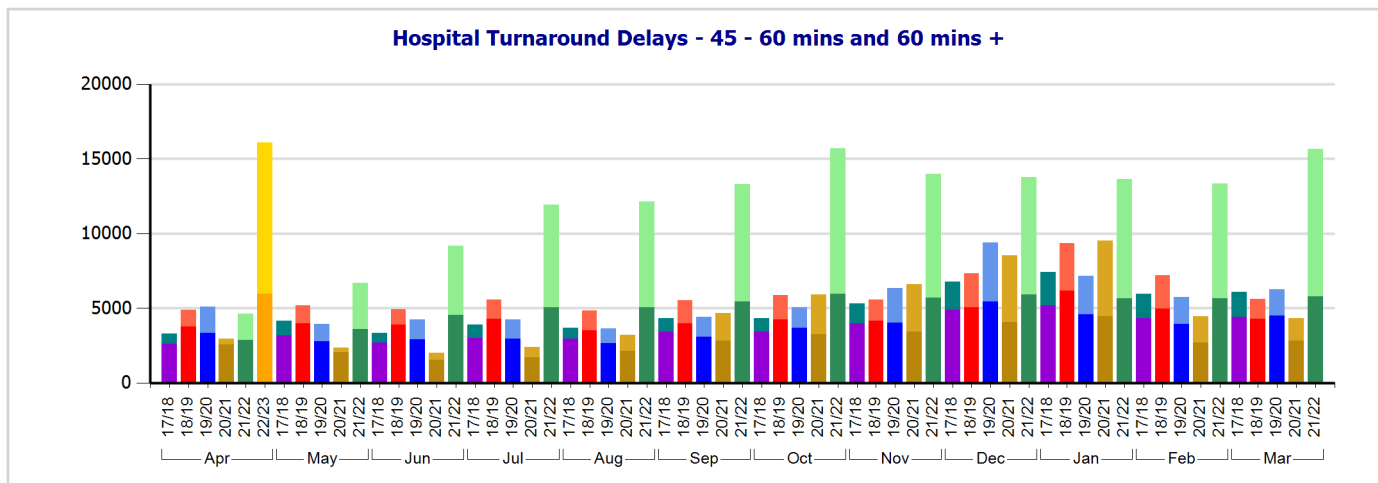
May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
3	18	737	211	252	195	49	355	166	17	28	8

Priority	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%
Category 1	7:00	15:00	8:54	15:57	6:48	11:23	6:32	10:31	10:53	21:47	12:04	24:06	9:26	16:09	10:01	18:32
Category 1 T	19:00	30:00	10:15	18:19	7:37	12:37	7:29	12:26	13:57	28:11	14:32	27:57	11:38	19:30	11:41	20:53
Category 2	18:00	40:00	52:10	112:29	55:59	135:09	24:48	53:50	42:07	95:26	72:55	175:09	90:54	232:20	65:49	149:35
Category 3	60:00	120:00	204:07	564:15	252:31	788:02	149:36	389:51	128:47	307:03	260:00	741:04	242:03	646:22	219:54	641:40
Category 4	-	180:00	280:39	919:45	270:07	616:06	235:14	653:34	171:31	431:51	290:45	917:58	223:32	507:26	238:08	643:48
HCP 2hr	-	-	217:38	508:15	251:36	733:35	208:39	498:44	191:13	396:28	353:04	868:51	240:23	579:09	185:06	562:59
HCP 4hr	-	-	334:30	938:03	284:48	601:14	273:13	704:45	270:46	601:36	478:30	1017:18	384:31	1003:17	384:39	972:50

Priority	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%
Category 1	7:00	15:00	8:54	15:57	6:48	11:23	6:32	10:31	10:53	21:47	12:04	24:06	9:26	16:09	10:01	18:32
Category 1 T	19:00	30:00	10:15	18:19	7:37	12:37	7:29	12:26	13:57	28:11	14:32	27:57	11:38	19:30	11:41	20:53
Category 2	18:00	40:00	52:10	112:29	55:59	135:09	24:48	53:50	42:07	95:26	72:55	175:09	90:54	232:20	65:49	149:35
Category 3	60:00	120:00	204:07	564:15	252:31	788:02	149:36	389:51	128:47	307:03	260:00	741:04	242:03	646:22	219:54	641:40
Category 4	-	180:00	280:39	919:45	270:07	616:06	235:14	653:34	171:31	431:51	290:45	917:58	223:32	507:26	238:08	643:48
HCP 2hr	-	-	217:38	508:15	251:36	733:35	208:39	498:44	191:13	396:28	353:04	868:51	240:23	579:09	185:06	562:59
HCP 4hr	-	-	334:30	938:03	284:48	601:14	273:13	704:45	270:46	601:36	478:30	1017:18	384:31	1003:17	384:39	972:50

Priority	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%
Category 1	7:00	15:00	8:54	15:57	6:48	11:23	6:32	10:31	10:53	21:47	12:04	24:06	9:26	16:09	10:01	18:32
Category 1 T	19:00	30:00	10:15	18:19	7:37	12:37	7:29	12:26	13:57	28:11	14:32	27:57	11:38	19:30	11:41	20:53
Category 2	18:00	40:00	52:10	112:29	55:59	135:09	24:48	53:50	42:07	95:26	72:55	175:09	90:54	232:20	65:49	149:35
Category 3	60:00	120:00	204:07	564:15	252:31	788:02	149:36	389:51	128:47	307:03	260:00	741:04	242:03	646:22	219:54	641:40
Category 4	-	180:00	280:39	919:45	270:07	616:06	235:14	653:34	171:31	431:51	290:45	917:58	223:32	507:26	238:08	643:48
HCP 2hr	-	-	217:38	508:15	251:36	733:35	208:39	498:44	191:13	396:28	353:04	868:51	240:23	579:09	185:06	562:59
HCP 4hr	-	-	334:30	938:03	284:48	601:14	273:13	704:45	270:46	601:36	478:30	1017:18	384:31	1003:17	384:39	972:50

	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	45,509	54,749	-9,240	-16.9 %	10,119	1,766	8,353	473.0 %	32,084	4,667	27,417	587.4 %
QTD	45,509	54,749	-9,240	-16.9 %	10,119	1,766	8,353	473.0 %	32,084	4,667	27,417	587.4 %
YTD	45,509	54,749	-9,240	-16.9 %	10,119	1,766	8,353	473.0 %	32,084	4,667	27,417	587.4 %



Destination	Hospital Turnaround Timebands													
	MTD						YTD							
	Under 30	30-60 mins	60+ mins	Total	Under 30	30-60 mins	60+ mins	Total						
Alexandra	976	53.5 %	572	31.3 %	277	15.2 %	1825	976	53.5 %	572	31.3 %	277	15.2 %	1825
Birmingham Childrens	436	59.8 %	263	36.1 %	30	4.1 %	729	436	59.8 %	263	36.1 %	30	4.1 %	729
Burton	258	22.2 %	567	48.7 %	339	29.1 %	1164	258	22.2 %	567	48.7 %	339	29.1 %	1164
City (Birmingham)	1282	55.8 %	886	38.6 %	128	5.6 %	2296	1282	55.8 %	886	38.6 %	128	5.6 %	2296
County Hospital (Stafford)	463	54.6 %	309	36.4 %	76	9.0 %	848	463	54.6 %	309	36.4 %	76	9.0 %	848
George Elliot	385	30.2 %	763	59.8 %	127	10.0 %	1275	385	30.2 %	763	59.8 %	127	10.0 %	1275
Good Hope	494	22.4 %	997	45.3 %	710	32.3 %	2201	494	22.4 %	997	45.3 %	710	32.3 %	2201
Heartlands	722	22.0 %	1671	50.9 %	892	27.2 %	3285	722	22.0 %	1671	50.9 %	892	27.2 %	3285
Hereford County	742	46.2 %	684	42.6 %	180	11.2 %	1606	742	46.2 %	684	42.6 %	180	11.2 %	1606
New Cross	1396	37.2 %	1773	47.3 %	583	15.5 %	3752	1396	37.2 %	1773	47.3 %	583	15.5 %	3752
New Queen Elizabeth Hosp	857	25.1 %	1789	52.5 %	763	22.4 %	3409	857	25.1 %	1789	52.5 %	763	22.4 %	3409
Princess Royal	315	19.9 %	597	37.8 %	669	42.3 %	1581	315	19.9 %	597	37.8 %	669	42.3 %	1581
Royal Shrewsbury	204	15.0 %	569	41.9 %	584	43.0 %	1357	204	15.0 %	569	41.9 %	584	43.0 %	1357
Royal Stoke Univ Hosp	721	18.4 %	1626	41.5 %	1575	40.2 %	3922	721	18.4 %	1626	41.5 %	1575	40.2 %	3922
Russells Hall	749	23.0 %	1817	55.9 %	687	21.1 %	3253	749	23.0 %	1817	55.9 %	687	21.1 %	3253
Sandwell	791	34.1 %	1202	51.7 %	330	14.2 %	2323	791	34.1 %	1202	51.7 %	330	14.2 %	2323
Solihull	1	50.0 %	1	50.0 %		0.0 %	2	1	50.0 %	1	50.0 %		0.0 %	2
Uni Hospital Cov & War	935	24.9 %	2059	54.9 %	759	20.2 %	3753	935	24.9 %	2059	54.9 %	759	20.2 %	3753
Walsall Manor	1439	49.4 %	1380	47.4 %	94	3.2 %	2913	1439	49.4 %	1380	47.4 %	94	3.2 %	2913
Warwick	388	22.7 %	1046	61.1 %	278	16.2 %	1712	388	22.7 %	1046	61.1 %	278	16.2 %	1712
Worcestershire Royal	584	25.4 %	677	29.5 %	1036	45.1 %	2297	584	25.4 %	677	29.5 %	1036	45.1 %	2297

Turnaround - Time at Hospital to Time Clear

RPI

	Month	QTD	YTD
Category 1	1.42	1.42	1.42
Category 2	1.04	1.04	1.04
Category 3	1.05	1.05	1.05
Category 4	1.07	1.07	1.07
HCP	1.06	1.06	1.06
Total	1.10	1.10	1.10

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

	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22
Bromsgrove Hub	99.8%	98.7%	99.4%	100.0%	99.5%	99.6%
Coventry Hub	100.0%	100.0%	99.9%	100.0%	99.8%	99.8%
Donnington Hub	100.0%	99.7%	99.8%	99.8%	100.0%	100.0%
Dudley Hub	98.7%	96.0%	94.4%	94.8%	92.0%	93.4%
Erdington Hub	99.0%	96.4%	97.3%	96.9%	96.2%	97.7%
Hereford Hub	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%
Hollymoor Hub	97.6%	96.6%	97.4%	97.3%	96.9%	97.5%
Lichfield Hub	99.6%	99.4%	99.2%	99.3%	99.2%	99.0%
Sandwell Hub	93.9%	98.5%	97.8%	98.9%	94.2%	95.7%
Shrewsbury Hub	100.0%	100.0%	100.0%	100.0%	99.8%	99.8%
Stafford Hub	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%
Stoke Hub	100.0%	100.0%	100.0%	100.0%	99.9%	99.8%
Warwick Hub	100.0%	100.0%	100.0%	100.0%	100.0%	99.1%
Willenhall Hub	99.7%	98.8%	95.2%	96.0%	94.4%	94.6%
Worcester Hub	100.0%	99.8%	100.0%	100.0%	100.0%	100.0%
Total	99.1%	98.3%	98.1%	98.3%	97.4%	97.8%

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

	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22
Percentage	98.9%	98.3%	98.2%	98.3%	97.5%	97.9%

Job Cycle Times (minutes)

	MTD		QTD		YTD	
	S&T	S&C	S&T	S&C	S&T	S&C
Category 1	100.15	131.95	100.15	131.95	100.15	131.95
Category 2	142.79	195.31	142.79	195.31	142.79	195.31
Category 3	265.29	332.92	265.29	332.92	265.29	332.92
Category 4	265.74	420.63	265.74	420.63	265.74	420.63
HCP	411.48	410.02	411.48	410.02	411.48	410.02

Section 5: EPR Completion

April 2022

Month

Overall WMAS

	All Eligible Incidents			Transported Eligible Incidents			Non Transported Eligible Incidents		
	Eligible Inc	EPRs	%	Eligible Inc	EPRs	%	Eligible Inc	EPRs	%
Total	71,865	61,620	85.7 %	46,126	39,121	84.8 %	25,739	22,499	87.4 %

Notes:

- **1386** cases excluded from Incident count due to 'No Patient Found' VNR reason
- County based on Incident location.
- Count of Unique CAD_IDs with matching EPR record
- See and Treat + See and Convey incidents only.

Incidents by County

Arden			Birmingham			Black Country			Staffordshire			Herefordshire			Shropshire			Worcester		
Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%
10,606	9,519	89.8 %	17,317	14,764	85.3 %	16,905	14,673	86.8 %	12,895	11,045	85.7 %	2,193	1,990	90.7 %	5,215	3,997	76.6 %	6,734	5,632	83.6 %

YTD

Overall WMAS

YTD	All Eligible Incidents			Transported Eligible Incidents			Non Transported Eligible Incidents		
	Eligible Inc	EPRs	%	Eligible Inc	EPRs	%	Eligible Inc	EPRs	%
Total	71,865	61,620	85.7 %	46,126	39,121	84.8 %	25,739	22,499	87.4 %

Notes:

- **1386** cases excluded from Incident count due to 'No Patient Found' VNR reason
- County based on Incident location.
- Count of Unique CAD_IDs with matching EPR record
- See and Treat + See and Convey incidents only.

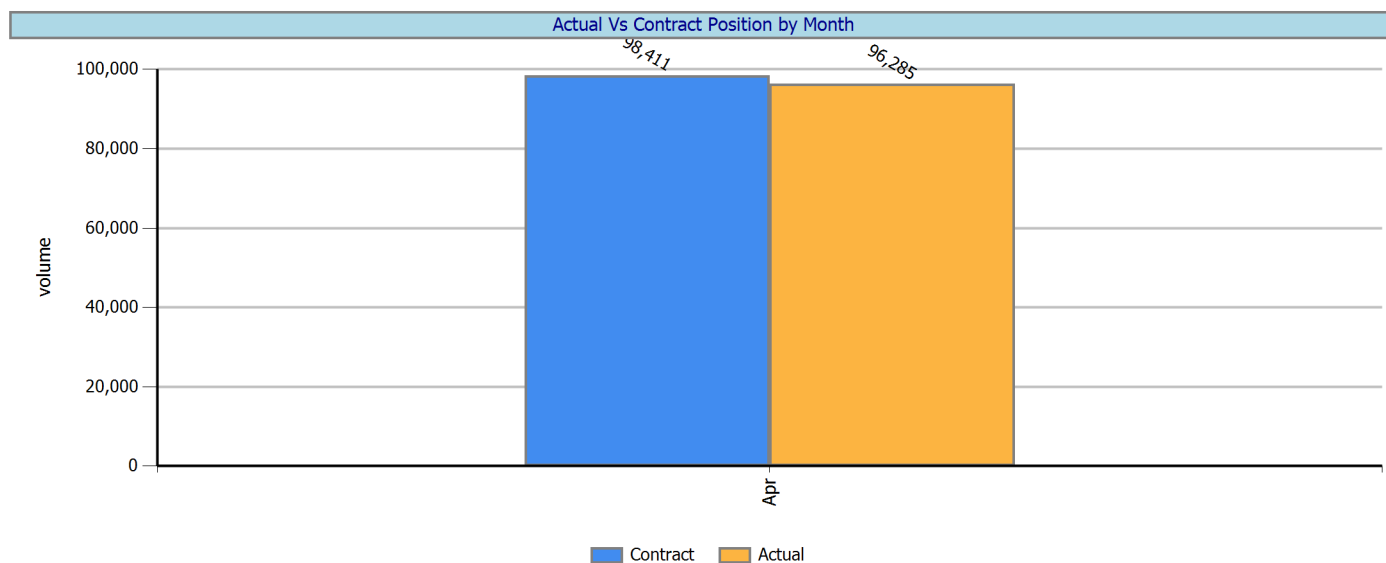
Incidents by County

Arden			Birmingham			Black Country			Staffordshire			Herefordshire			Shropshire			Worcester		
Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%
10,606	9,519	89.8 %	17,317	14,764	85.3 %	16,905	14,673	86.8 %	12,895	11,045	85.7 %	2,193	1,990	90.7 %	5,215	3,997	76.6 %	6,734	5,632	83.6 %

Section 6: Monthly Contract Position

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

CCG	April 2022				Year To Date			
	Actual	Contract	Diff	% Diff	Actual	Contract	Diff	% Diff
Birmingham and Solihull CCG	20,177	20,962	-785	-3.75%	20,177	20,962	-785	-3.75%
Black Country and West Birmingham CCG	25,394	25,476	-82	-0.32%	25,394	25,476	-82	-0.32%
Coventry and Warwickshire CCG	13,916	14,098	-182	-1.29%	13,916	14,098	-182	-1.29%
Herefordshire and Worcestershire CCG	11,465	11,717	-252	-2.15%	11,465	11,717	-252	-2.15%
Shropshire, Telford and Wrekin CCG	6,956	7,255	-299	-4.12%	6,956	7,255	-299	-4.12%
Staffordshire CCG	18,110	18,903	-793	-4.19%	18,110	18,903	-793	-4.19%
WMAS	96,285	98,411	-2,126	-2.16%	96,285	98,411	-2,126	-2.16%



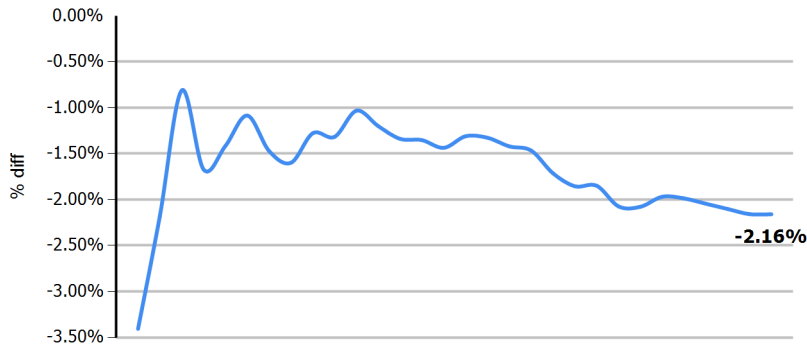
Please note this report for guidance only: An error margin exists between this report and the CCG Contract Monitoring Report. Data includes No Values & OOA's (hidden).

Financial Position Vs Contract (YTD)
-£390,873

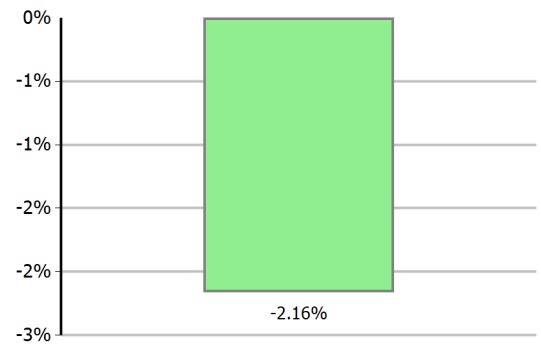
Section 6: Monthly Contract Position

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

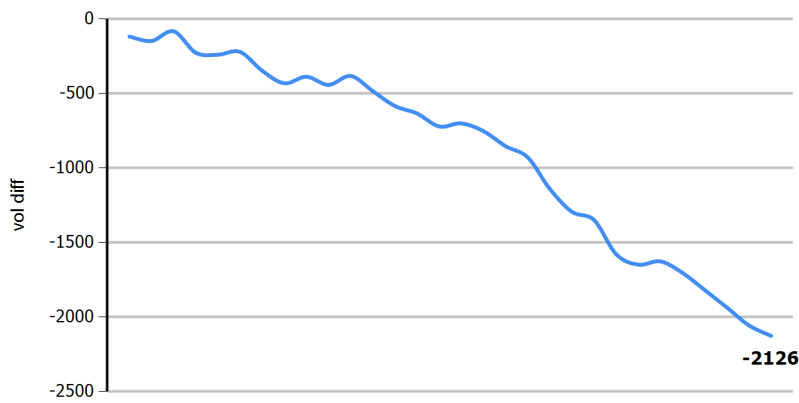
Cumulative Actual Vs Contract (percent difference)



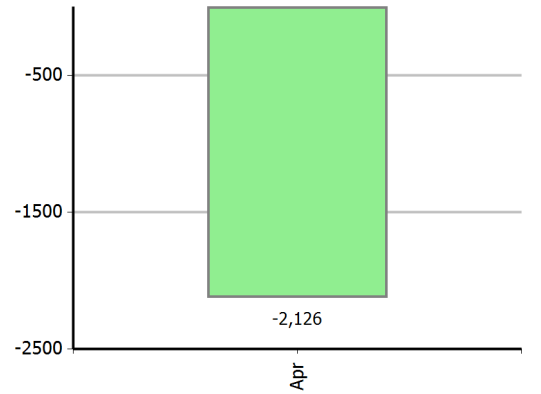
Actual Vs Contract (percentage) by Month



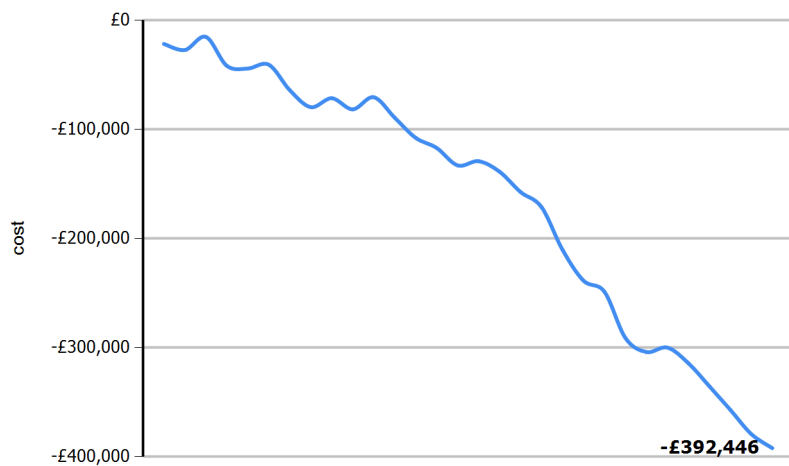
Cumulative Actual Vs Contract (volume difference)



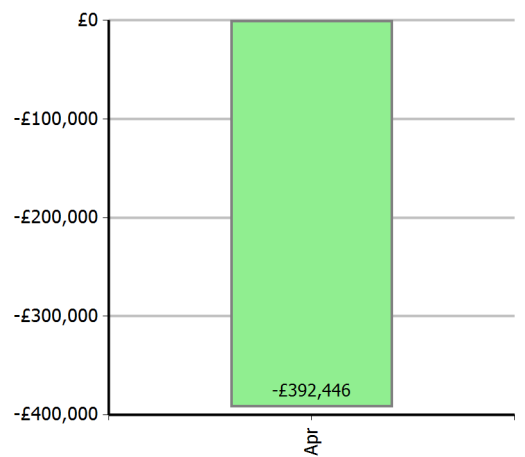
Actual Vs Contract (volume difference) by Month



Cumulative Actual Vs Contract (volume difference) by Cost



Actual Vs Contract (difference) Cost by Month



Clinical Performance Report



West Midlands Ambulance Service
University NHS Foundation Trust



Contents:

1. [Further Information](#)
2. [Management of Stroke](#)
3. [Management of STEMI](#)
4. [Management of Cardiac Arrest](#)
5. [Management of Post Resuscitation](#)
6. [Management of Sepsis](#)
7. [Cardiac Arrest SPC](#)

Data Tables:

[Stroke](#)
[STEMI](#)

Data available up to the end of:

WMAS : March 2022

Statistical Process Control

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



Common

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



Special

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

Care Bundle

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

Management of Stroke

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

Management of STEMI

STEMI stands for **ST Elevation Myocardial Infarction**. A STEMI is a type of heart attack where a coronary artery gets blocked by a blood clot, as a result virtually all the heart muscle being supplied by the affected artery starts to die.

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

Management of Cardiac Arrest

There are three elements that are reported for Cardiac Arrest:

- Return of Spontaneous Circulation at hospital
- Survival to Discharge Post Resuscitation
- A care bundle for treatment given post Return of Spontaneous Circulation (ROSC) is achieved on-scene following a non-traumatic cardiac arrest. The care bundle includes 12 lead ECG, Blood glucose, End-tidal CO2, Oxygen administered, Blood pressure, and fluids administered.

Management of Sepsis

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

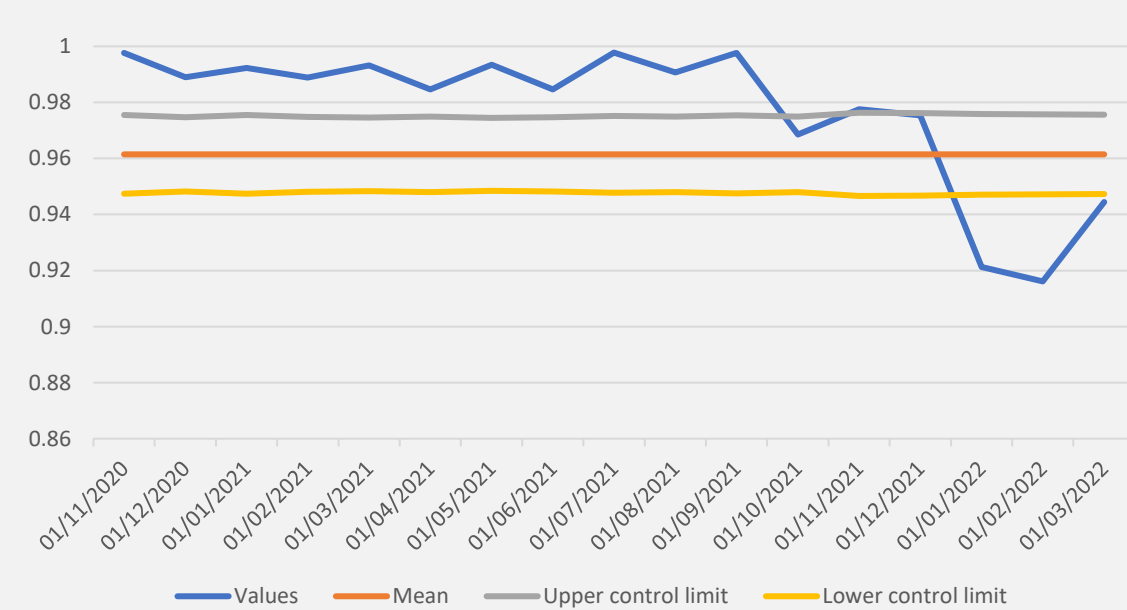
Adult patients with a pre-hospital impression of suspected sepsis with a National Early Warning score (NEWS) of 7 and above should receive an appropriate care bundle.

Monthly Trend



	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022
WMAS	98.47%	99.34%	98.46%	99.77%	99.07%	99.77%	96.86%	97.76%	97.54%	92.13%	91.62%	94.44%

Statistical Process Control



Special Cause Discussion



- Consistent patient group numbers.
- Drop in performance due to FAST and Blood Glucose.
- Reviewed with EPR team and reviewed the data warehouse which confirmed that the Blood Glucose were not documented in these cases.
- Reviewed all cases to ensure the FAST hasn't been documented throughout the record somewhere.
- AQI guidance and podcasts to be developed and disseminated to staff

National Comparison

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

Hospital Data Comparisons (Last Reported November 2021)

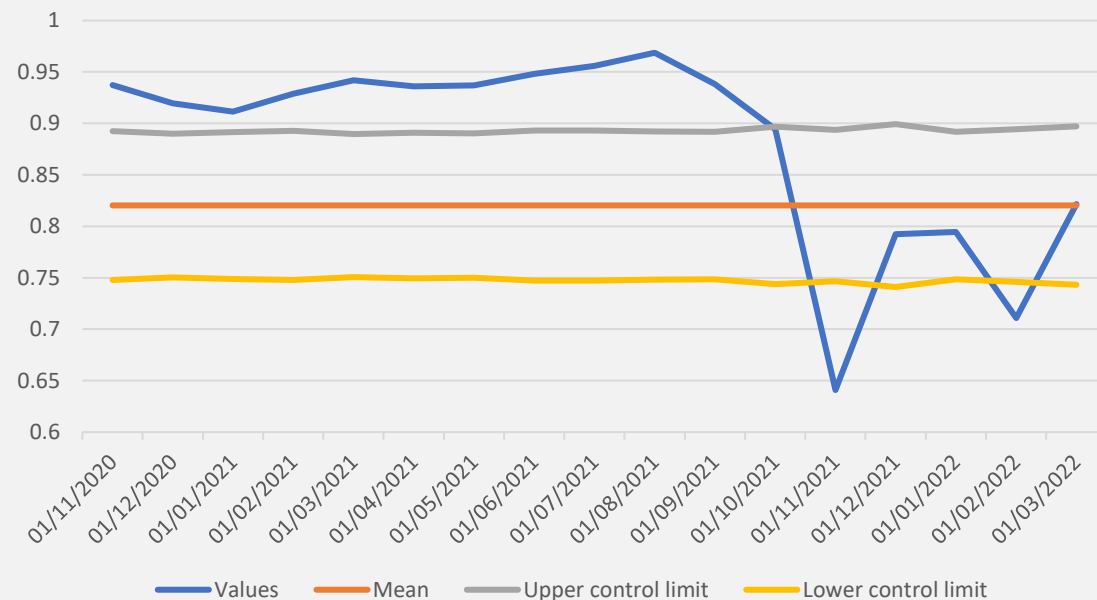
Call to Hospital (90 th percentile)			Hospital to CTN Scan (90 th percentile)			Hospital to thrombolysis (90 th percentile)		
WMAS	03:18		WMAS	04:28		WMAS	01:43	
National	02:59	9 th	National	03:56	8 th	National	01:40	7 th

Monthly Trend



	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022
WMAS	93.61%	93.70%	94.80%	95.58%	96.88%	93.82%	89.43%	64.85%	78.88%	79.46%	71.07%	82.14%

Statistical Process Control STEMI Care Bundle



Special Cause Discussion



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

- Identification of patient group improving.
- Decrease in performance due to 2 pain scores and analgesia administration.
- All cases have been clinically validated to check 1) it meets national inclusion criteria and 2) there are no exceptions for analgesia and 3) there weren't any exceptions for pain scoring.
- AQI guidance and podcasts to be developed and disseminated to staff

National Comparison

Care Bundle								
	Jan-2021		Apr-2021		Jul-2021		Oct-2021	
WMAS	92.89%		93.61%		95.58%		89.43%	
National	74.19%	1 st	77.42%	1 st	76.56%	1 st	83.61%	2 nd

Last Available from MINAP (November 2021)

Call to Catheter (Mean)			Call to Catheter (90 th percentile)		
WMAS	02:38		WMAS	03:45	
National	02:40	7 th	National	03:51	6 th


Monthly Trend

	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	March 2022
ROSC At Hospital (overall)	30.77%	24.14%	21.84%	30.60%	23.90%	27.57%	24.29%	22.75%	24.78%	24.44%	31.29%	24.27%
ROSC At Hospital (comparator)	57.58%	45.83%	43.48%	45.83%	31.25%	41.82%	43.10%	36.36%	44.44%	41.30%	60.87%	31.82%
Survival to Discharge (overall)	11.99%	11.96%	9.02%	8.89%	7.49%	8.68%	8.50%	7.10%	5.90%	Available 1 st May 2022	Available 29 th May	Available 29 th June 2022
Survival to Discharge (comparator)	32.26%	34.09%	28.57%	19.57%	17.78%	25.93%	25.45%	25.58%	16.28%			

Click here for [SPC Charts](#)

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


Common Cause Discussion



The Trust completed the following to improve cardiac arrest management :

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

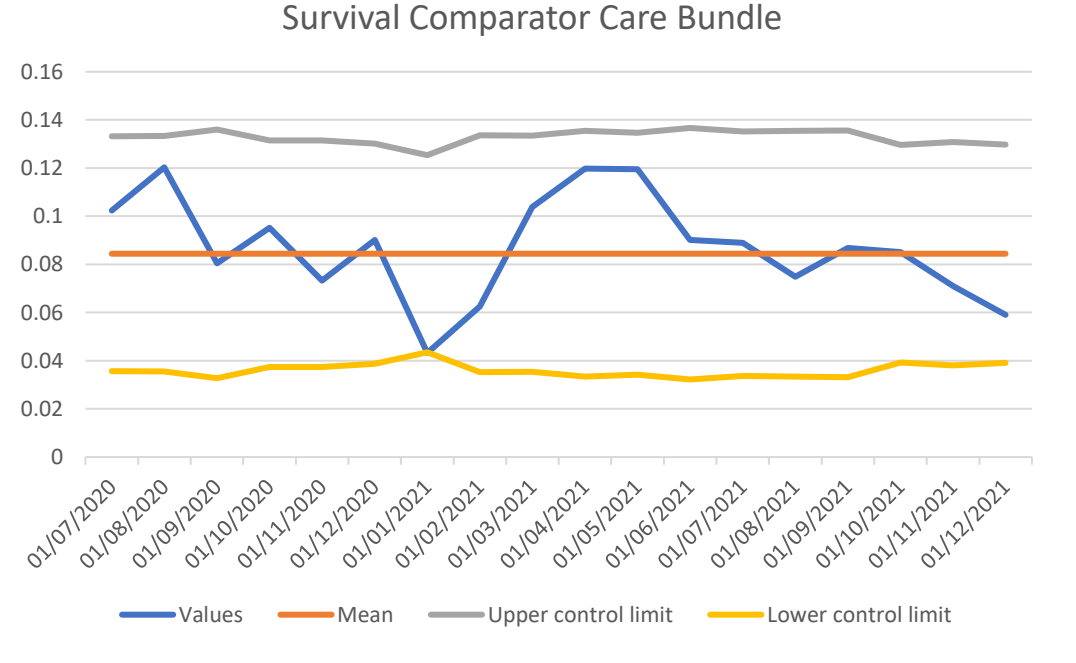
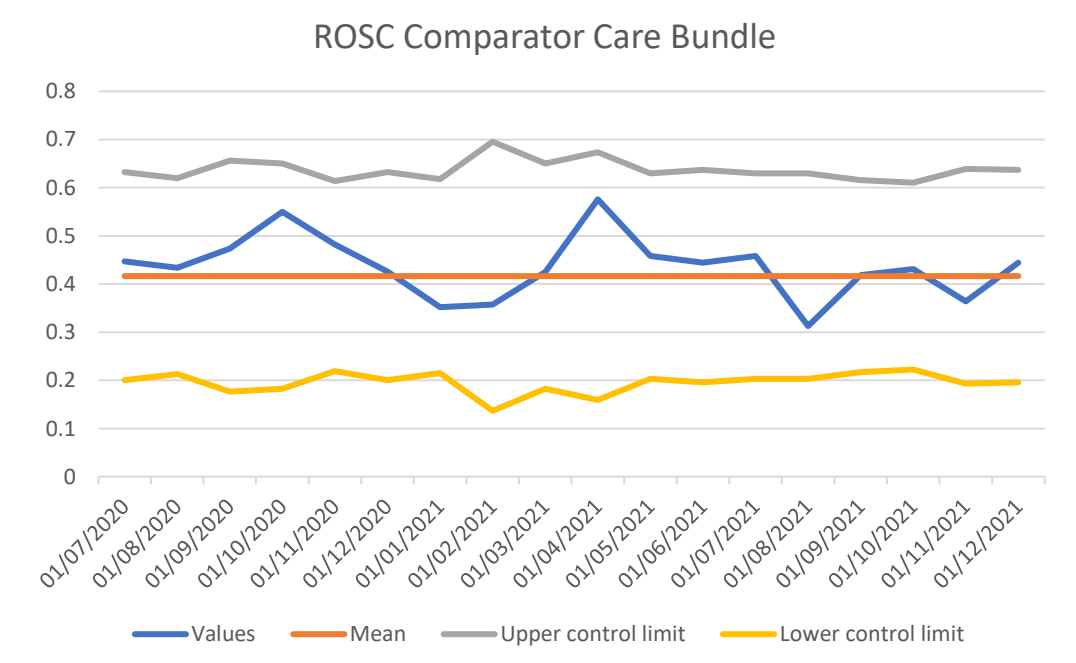
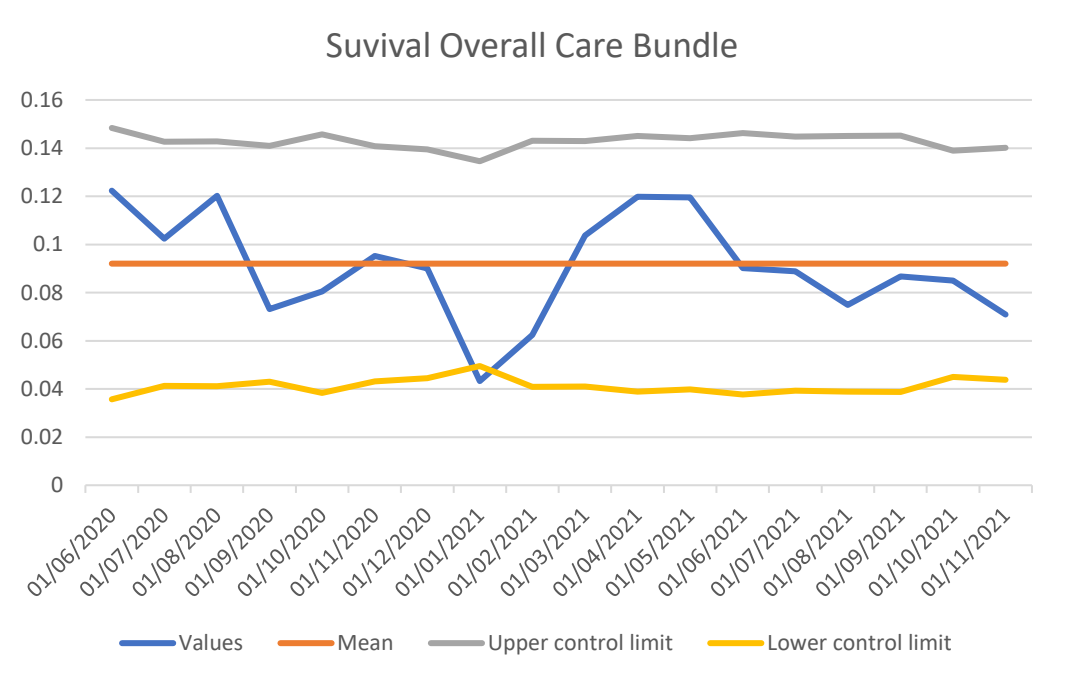
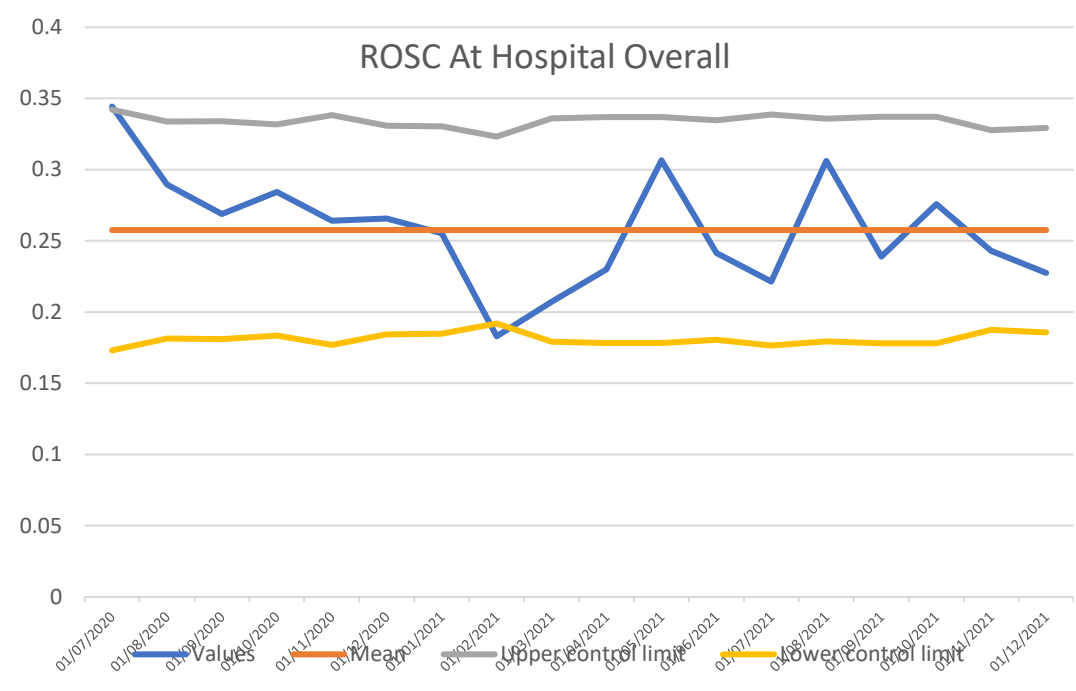
Special Cause Discussion



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

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

Management of Cardiac Arrest SPC Charts



Monthly Trend

	Oct-2020	Jan-2021	April 2021	July 2021	Oct-2021	Jan-2022
Care Bundle	67.86%	77.88%	70.30%	74.04%	63.06%	60.75%
12 Lead ECG	87.50%	89.00%	89.11%	87.50%	79.28%	73.83%
BM Recorded	87.50%	97.00%	91.09%	91.35%	89.19%	89.72%
BP Recorded	90.18%	92.00%	90.10%	96.15%	91.89%	85.05%
ETCO2 Recorded	98.21%	88.00%	97.03%	98.08%	95.50%	98.13%
O2 Administered	91.96%	93.00%	93.07%	96.15%	93.69%	97.20%
Saline Administration	90.18%	94.00%	91.09%	94.23%	83.78%	85.98%
National Care Bundle	76.50%	75.31%	77.02%	76.54%	77.49%	Not yet published

Common Cause Discussion



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

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

Special Cause Discussion



- Performance decrease due to
 - o Blood Glucose documentation
 - o 12 lead documentation
 - o Fluids
- Following a manual validation a further review with EPR team and reviewed the data warehouse which confirmed that the Blood Glucose and 12 lead was not documented in these cases.
- Fluids – national guidance requires “Administration started of a bolus of saline fluids post-ROSC”. Often difficult to identify the time of the bolus however the methodology has been applied consistently and clinically validated.

Monthly Trend

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

Common Cause Discussion

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

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

Special Cause Discussion

Management of Stroke Data Tables

Data Provided by SSNAP

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

Management Stroke Care Bundle

Month	WMAS %	National %
Aug-20	99.37%	98.26%
Sept-20	99.27%	Not required
Oct-20	99.63%	
Nov-20	99.59%	97.81%
Dec 20	98.85%	Not required
Jan-21	98.84%	
Feb-21	99.17%	97.76%
Mar-21	99.32%	Not required
April -21	98.47%	
May-21	99.34%	97.98%
Jun-21	98.46%	Not required
Jul-21	99.77%	
Aug-21	99.07%	97.82%
Sept-21	99.77%	Not required
Oct-21	96.86%	
Nov-21	97.76%	96.88%
Dec-21	97.54%	Not required
Jan-22	92.13%	
Feb-22	91.62%	Awaiting
Mar-22	94.44%	Not required

Management of STEMI Data Tables

Data Provided by MINAP

	Call to Catheter	
	Mean	90th percentile
Jul-20	02:11	03:04
Aug-20	02:03	02:49
Sept-20	02:10	03:09
Oct-20	02:18	03:22
Nov-20	02:15	03:09
Dec-20	02:07	02:50
Jan-21	02:15	03:09
Feb-21	02:10	03:06
Mar-21	02:05	02:43
Apr-21	02:15	03:02
May-21	02:14	03:04
Jun-21	02:06	03:01
Jul-21	02:24	03:21
Aug-21	02:16	03:09
Sept-21	02:14	02:56
Oct-21	02:36	04:06
Nov-21	02:38	03:45

Management STEMI Care Bundle

Month	WMAS %	National %
Aug-20	95.98%	Not required
Sept-20	93.36%	
Oct-20	95.47%	76.38%
Nov-20	93.73%	Not required
Dec-20	91.94%	
Jan-21	92.89%	74.19%
Feb-21	91.15%	Not required
Mar-21	94.18%	
Apr-21	93.61%	77.42%
May-21	93.70%	Not required
Jun-21	94.80%	
Jul-21	95.58%	76.56%
Aug-21	96.88%	Not required
Sept-21	93.82%	
Oct-21	89.43%	83.61%
Nov-21	64.08%	Not required
Dec-21	79.25%	
Jan-22	79.46%	Awaiting
Feb-22	71.07%	Not required
Mar-22	82.14%	

3

**GOVERNANCE &
SECURITY**

KEY

**PERFORMANCE
INDICATORS**



NHS

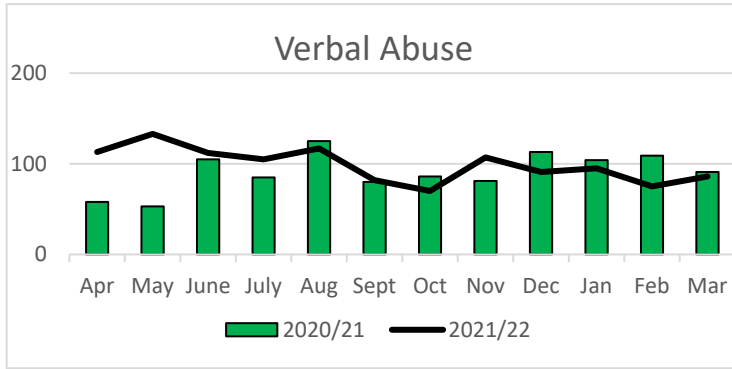
West Midlands Ambulance Service
University NHS Foundation Trust

Trust Information Pack

May 2022

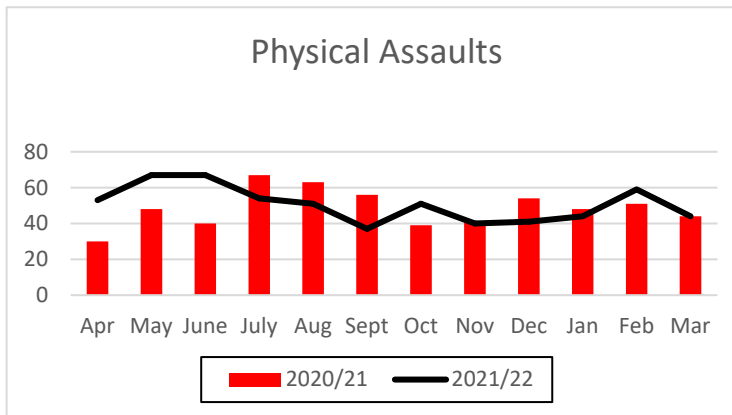
Governance and Security

Physical / Verbal Assaults, Near Misses and Security Incidents Report



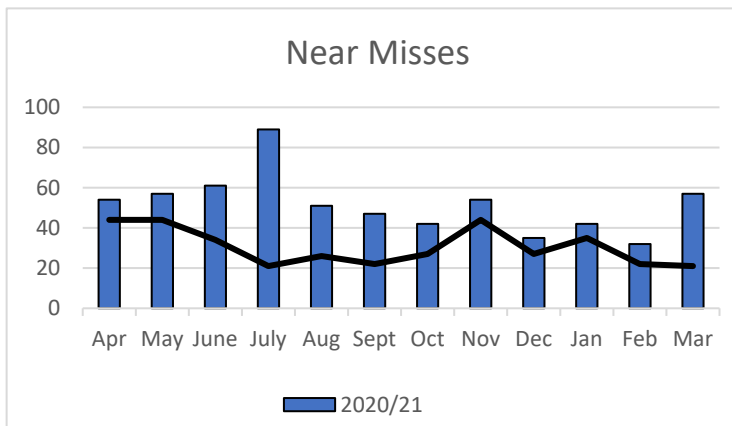
Verbal Abuse

For Q4 of this financial year 2021/22 verbal abuse incidents were showing a decrease (48) on a quarterly basis for the same period in 2020/21. On an annual basis (year to date) the Trust is showing an increase (96) having received a total of 1186 reported incidents to date for 2021/22 against 1090 for the 2020/21 retrospective period.



Physical Assaults

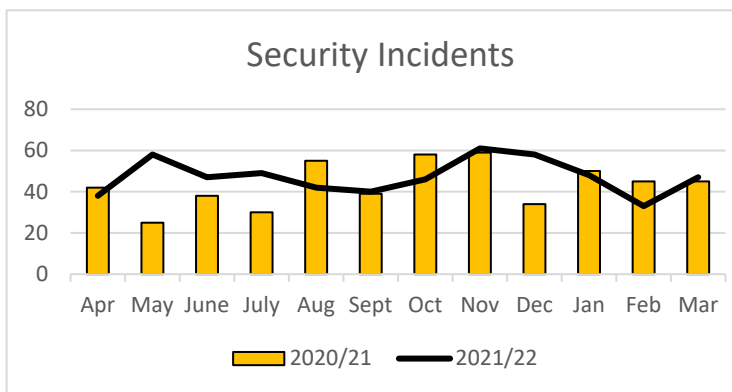
For Q4 of this financial year physical assaults were showing a slight increase (4) on a quarterly basis for the same period in 2020/21. On an annual basis (year to date) the Trust is showing an increase (27) having received a total of 608 reported physical assaults to date for 2021/22 against 581 for the 2020/21 retrospective period.



Near Misses

For Q4 of the financial year 2021/22 reported near miss incidents were showing a decrease (43) compared to the same period in 2020/21. On an annual basis this has resulted in the Trust showing a decrease (254) having received a total of 367 recorded incidents to date for 2021/22 against 621 incidents for the 2020/21 retrospective period.

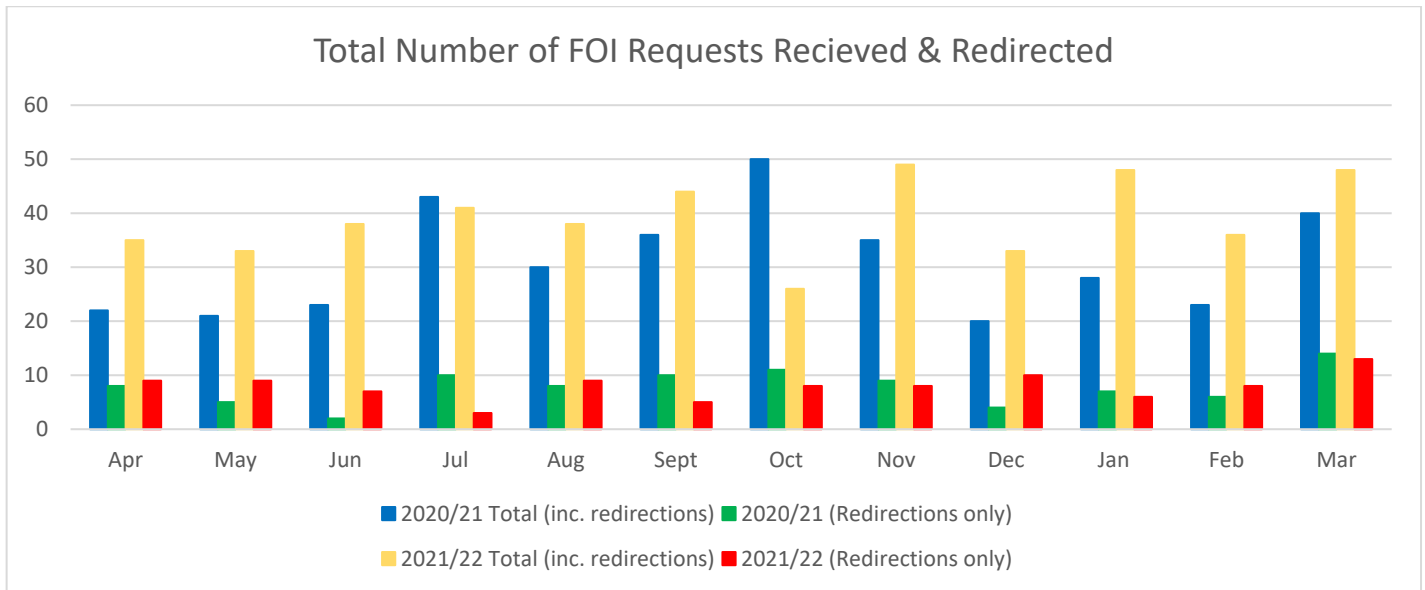
Definition: A near miss is an unplanned event that has the potential to cause but does not actually result in injury.



Security Incidents

This area includes incidents such as lost Trust property, theft of property (ID cards, equipment etc) and criminal damage caused to Trust property. For Q4 of the financial year security incidents showed a decrease (12) on a quarterly basis against the same period in 2020/21. On an annual basis, the Trust is showing an increase (47) having received a total of 567 reported security incidents for 2021/22 against 520 for the 2020/21 retrospective period.

Freedom of Information (FOI)



Number of FOI Requests Received		
2019/20	2020/21	2021/22
657	371	469

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

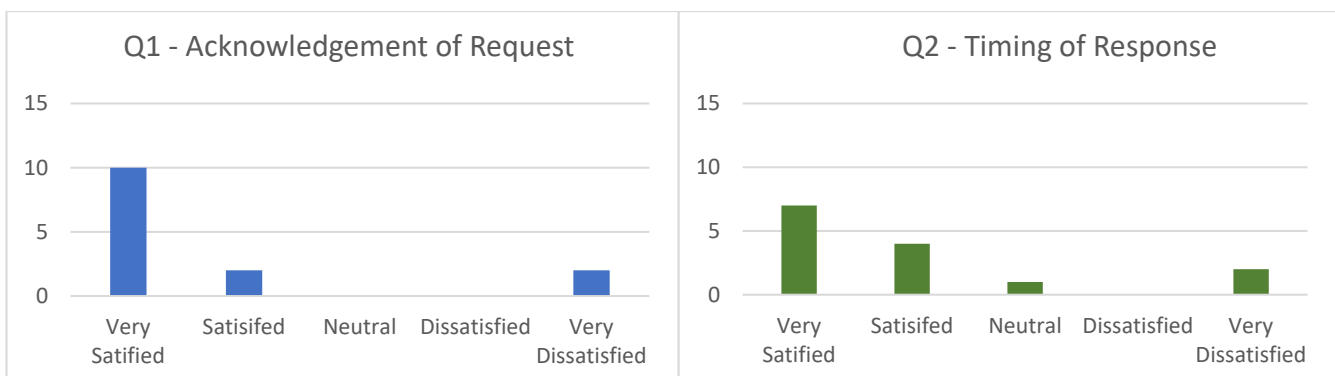
Freedom of Information

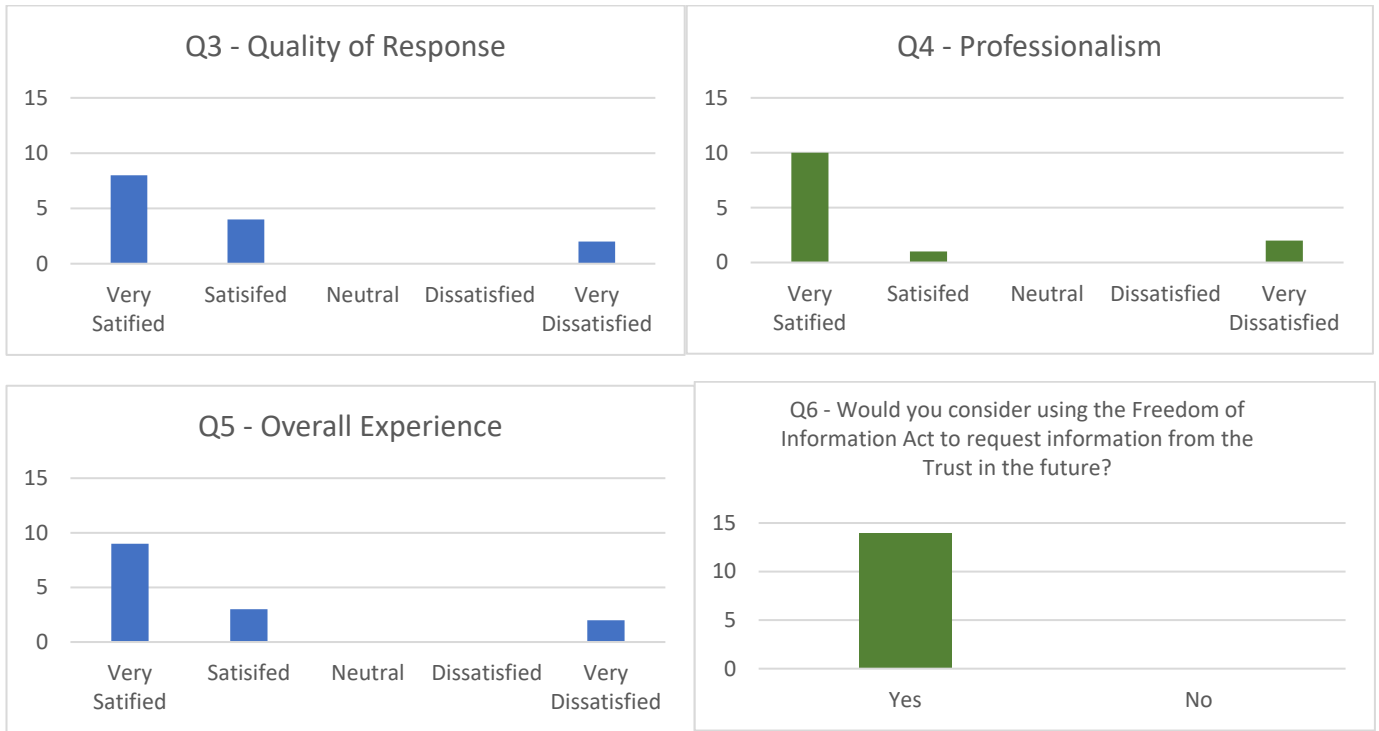
Since 1 April 2021 to 31 March 2022, we have five requests breach the statutory time limit.

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.

Freedom of Information Survey Results

Since 1 April 2021 we have received 14 completed Surveys.





Records Management

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

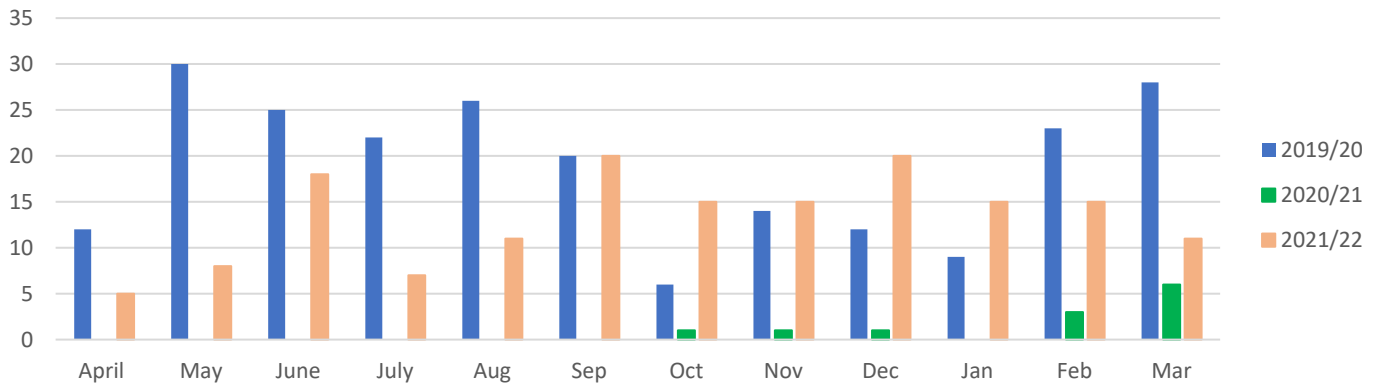
The Records Management Code of Practice 2021 provides guidance on how to keep records, including how long to keep different types of records. It replaces previous versions.

[Records Management Code of Practice - NHS Transformation Directorate](#)

There are currently a number of on-going inquiries including the Independent Inquiry into Historic Child Sex Abuse (IICSA), Infected Blood Public Inquiry (IBI) and the UK Covid-19 enquiry whose consultation on draft terms of reference closed on 7 April 2022. This means that records must not be destroyed until guidance is issued by the relevant Inquiry.

Policies, Procedures & Strategies (PPS)

Number of PPS Exceeded Review Date



Policies Procedures and Strategies

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

The Trust currently have 331 documents.

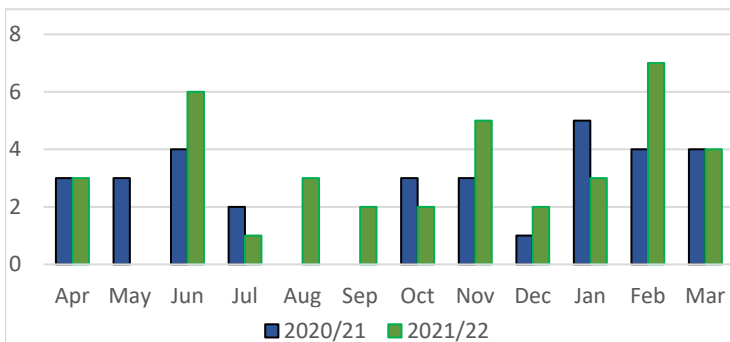
Eleven documents have breached the timeframe for review which was due by the end of March 2022.

Data Protection Officer

Data Protection Breaches and Near Misses

Year to date Comparison

	Last reported month (Mar 22)	2020-21 April – March	2021-22 April – March
WMAS	4	32	38



Data Protection Impact Assessments (DPIAs)

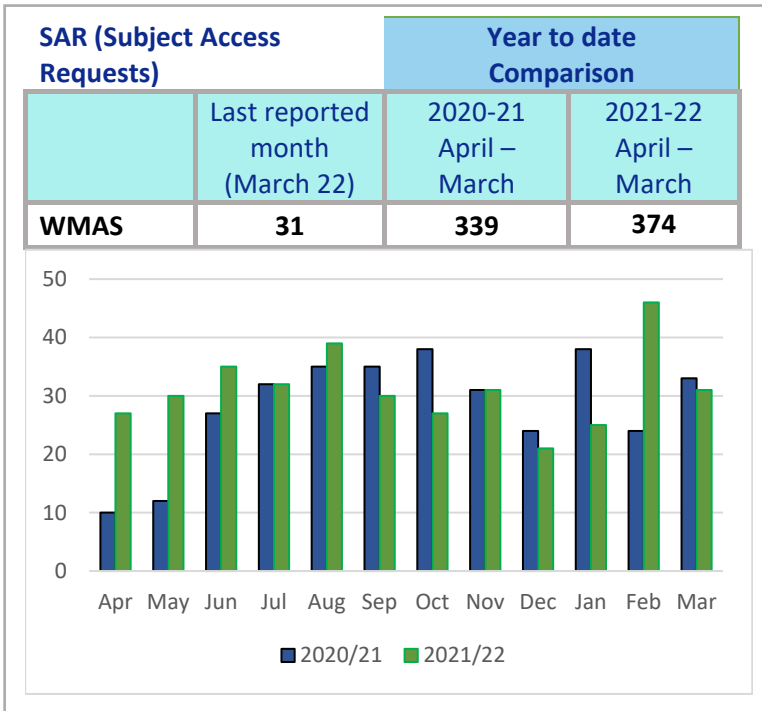
March 2022

DPO220414 Newton Early Intervention Phase 2, currently under review with UHB and BCHC

NB:

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

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



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

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

There 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)

April 2022 – Data Sharing Agreement under DPO220414 Newton Early Intervention Phase 2, currently under review with UHB and BCHC.

Data Sharing Agreement

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



Paper 10a

Trust Information Pack

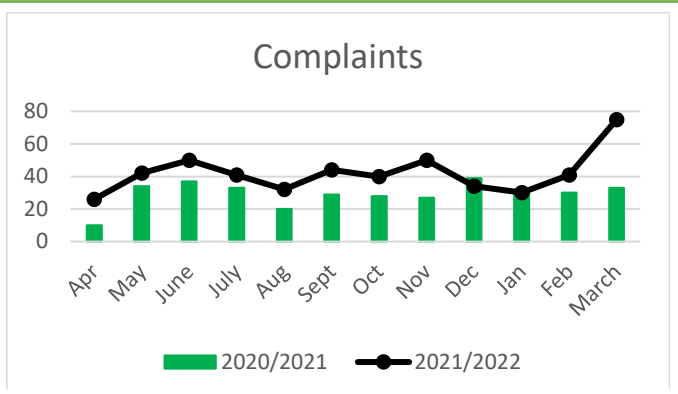
Nursing & Clinical Commissioning Directorate

Trust Board May 2022

Patient Experience

Formal Complaints

	Last reported month (Mar 2022)	Year to date	
		2020-21 Total	2021-22 YTD
WMAS	75	352	505



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 March, we saw 75 complaints received compared to 33 in March 2021 an increase of 42.

The main reason for a complaint was Response = 32

Of the cases closed to date:

13 Justified, 4 Part Justified, 11 Not Justified. Remaining are still under investigation and will require to be closed by 10 May 2022.

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

149, 830 Emergency Calls, which equates to 1 Complaint for every 4,540 calls received.

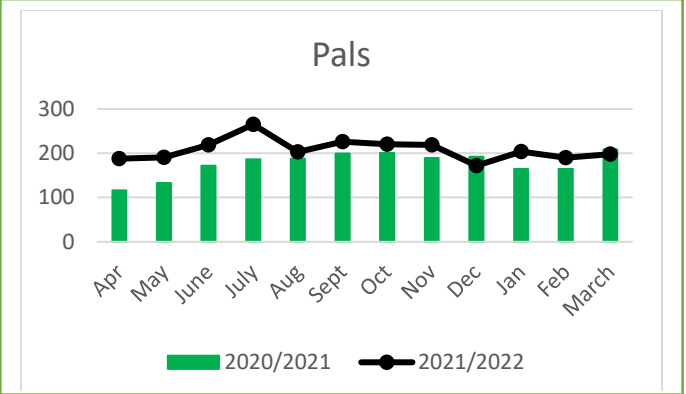
91,774 Emergency Incidents, which equates to 1 Complaint for every 4,830 Incidents.

78,560 Non-Emergency Patient Journeys, which equates to 1 complaint every 6,547 journeys

125,626 IUC Calls answered, which equates to 1 complaint every 13,958 calls

Informal (PALS)

	Last reported month (Mar 2022)	Year to date	
		2020-21 Total	2021-22 YTD
WMAS	198	2115	2495



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

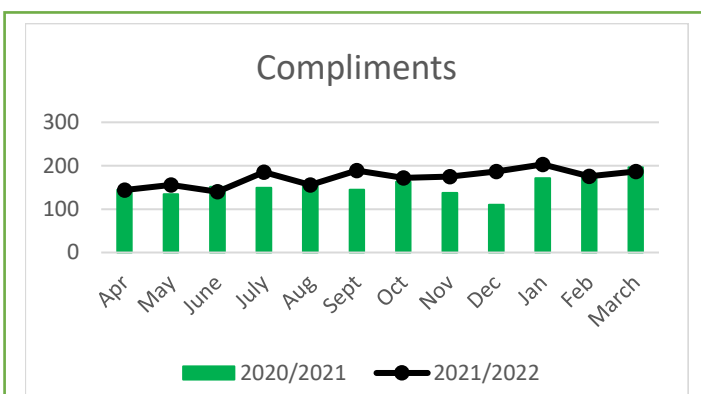
Response – 57
 Conduct and Attitude – 38
 Call Management– 23

Of the Cases closed to date (month) –

19= *Justified*,
 23 = *Part Justified*,
 32= *Not justified*

Compliments

	Last reported month (Mar 2022)	Year to date	
		2020-21 Total	2021-22 YTD
WMAS	187	1834	2070



Compliments: March 2022, 187 compliments to 196 the previous year.

Friends and Family Test (YTD)

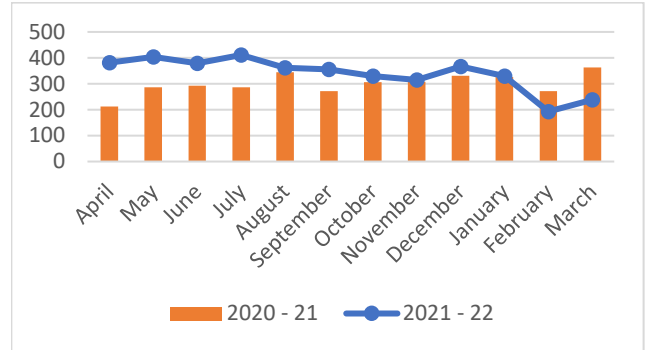
The FFT question is available on the Trust website: **'Thinking about the service provided by the patient transport service, overall how was your experience of our service?'**:

Response (YTD)	Small Survey	FFT Survey	PTS Survey
Very Good	19	47	26
Good	2	84	51
Neither Good or Poor	1	4	2
Poor	0	0	0
Very Poor	1	1	3
Don't Know	0	4	0
Total	23	102	82

Discharge on Scene Results: 0 response received in March.

Patient Safety Incidents

Total Patient Safety Incidents		Year to date	
	Last reported month (Mar 22)	2020-21	2021-22
WMAS	238	3596	4065



For the month of March, there were 238 patient safety incidents reported. This is a 34% (125) decrease on the same month for last year.

Service Delivery (E&U & EOC) had 165 patient safety incidents which accounts for 69% of the total. The main themes are:

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

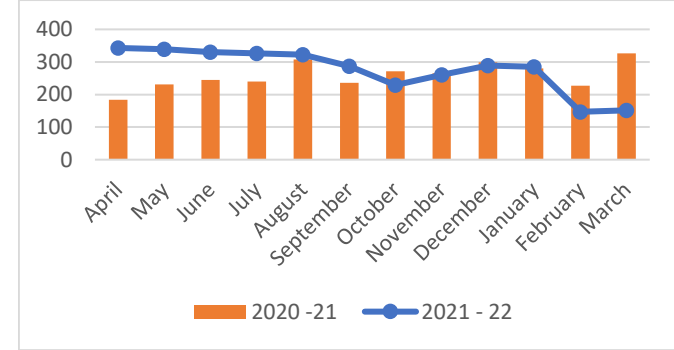
PTS had 57 patient safety incidents which accounts for 24% of the total reported. The main themes are:

- Avoidable injuries and skin tears.
- Patients falling.

IUC/111 had 16 patient safety incidents which accounts for 7% of the total reported. The main themes are:

- Incidents relating to delayed ambulance responses.

No Harm Incidents		Year to date	
	Last reported month (Mar 22)	2020-21	2021-22
WMAS	151	3112	3309



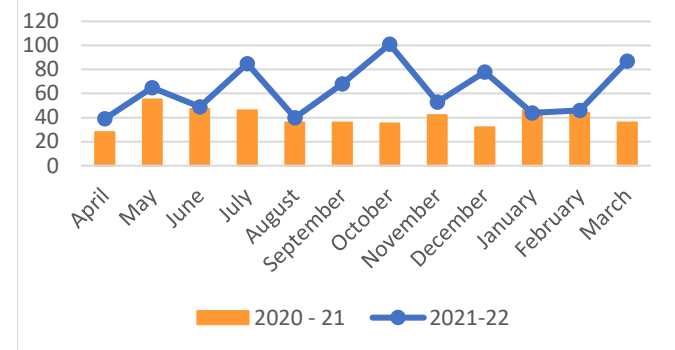
For the month of March, there were 151 no harm incidents.

Service Delivery accounts for 59% (89) of the total of no harm patient safety incidents.

PTS accounts for 34% (51) of the total of no harm patient safety incidents.

IUC/111 accounts for 7% (11) of the total of no harm patient safety incidents.

Harm Incidents		Year to date	
	Last reported month (Mar 22)	2020-21	2021-22
WMAS	87	483	755



Harm	March 2022	%
Service Delivery	76	87%
PTS	6	7%
IUC / 111	5	6%
Total	87	100%

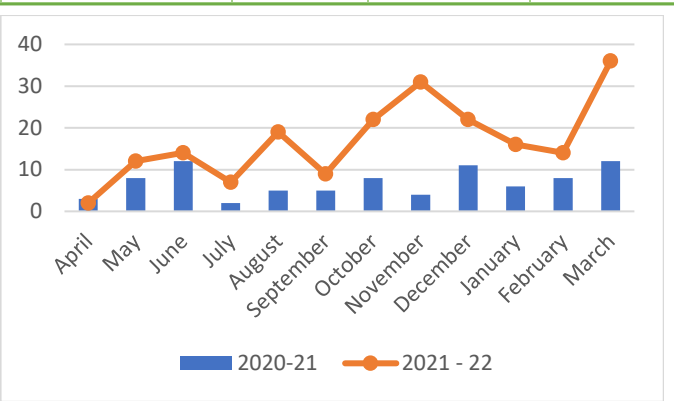
The top trend for low harm incidents, relate to harm caused due to avoidable injuries caused to patients. E.G., skin tears during moving and handling, injury due to collision/contact with an object and ECG dot removal.

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

Service Delivery accounts for 76%, PTS 6% & IUC/111 7% of the total of patient harm incidents.

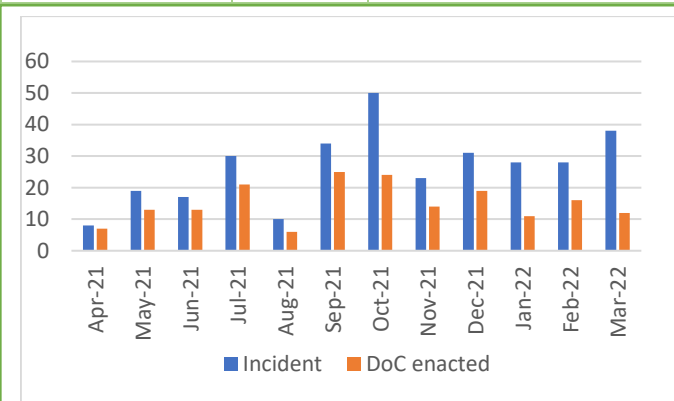
Serious Incidents and Duty of Candour

Total number of serious incidents reported	Year to date		
	Last reported month (Mar 22)	2020-2021	2021-2022
WMAS	36	84	204



- There were 36 SI's registered on StEIS during February.
- There are currently 184 serious incidents open on StEIS, with 115 investigations sitting with WMAS.
- 51 SI's are currently over the time frame. 1 is due to an ongoing police investigation with the others being due to work volume.
- 11 requests for SI closure were made since the last report, 1 of which was a stand down request.
- 19 SI's were closed on StEIS by the CCG following their review, 1 of which was stood down as an SI, as requested.
- The EOC delayed response SI's have been registered on StEIS and have been allocated an Investigation Officer to undertake DoC. There are ongoing thematic reviews of this group of SI's, with a single RCA encompassing all incidents. There will be a single Investigation report, which will include evidence of all the SI cases DoC, and a list of each SI will be listed as appendices and evidence. This approach was agreed with and continues to have the support of the CCG.
- Discussions are taking place with the CCG to attempt to streamline the process of the thematic reviews further. This is with the aim to obtain maximum efficiency whilst still adhering to the Serious Incident Framework 2015.

Moderate harm and above	Year to date	
	Last reported month (Mar 22)	2021-2022
WMAS	38	309

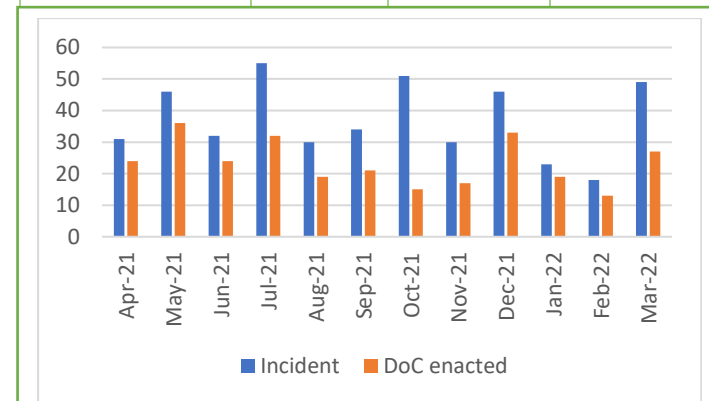


Duty of Candour has been enacted in 31.6% of cases where moderate harm or above has been caused during February. Delays in completion of DoC are because at the time of reporting, NoK (Next of Kin) details are not always known.

Multiple reporting of the same incident also reduces the compliance.

The year-to-date figure is 58.6%

Low harm	Year to date		
	Last reported month (Mar 22)	Total number of incidents	Number of incidents being open completed
WMAS	49	445	280



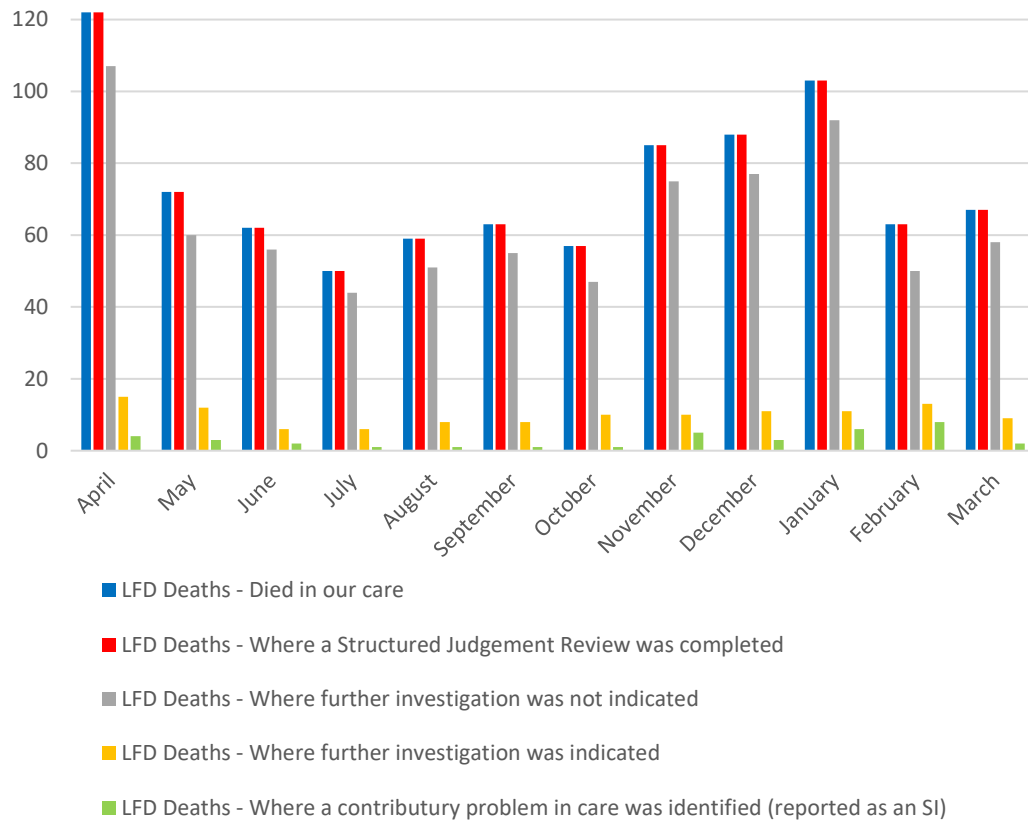
There have been 49 incidents where low harm has been caused to a patient.

Out of these, evidence of 'Being Open' can be provided for 27 of the incidents (55.1%).

The year-to-date figure is 62.9%

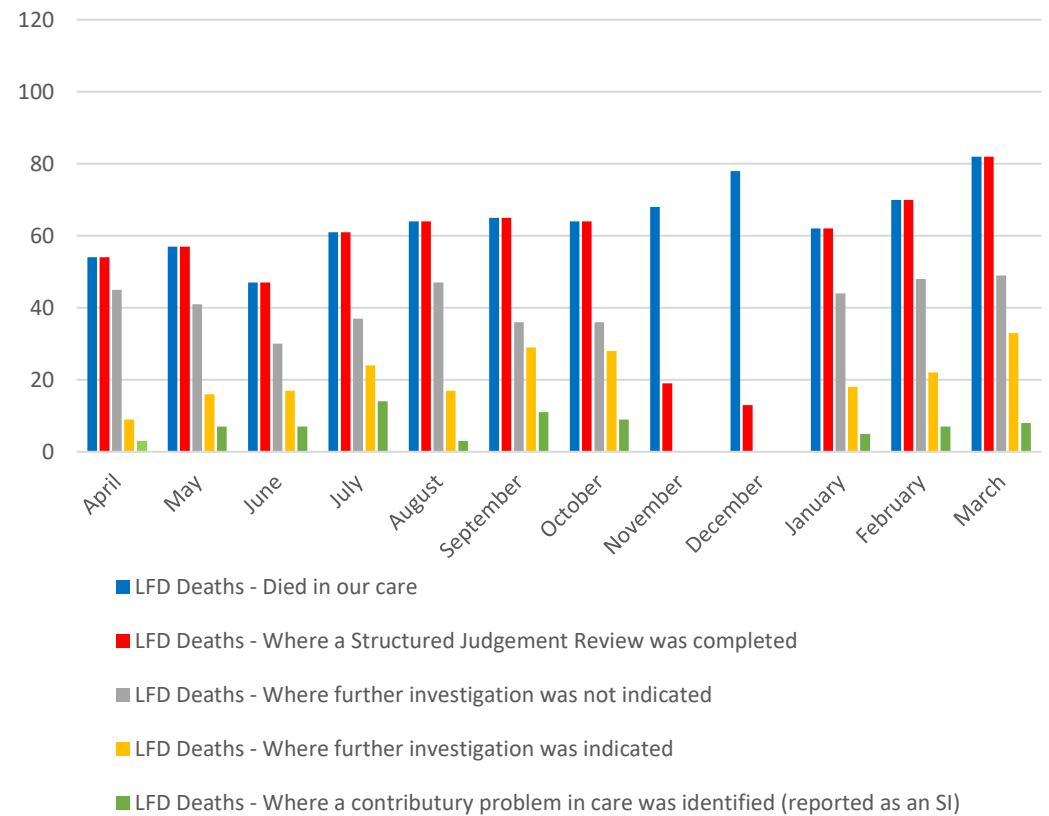
Learning from Deaths (LFD)

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

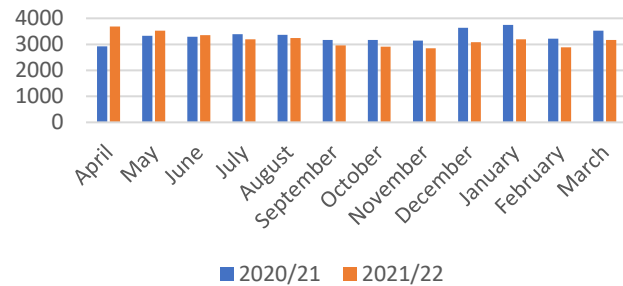


- It is important to note that the premise of the LFD agenda is not the quantitative data that this graph details but the learning, themes and actions that may result from a death in our care.
- In comparison with the first 12 months of the 2020/2021 LFD reporting period there has been:
 - A 12% decrease in LFD Deaths.
 - A 40% increase in the need to investigate further following the structured judgement review.
- There have been 77 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 (due to reporting issues)

Safeguarding Referrals

Total Adult Safeguarding Referrals	Last reported month (Mar 22)	Year to date	
		2020-2021	2021-2022
WMAS	3166	39926	38044

Adult referrals

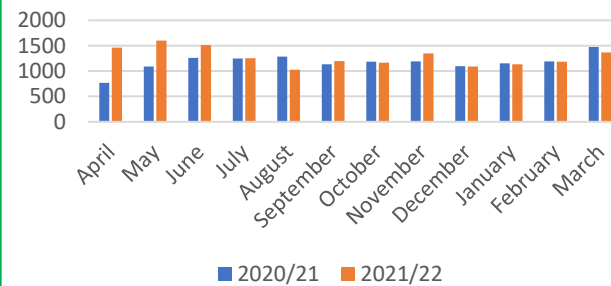


Adult Safeguarding- these figures are for referrals for 18 years and older and include adult care concerns. The referrals are received from E&U staff, PTS staff and anyone else in the organisation. Comparison to previous years for the same time period.

There is a 10% decrease in the number of adult care/welfare and adult safeguarding referrals sent March 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 (Mar 22)	Year to date	
		2020-2021	2021-2022
WMAS	1368	14082	15342

Childrens referrals



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

Comparison to previous years for the same time period.

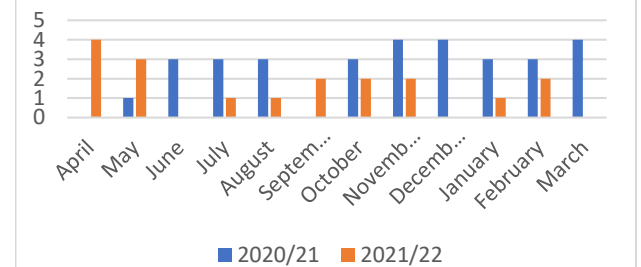
There is a 7.3% decrease in the number of child safeguarding referrals sent March 2022 compared to the previous year.

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 (Mar 22)	Year to date	
		2020-2021	2021-2022
WMAS	0	31	18

Prevent



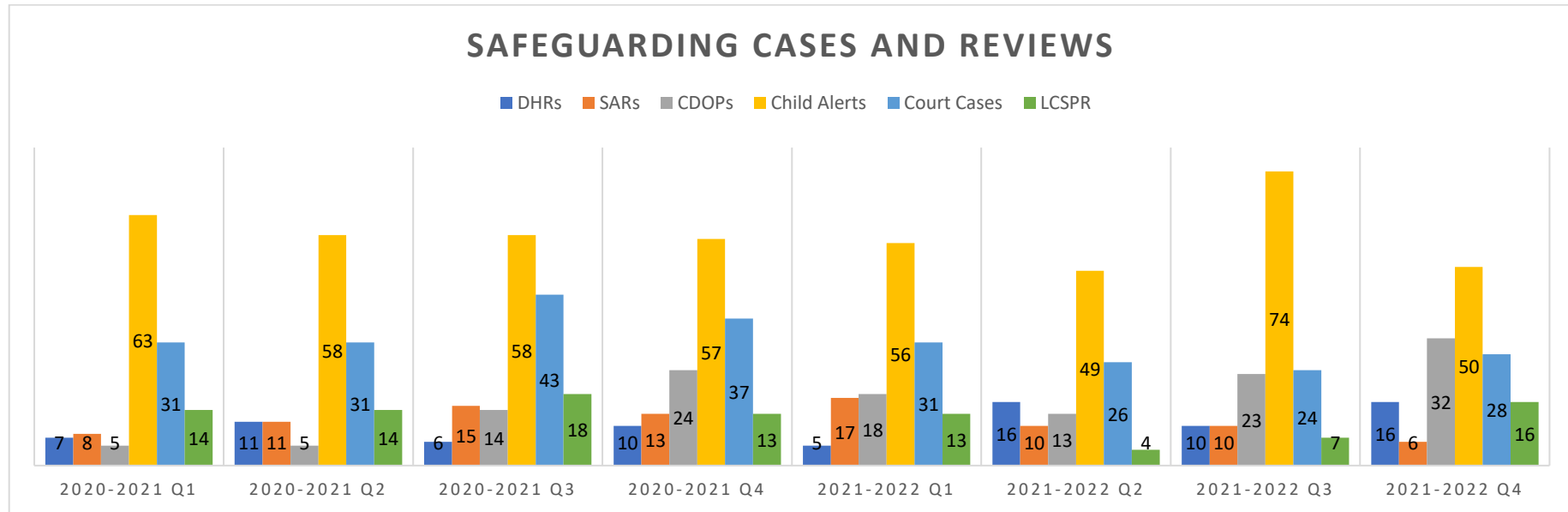
Prevent Referrals are made where there are concern an individual is being radicalised for extremism.

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



DHR's - Domestic Homicide Review

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

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

CDOP's Child Death Overview Panel

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

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

SAR's - Safeguarding Adult Review

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

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

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

Child Alerts – Internal WMAS named case

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

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

LCSPR's – Local Child Safeguarding Practice Reviews

Is defined in Working Together 2015 as when:

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

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

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

Court Cases

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

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

Medicines Management and Pharmacy

CONTROLLED DRUGS

Total Controlled Drugs Incidents (CDI's)

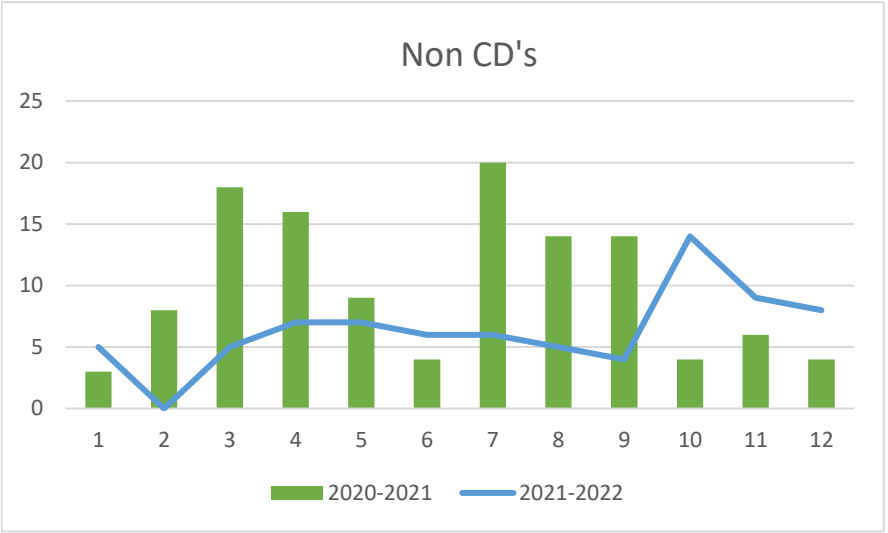
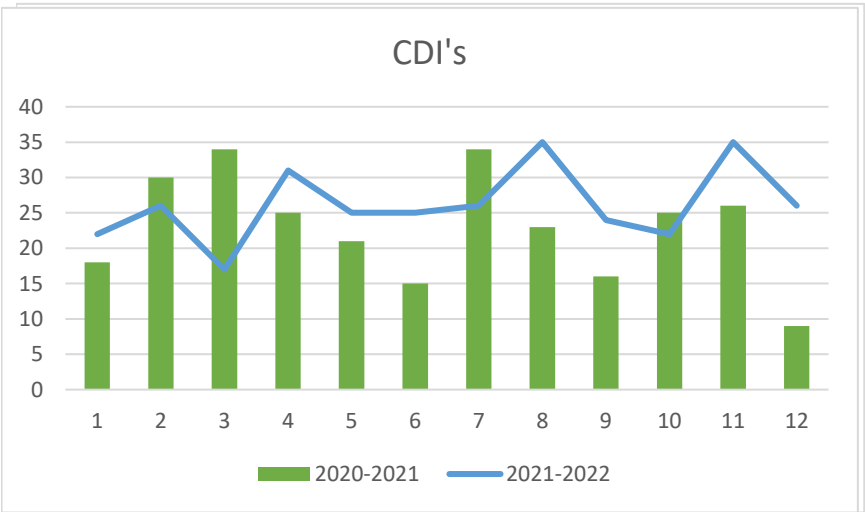
Year to date

Last reported month <i>Mar</i> 22)	2020-2021 April- to date	2021-2022 YTD
18	276	314

Total Medicines Management related ER54's

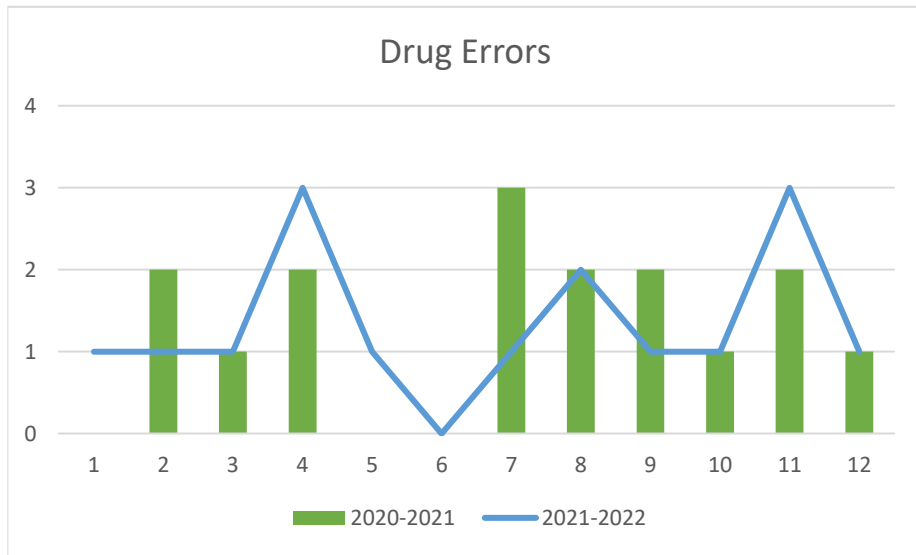
Year to date

Last reported month (<i>Mar</i> 22)	2020-2021 Apr- to date	2021-2022 YTD
8	120	76



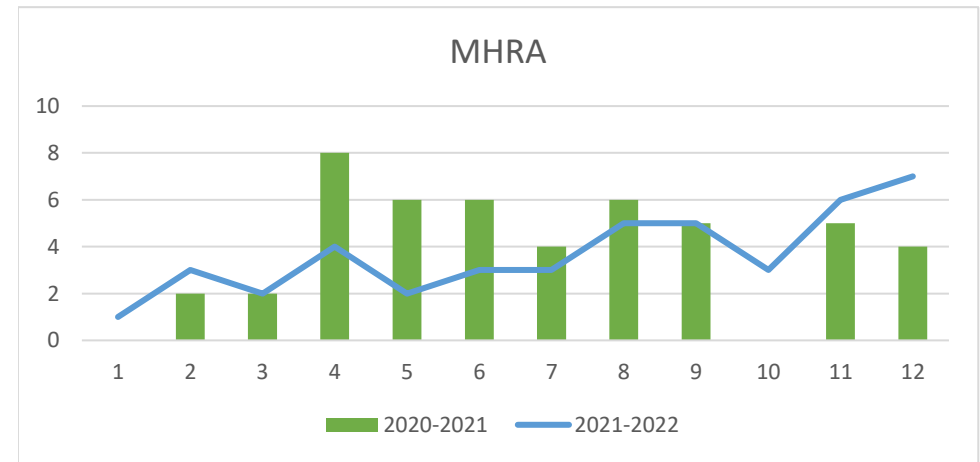
Total Drug Errors, wrong route, wrong dose etc	Year to date	
	2020-2021	2021-2022
Last reported month <i>Mar22</i>	2020-2021	2021-2022
	April- to date	YTD
1	16	16

The drug error involved giving the wrong dose but no harm was caused to the patient



MHRA Alerts	Year to date	
	2020-2021	2021-2022
Last reported month (<i>Mar 22</i>)	2020-2021	2021-2022
	April- to date	YTD
7	48	44

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



Total Drug Errors, wrong route, wrong dose etc	Year to date	
	2020-2021	2021-2022
Last reported month <i>Mar22</i>)	2020-2021	2021-2022

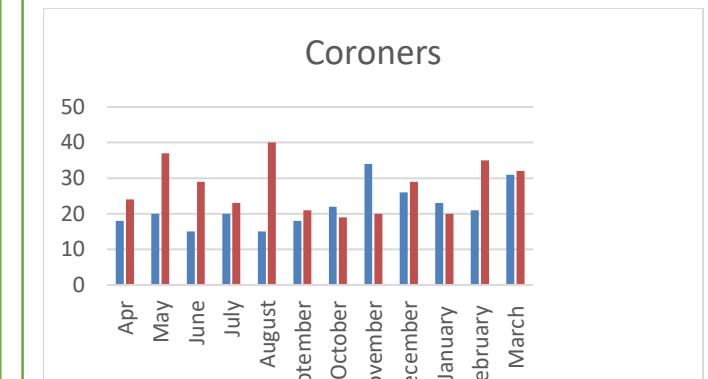
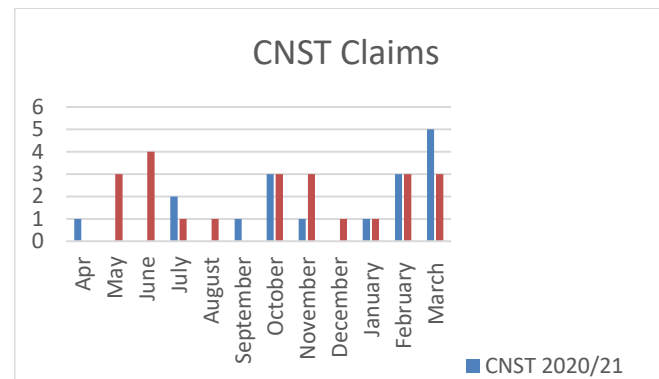
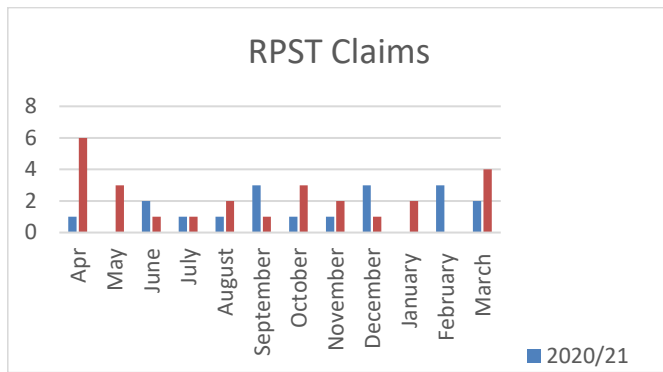
Total Drug Errors, wrong route, wrong dose etc	Year to date	
	2020-2021	2021-2022
Last reported month <i>Mar22</i>)	2020-2021	2021-2022

Claims and Coroners

RPST (Risk Pooling Schemes for Trusts)		Year to date	
	Last reported month March 22	2020-21	2021-22
WMAS	4	18	26

CNST (Clinical Negligence Scheme for Trusts)		Year to date	
	Last reported month March 22	2020-21	2021-22
WMAS	3	17	23

Coroners Requests		Year to date	
	Last reported month March 22	2020-21	2021-22
WMAS	32	263	329



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 4 RPST claims in March 2022. This is an increase of 2 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 March 2022. This is a decrease of 2 compared to the previous year.

Coroners Requests

West Midlands Ambulance Service covers the following areas for Coroners

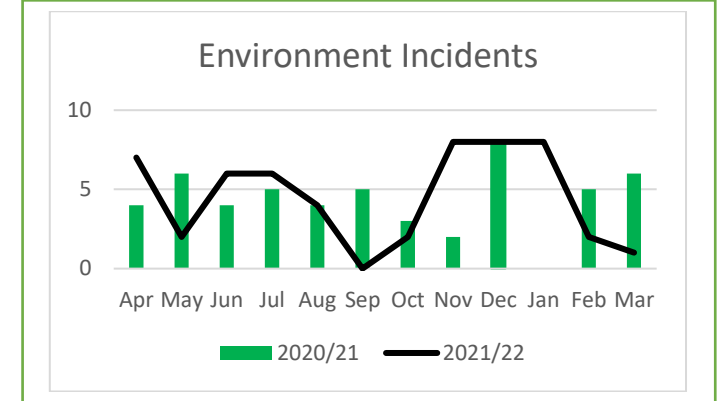
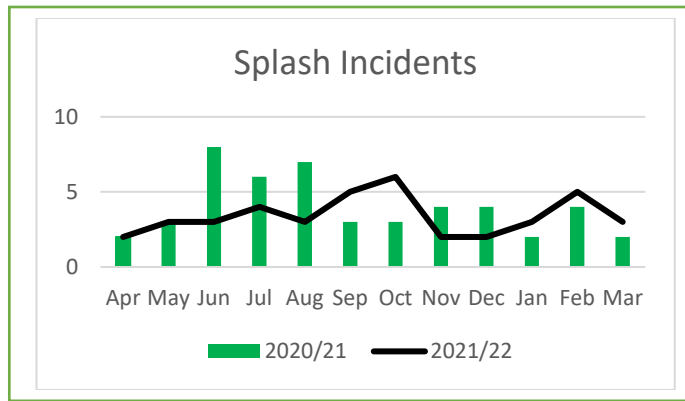
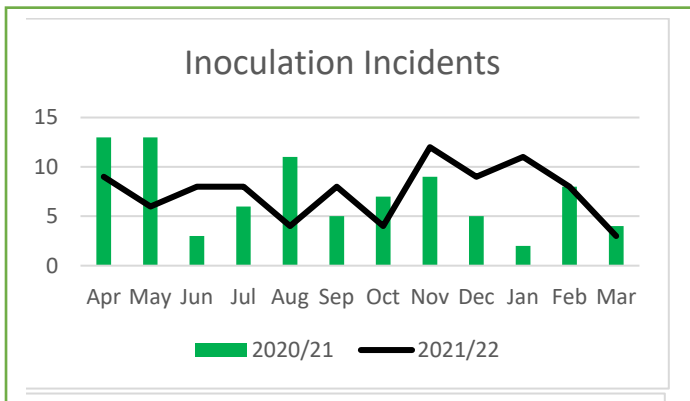
- Birmingham and Solihull
- Black Country
- Coventry
- Herefordshire
- Shropshire, Telford & Wrekin
- South Staffordshire
- Stoke on Trent & North Staffordshire
- Warwickshire
- Worcestershire

Infection Prevention and Control

Inoculation Incidents	Last reported month Mar 22	Year to date Comparison	
		2020-21	2021-22 Apr-Mar
WMAS	3	86	90

Splash Incidents	Last reported month Mar 22	Year to date Comparison	
		2020-21	2021-22 Apr-Mar
WMAS	3	48	41

Environment Incidents	Last reported month Mar 22	Year to date Comparison	
		2020-21	2021-22 Apr-Mar
WMAS	1	52	54



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.

March 2022 saw 3 inoculation incidents. These incidents include a used cannula device, pair of tough cuts and a patients' own Epipen..

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.

March 2022 saw 3 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.

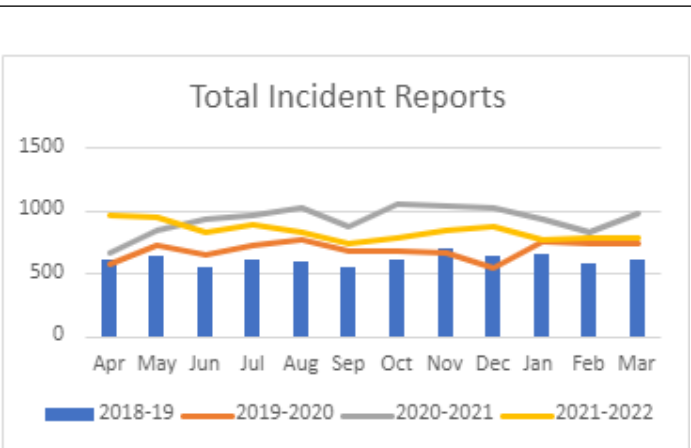
Environmental incidents capture the general cleanliness of premises, vehicles and management of clinical waste. Furthermore, this category of incident aims to capture staff members exposure to infectious disease such as Tuberculosis.

March 2022 saw 1 environment related incident which relates to a PTS crew being exposed to a confirmed infectious disease without the appropriate information being conveyed to NEOC.

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

Incident Reports

Total Incidents Reported	Last reported month (Mar 22)	Year to date	
		2020-2021 April - Mar	2021-2022 April - Mar
WMAS	786	11,204	10,080



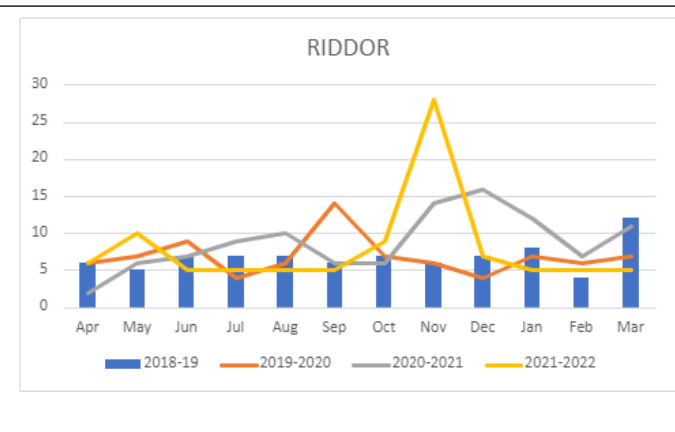
Over 60,000 ER54's received since implementation

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

Safety Culture Pulse Survey released

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

RIDDOR	Last reported month (Mar 22)	Year to date	
		2020-2021 April - Mar	2021-2022 Apr –Mar
WMAS	5	106	95



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%.

Top 5 Incidents for Non-Patient Safety (Mar)

WMAS Top 5 Types	Total
Violence / Aggression	129
RTC	94
Complaint	81
Equipment	72
Injury	64

WMAS Top 5 Categories	Total
V&A - Verbal - Intentional	53
Other - Harm	30
RTC - Wing Mirror Clash/Damage	30
Complaints – Other NHS	28
Complaints – WMAS Procedures	27
Near Miss	27
Equipment - Damage	27

The Trust Top 7 incident categories for March.

1. V&A – Verbal - Intentional – Reviewed via Security.
2. Other – Harm – Various issues
3. Equipment Failure – Report submitted
4. Complaints – Other NHS – Hospital delays and concerns
5. Complaints – WMAS Procedures – Various issues raised – reported to Patient Safety team
6. Near Miss – Mainly V&A,
7. Equipment – Damage – Various types of equipment reported

5

**FINANCIAL
PERFORMANCE**



West Midlands Ambulance Service
University NHS Foundation Trust



Finance Report

Reporting period: Month 12 - March 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 91.3%.

INCOME

£22.3m favourable position reported at Month 12 due to the pay award impact and funding from ICS to cover WMAS deficit position. This also includes a £12.7m 6.3% pension adjustment which also shows in expenses

£53.9m non-recurrent income

OVERTIME SPEND

YTD £18.8m



Overtime spend Year to date equates to £18.8m, compared to a spend of £19.4m, for the period April to Mar 21 which was at the height of the pandemic.



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



YTD efficiency delivery is £3.5m against a target of £3.5m. Full delivery at year end as per planning assumptions.

CASH-FLOW

£51m closing cash balance
BPPC – 91.3% Against target of 95%

EXPENDITURE

including Operating Expenditure and Finance Costs is £18.9m adverse position at Month 12. This includes the £12.7m 6.3% pension adjustment.

Capital

Capital Plan £16.6m
Capital Expenditure of £18.5m at Month 12.
Full Year forecast expenditure £16.6m

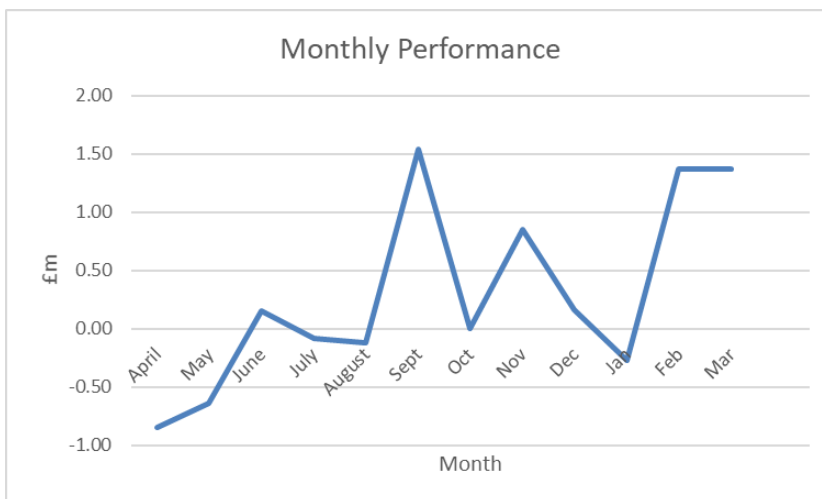
Integrated Finance Report | Executive Scorecard and SOF metrics for Finance

Reporting Month: March 2022

Executive Scorecard and SOF metrics for Finance														Target Status
Measure	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	YTD	
EBITDA £m	0.4	0.7	1.4	1.1	1.2	2.8	1.3	2.1	1.6	1.1	2.8	2.6	19.1	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	0.51	3.54	On or ahead of target
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	5.3	18.5	On or ahead of target
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	21.2	21.2	On or ahead of target
Liquidity ratio	1.3	0.9	1.1	0.6	0.6	0.5	0.4	0.3	0.3	0.2	0.5	0.2	0.2	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	0.84	0.84	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	0.90	0.90	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	91.3	91.3	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	0.00	0.04	Off target and actions being taken to improve RAG rating

SOF metrics for finance														Target Status
Measure name (metric)	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	YTD	
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	0.90	0.90	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	1.37	3.48	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	34.12	390.29	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



The executive scorecard shows key ratios and performance indicators.

- 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 12 due to the increased surplus.
- 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 12 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 to 12 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: March 2022

12 Months Ended 31 March 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	372,237	391,613	19,376	372,237	391,613	19,376
Adjusted Top Up Income	0	0	0	0	0	0
Total Other Operating Income	12,570	15,542	2,972	12,570	15,542	2,972
Total Operating Income	384,807	407,155	22,348	384,807	407,155	22,348
Total Medical and Dental - Substantive	(973)	(1,406)	(433)	(973)	(1,406)	(433)
Total Agenda for Change - Substantive	(281,056)	(283,593)	(2,537)	(281,056)	(283,593)	(2,537)
Total Medical and Dental - Bank	(1,440)	(1,401)	39	(1,440)	(1,401)	39
Total Agenda for Change - Bank	(5,644)	(4,549)	1,095	(5,644)	(4,549)	1,095
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	(1,470)	(13,977)	(12,507)	(1,470)	(13,977)	(12,507)
Total Employee Expenses	(290,583)	(304,966)	(14,383)	(290,583)	(304,966)	(14,383)
Total Operating Expenditure excluding employee expenses	(93,561)	(98,047)	(4,486)	(93,561)	(98,047)	(4,486)
Total Operating Expenditure	(384,144)	(403,013)	(18,869)	(384,144)	(403,013)	(18,869)
Operating Surplus/ (Deficit)	663	4,142	3,479	663	4,142	3,479
Total Finance Expense	(20)	26	46	(20)	26	46
PDC dividend expense	(1,050)	(907)	143	(1,050)	(907)	143
Finance income	535	30	(505)	535	30	(505)
Net Finance Costs	(535)	(851)	(316)	(535)	(851)	(316)
Other gains including disposal of assets	0	188	188	0	188	188
Surplus/Deficit For the Period	128	3,479	3,351	128	3,479	3,351
Control Total Adjustments	0	0	0	0	0	0
Gains on disposals of assets	0	(220)	(220)	0	(220)	(220)
Donated assets (deprn)	0	0	0	0	0	0
Impairments	0	-30	-30	0	-30	-30
Impact of consumables from other DHSC bodies	0	0	0	0	0	0
Control Total	128	3,229	3,101	128	3,229	3,101

Year to date Financial Performance :
£3.2m surplus at 31 March 2022

Income from Patient Care Activities: £19.37m favourable

- £53.9m 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 and H2
- Additional benefit from 111 First
- Year end 6.3% pension adjustment required by the centre totalling £12.7m. There is an equal expense to offset this income.

Other Operating Income: £3.0m favourable

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

Expenditure: £18.9m 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
- Education and training costs related to increased income
- Year end 6.3% pension adjustment required by the centre totalling £12.7m. There is an equal income amount to offset this expense.

Full Year Forecast Financial Performance :

Forecast £3.2m surplus position for year end. Due to this being month 12 the forecast equals the YTD figures above.

Integrated Finance Report | Revenue Analysis

Reporting Month: March 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)
 March 2022 (£0.08m)

It should be noted that since November conveyances have fallen and continue to fall
 And this trend has continued to March

In addition to the £3.9m, the Trust would have invoiced £13.9m for the ongoing handover delays at most hospital sites.

Integrated Finance Report | Statement of Financial Position

Reporting Month: March 2022

12 Months Ended 31 March 2022	Actual Year end 2020/21 £'000	YTD Actual 2021/22 £000
Non-current assets		
Intangible assets	1,166	1,609
Property, plant and equipment	79,384	82,654
Receivables: due from non-NHS/DHSC group bodies	853	728
Total non-current assets	81,403	84,991
Current assets		
Inventories	3,078	2,811
Receivables: due from NHS and DHSC group bodies	8,281	3,136
Receivables: due from non-NHS/DHSC group bodies	11,871	13,396
Cash and cash equivalents: GBS/NLF	46,991	50,773
Total current assets	70,221	70,116
Current liabilities		
Trade and other payables: capital	(1,206)	(1,102)
Trade and other payables: non-capital	(57,107)	(53,768)
Provisions	(8,052)	(10,089)
Other Liabilities	0	0
Total current liabilities	(66,365)	(64,959)
Total assets less current liabilities	85,259	90,148
Non-current liabilities		
Provisions	(2,264)	(1,962)
Total non-current liabilities	(2,264)	(1,962)
Total net assets employed	82,995	88,186
Financed by		
Public dividend capital	42,347	43,812
Revaluation reserve	9,423	9,665
Other reserves	5,395	5,395
Income and expenditure reserve	25,830	29,314
Total taxpayers' and others' equity	82,995	88,186

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 and intangible assets have increased slightly from last year due to capital programme additions in the current year. This is partly 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 mainly due to accrued Flowers funding at last year end being received in September.

Cash and cash equivalents increase reflects the reported surplus at the year end.

Trade and other payables non capital are low compared to the last year end due to the release of the Flowers creditor at the end of last year which was paid in September.

Integrated Finance Report | Capital Expenditure

Reporting Month: March 2022

Capital Scheme	Total £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000	Mitigated Plan £'000
Information technology	1,430	1,256	2,356	1,100	1,255
Clinical equipment	430	230	57	-173	215
Estates	730	730	262	-468	730
Oldbury Project	600	250	16	-234	600
Fleet	13,183	13,183	15,859	2,676	12,849
Contingency	250	0	0	0	0
Total capital programme	£16,623	£15,649	£18,550	£2,901	£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 received recent notification of £1.341m of additional capital funding for 2021/22 winter schemes and £1.465m 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 £18.55m YTD. A review of the phasing of the fleet capital plan was completed in M4.

Integrated Finance Report | Statement of Cash Flow

Reporting Month: March 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)	Actual Mar (M12)	Actual 2021/22 Totals
	£'000	£'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	24,522	271,138
NHS PTS	3,419	3,204	3,886	3,426	4,370	3,544	3,994	3,950	3,656	3,832	3,937	4,205	45,423
NHS 111	2,579	2,579	3,307	2,579	2,579	4,558	2,580	2,579	2,579	2,579	2,579	2,580	33,657
System top up alloc			7,228	2,397	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	582	33,983
CBRN		1,151											1,151
Training	1,898												1,898
Apprenticeship Levy			2146	494	209		86	940	258	357	224	216	4,930
Other Receipts	290	268	305	555	723	430	461	686	260	330	372	518	5,198
Interest Receivable										4	7	20	31
Capital Receipts													0
Sale of Assets													0
VAT Refund	315	676	547		627	269	326	461	394	337	219	334	4,505
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	35,374	430,715
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	14,713	176,042
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	10,620	124,712
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	15,558	106,183
Capital expenditure		306	206	582	2,099	2,875	1,792	2,365	1,635	1,154	864	5,333	19,211
Bank Charges													0
PDC Capital													0
Dividends on PDC					260							525	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	46,749	426,933
Net Inflows / (Outflows)	-3,153	2,840	-555	1,105	419	11,579	-5,133	1,207	-3,275	787	9,336	-11,375	3,782
Opening Balance	46,991	43,838	46,678	46,123	47,228	47,647	59,226	54,093	55,300	52,025	52,812	62,148	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	50,773	50,773

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.

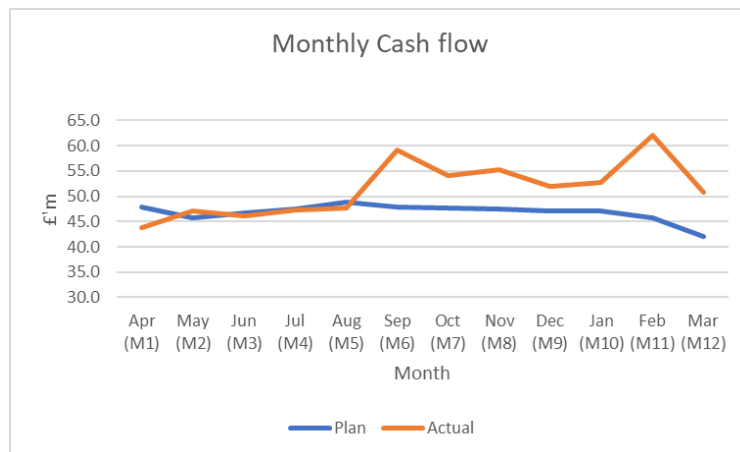
Key cash movements are highlighted below.

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.
- Cash flow is higher than the original plan due to block receipts relating to “H2” and the pay uplift.
- 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.
- Increased recruitment and additional winter funding which was largely applicable from H2 has been built into the cashflow analysis.

Forecast H1 and H2

- As this is the month 12 report, forecast does not apply.
- Cash flows in H2 were 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.

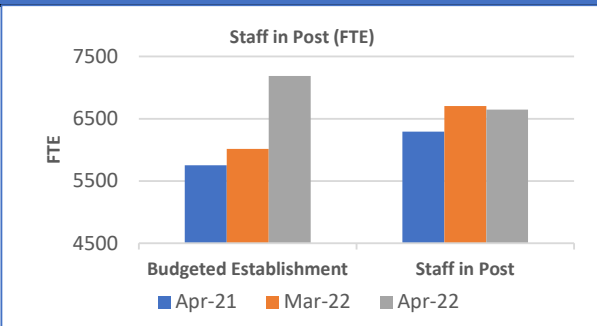


6

WORKFORCE INDICATORS

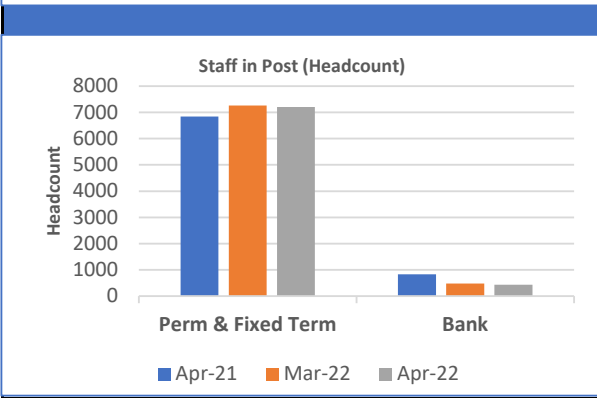
WORKFORCE PERFORMANCE SCORECARD APRIL 2022

Establishment & Staff in Post (FTE)			
FTE	Apr-21	Mar-22	Apr-22
Budgeted Establishment	5752.01	6014.01	7188.76
Staff in Post	6290.35	6703.33	6647.15
Air Amb, Naru, NEDs	44.59	41.89	27.32
Total FTE	6334.94	6745.22	6674.47



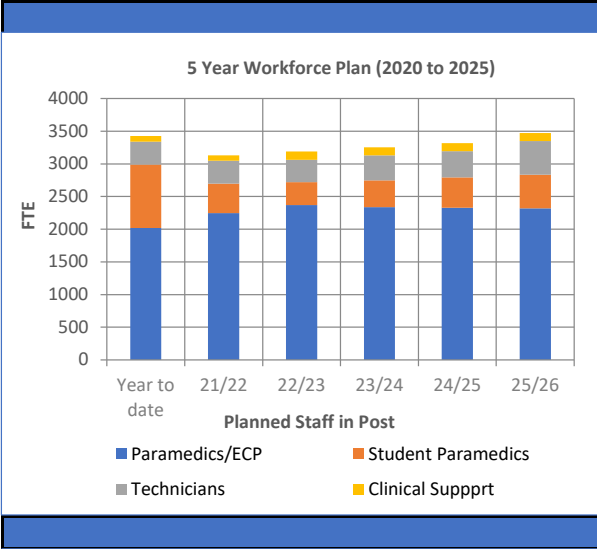
The budgeted establishment for April 2022 has increased to 7188.76 FTE to reflect the workforce plan agreed for 22/23. In April 2022 staff in post reached 6647.15 FTE.

Staff in Post (Headcount)			
Headcount	Apr-21	Mar-22	Apr-22
Perm & Fixed Term	6841	7259	7209
Air Amb, Naru, NEDs	69	64	47
Bank	835	480	432
<i>University Students</i>	<i>671</i>	<i>302</i>	<i>250</i>
Total Headcount	7745.00	7803	7688



The Trust headcount reached a new peak in February 2022 at 7808 and has continued to reduce over March 2022 and April 2022.

Operational Workforce			
	Apr-21	Mar-22	Apr-22
Budgeted Ops Establishment	3106.00	3368.00	3732.66
Staff in Post FTE	3403.64	3470.03	3439.13
Paramedic Skill Mix	62.08%	57.20%	58.01%
Skill Mix (exc St Paramedics)	82.86%	82.44%	82.71%
Recruitment (Students) H/C YTD	41	440	37
Recruitment (PTS to AAP) H/C YTD	0	0	0

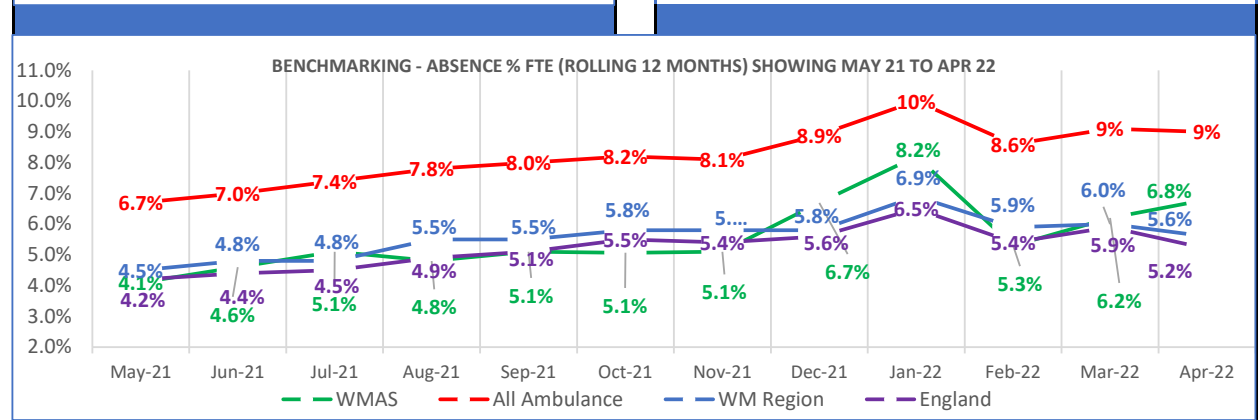
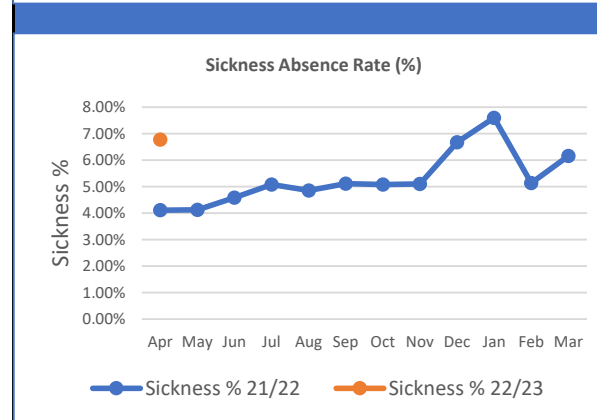
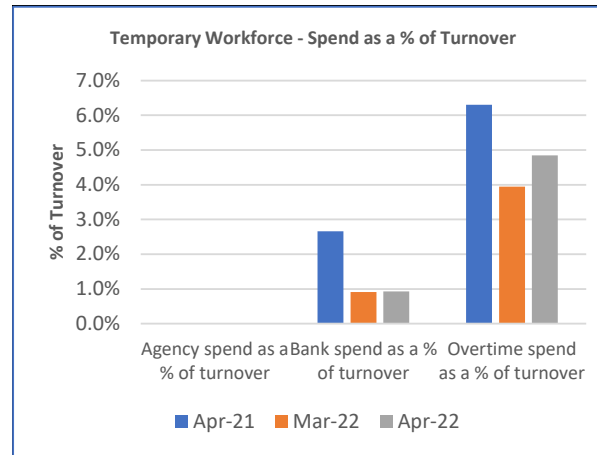


The budgeted ops establishment for 2022-23 is 3732.66 FTE. The Recruitment Plan for 2022-23 is for 484 Student Paramedics and 103 Graduate Paramedics as agreed at Trust Board on 30th March 2022. The paramedic skill mix is 58% and is affected by newly qualified paramedics (NQP) and student paramedics recruitment.

	Temporary Workforce		
	Apr-21	Mar-22	Apr-22
Agency Spend	£ -	£ -	£ -
Agency spend as a % of turnover	0.00%	0.00%	0.00%
Bank Spend	£ 824,879	£ 281,706	£ 289,908
Bank spend as a % of turnover	2.66%	0.91%	0.93%
Overtime Spend	£ 1,958,968	£ 1,225,311	£ 1,504,112
Overtime spend as a % of turnover	6.31%	3.95%	4.84%

	Sickness Absence Rate (%)		
	Apr-21	Mar-22	Apr-22
Sickness %	4.12%	6.16%	6.78%
WMAS excluding Covid-19	3.74%	3.73%	4.20%
Covid-19	0.38%	2.43%	2.58%
Short Term		4.30%	4.71%
Long Term		1.86%	2.07%

	Sickness Absence Cost		
	Apr-21	Mar-22	Apr-22
Cost £	£ 707,359	£ 1,192,336	£ 1,245,624
WMAS excluding Covid-19	£ 640,183	£ 707,972	£ 746,041
Covid-19	£ 67,175	£ 684,364	£ 499,583



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 compared to the same time last year.

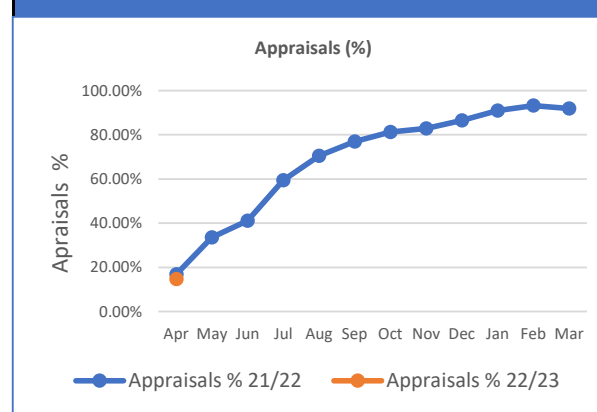
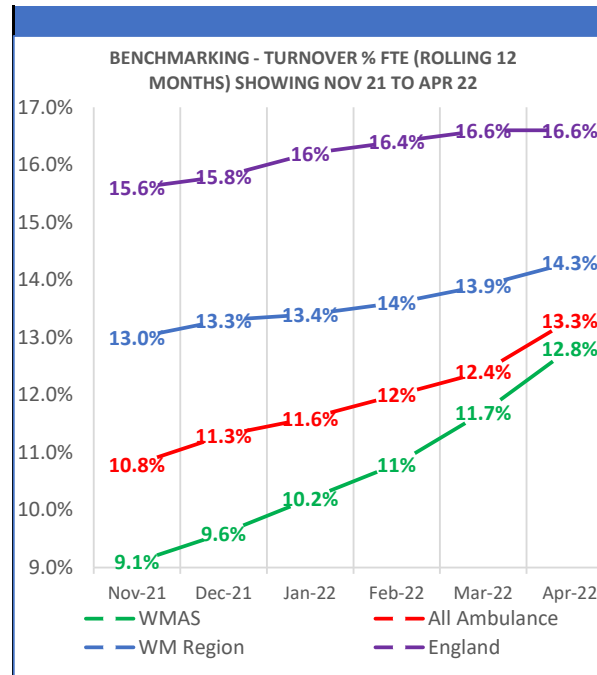
Overtime Spend - there was an increase in this cost arising from activity associated with the pandemic. However, the rate continues to be managed and is reviewed regularly.

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

Staff Movements			
	Apr-21	Mar-22	Apr-22
Average Headcount (12m)	7552	7753	7691
Average FTE (12m)	6,277.49	6539.54	6499.55
Starters Headcount	59	109	100
Starters FTE	53.00	103.91	89.14
Leavers Headcount	101	132	109
Leavers FTE	44.06	117.89	93.57
Leavers Headcount (12m)	863	1347	1372
Turnover Rate FTE (12m) %	8.20%	12.65%	13.55%
Maternity	114	122	121

Appraisals			
	Apr-21	Mar-22	Apr-22
Year to Date	15.69%	91.80%	14.65%
Rolling 12 months	94.57%	91.97%	71.92%

Data as at 10-05-2022	Mandatory Training		
	Apr-21	Mar-22	Apr-22
E&U %	0.00%	90.42%	12.69%
PTS %	7.34%	90.04%	8.86%



Staff Group	Leavers Count	Leavers FTE	Avg FTE	FTE %
Add Prof Scientific and Technic	3	1.53	33.02	4.62%
Additional Clinical Services	41	34.52	2,165.02	1.59%
Administrative and Clerical	14	12.35	589.27	2.10%
Allied Health Professionals	22	18.97	2,458.23	0.77%
Estates and Ancillary	17	16.08	277.71	5.79%
Medical and Dental	1	0.00	7.71	0.00%
Nursing and Midwifery Registered	4	3.13	113.38	2.76%
Students	7	7.00	1,030.14	0.68%
Grand Total	109	93.57		

[Leavers by Staff Group](#)
Largest group of leavers for April 2022 came from the Additional Clinical Services staff group.

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

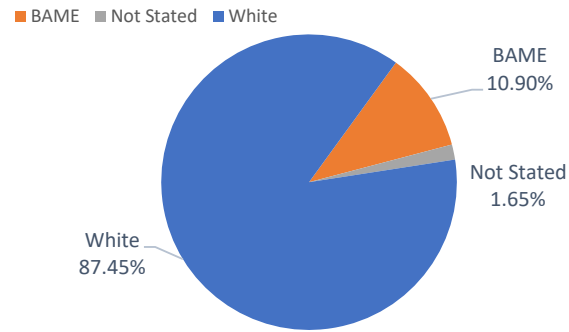
April 2022 completion rates indicates good initial progress on Mandatory Training days across both E&U and PTS.

Data as at 10-05-2022			
Ethnic Origin			
Apr-22	Headcount	%	FTE
BAME	838	10.90%	696.66
Not Stated	127	1.65%	110.06
White	6723	87.45%	5867.75
Grand Total	7688	100.00%	6674.47

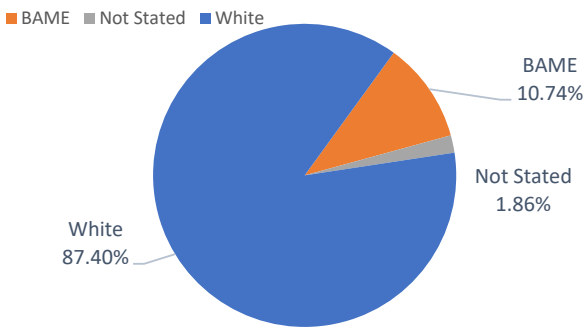
Ethnic Origin			
Apr-21	Headcount	%	FTE
BAME	832	10.74%	636.48
Not Stated	144	1.86%	120.20
White	6769	87.40%	5578.26
Grand Total	7745	100.00%	6334.94

ETHNICITY

Ethnic Origin % April 2022

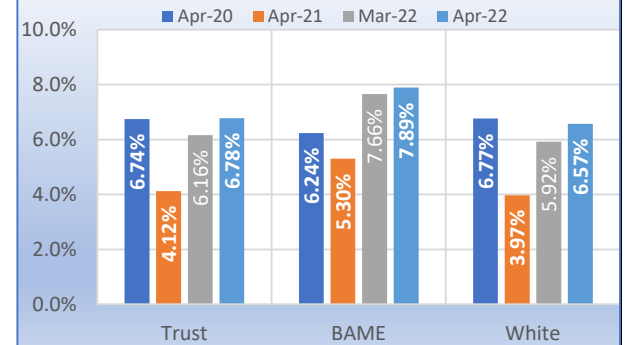


Ethnic Origin % April 2021

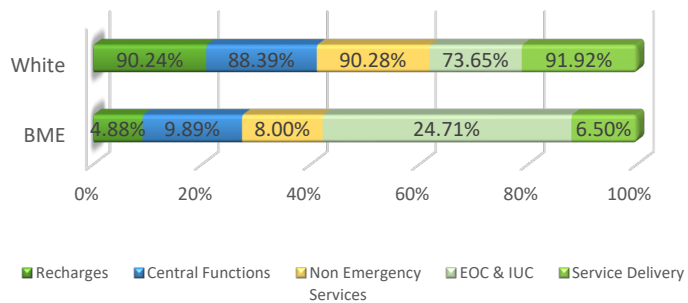


The number of staff from a BAME background increased marginally from the previous year. The charts on sickness absence below, show the impact of Covid-19 on the workforce - April 2020 is included for reference.

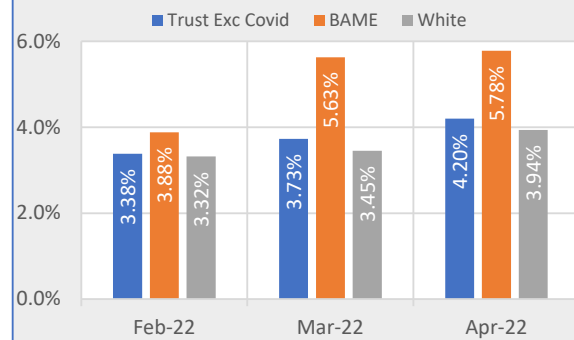
WMAS Sickness Absence by Ethnicity



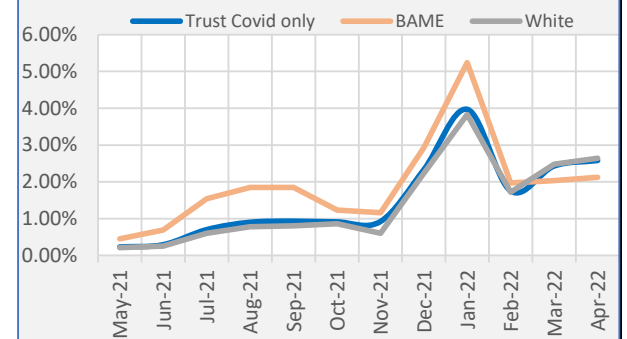
WMAS Ethnicity Profile by Directorate Apr 2022



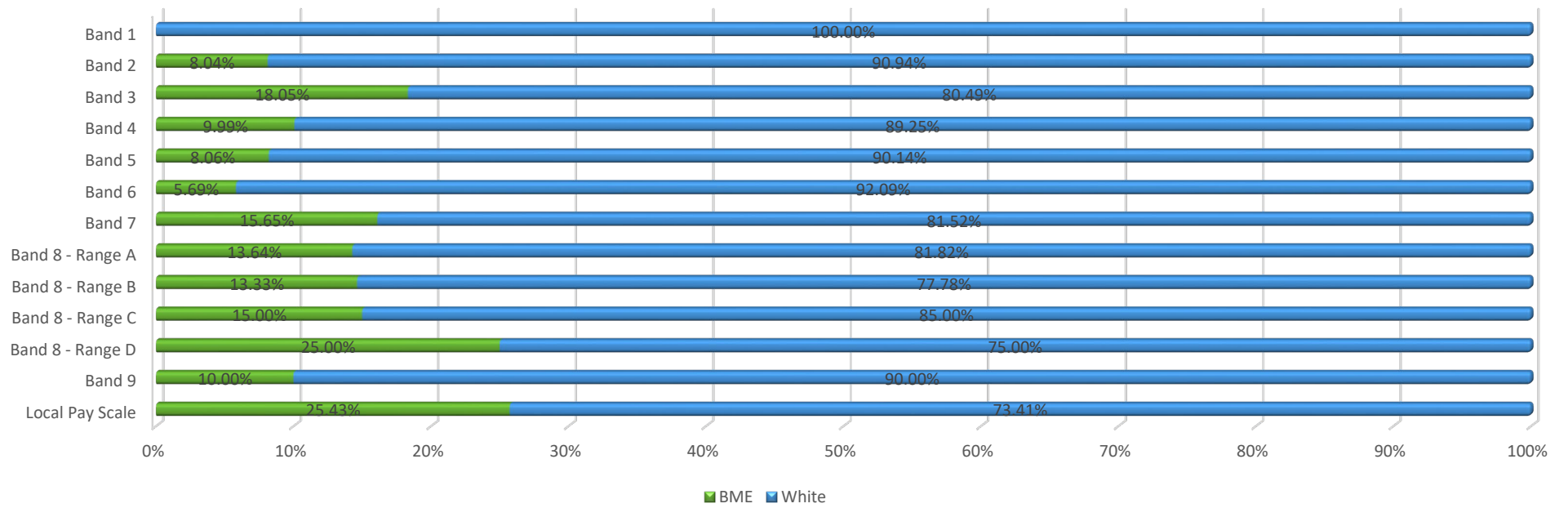
Sickness Absence (Exc Covid) by Ethnicity



Sickness Absence (Covid Only) by Ethnicity



WMAS Ethnicity Profile by Pay Band April 2022



7

**PUBLIC
MEMBERSHIP**

Membership Breakdown Report - May 2022

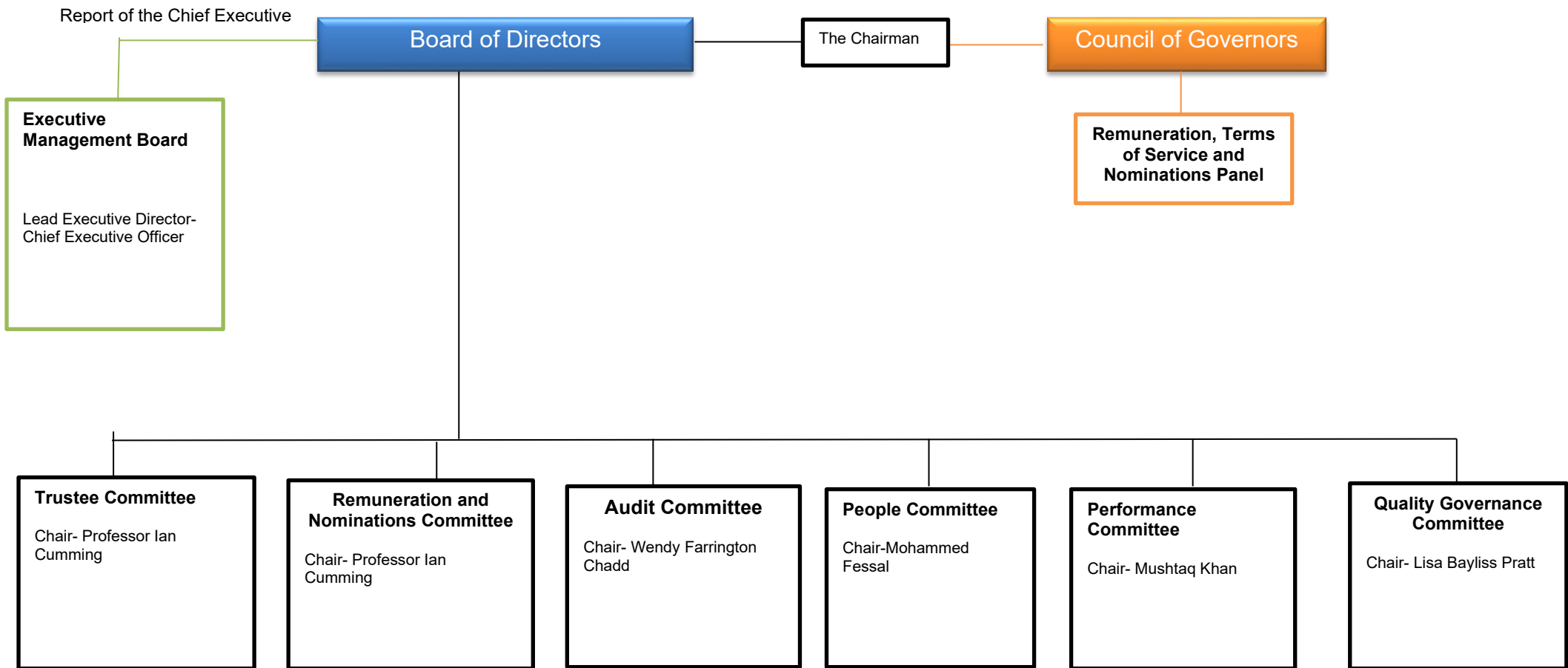
	Members	Population
Public Members	9027	5,955,554
Staff Member	7805	
Total	16832	
Catchment Areas	Members	
Birmingham	2078	1,374,458
Black Country	2835	1,205,296
Coventry and Warwickshire	1108	944,902
Staffordshire	1373	1,136,828
West Mercia	1607	1,136,828
Out of Trust Area	26	
Total	9027	5,955,554
Gender	Actual	
Male	3833	2,953,156
Female	4931	3,002,398
Unknown	263	
Total	9027	5,955,554
Monitor Ethnicity	Actual	Population
Asian	1939	604357
Black	295	182109
Mixed	141	131669
Other	98	31821
Unknown	444	0
White	6110	4491926
Total	9027	5407622
General Ethnicity	Actual	Population
Asian Bangladeshi	157	52,477
Asian Chinese	16	31,263
Asian Indian	854	218,397
Asian Other	299	74,979
Asian Pakistani	613	227,241
Black African	103	64,250
Black Caribbean	169	86,782
Black Other	23	31,077
Mixed Other	35	21,378
Mixed White and Asian	25	32,548
Mixed White and Black African	13	9,225
Mixed White and Black Caribbean	68	68,518
Other Ethnic Group	98	31,821
Unknown	444	0
White British	5944	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	9027	5,595,494
Monitor Age Range	Actual	Population
Age 0-16	0	1,238,370
Age 17-21	21	358,826
Age 22+	6443	4,358,358
Unknown	2563	
Total	9027	5595494
Age	Actual	Population
Age 0 - 16	0	1,238,370
Age 17-21	21	358,826
Age 22-29	707	640,123
Age 30-39	993	764,955
Age 40-49	1276	716,615
Age 50-59	1177	792,680
Age 60-74	1303	914,089
Age 75 +	987	529,896
Unknown	2563	0
Total	9027	5595494
NRS Classification	Actual	Population
AB	2111	464,168
C1	2495	700,672
C2	2011	539,612
DE	2341	711,263
Unknown	69	0
Total	9027	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