West Midlands Ambulance Service
University NHS Foundation Trust

Trust Information Pack

May 2023

Trust us to care.

C O N T E N T S

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VISION
AND
VALUES

Our Vision

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

EXCELLENCE	INTEGRITY	COMPASSION	INCLUSIVITY	ACCOUNTABILITY
A high performing organisation with professional, engaged, empowered and valued staff who learn from each other to be the best we can together in order to deliver the best possible care and outcomes for our patients and service users. Cutting edge and innovative using the best evidence.	We all do the right thing for our staff, volunteers and students, our patients and service users, the organisation and the system with candour.	We believe that showing genuine concern about the needs of others through our actions fosters appreciation and tolerance, leading to a sense of safety in the workplace.	We treat everyone with dignity, respect, fairness and integrity, valuing difference.	We are committed to upholding our values and behaviours and holding others to account for them.
Behaviours for all: • Professional and ethical • Learning • Communicating clearly using the best method • Striving for excellence and improvement • Effective intra- and inter-teamwork	**Behaviours for all:** • Transparent • Honest • Respectful	**Behaviours for all:** • Kind • Empathetic • Supportive • Non-judgmental • Appreciative	**Behaviours for all:** • Curious about difference • Respecting boundaries • Ally for under-represented groups	**Behaviours for all:** • Accountable for own behaviours, and for holding others to account
Behaviours for leaders: • Coaching approach to vital conversations • Using the right leadership style for the situation • Providing opportunities for our staff to develop and progress • Setting a clear direction and focus	**Behaviours for leaders:** • Decisions are communicated in a timely, transparent and honest way • Listening in order to understand	**Behaviours for leaders:** • Decisions and actions are taken with empathy and genuine concern for the individual • Providing organisational psychological safety • Paying attention to the health and well-being of staff	**Behaviours for leaders:** • Tackling inequalities • Progressing diversity	**Behaviours for leaders:** • Accountable for organisational culture • Modelling the values and behaviours in actions and decisions • Leading the way in holding to account for the right behaviours • Corporate social responsibility • Environmental sustainability

West Midlands Ambulance Service
University NHS Foundation Trust

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

Strategic Objectives

Strategic Objective 1: Safety, Quality and Excellence	Strategic Objective 2: A great place to work for all	Strategic Objective 3: Effective planning and use of resources	Strategic Objective 4: Innovation and Transformation	Strategic Objective 5: Collaboration and Engagement
Our commitment to provide the best care for all patients	Creating the best environment for staff to flourish	Continued efficiency of operation and financial control	Developing the best technology and services to support patient care	Working in partnership to deliver seamless patient care

Strategic Objective 1:
- 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:
- 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:
- 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:
- 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:
- Create dynamic partnership arrangements to facilitate the best treatment options for patients throughout the healthcare system
- Enhance our regional service through development of local presence and engagement at place level
- Collaborate with all community settings to identify and reduce health inequalities
- Utilise our strengths and brand to support young people to engage with their community and step into a career in healthcare

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OPERATIONAL & CLINICAL KEY PERFORMANCE INDICATORS

Trust Information Pack

April 2023

Service Delivery Directorate

Operational Metrics and KPIs

Contents

Section 1: Demand

Call Demand

All Emergency Calls				
	Current Year	Previous Year	Variation from Previous Year	% Variation
	Call Count	Call Count	Call Count	Call Count
Month	117,038	135,356	(18,318)	-13.5%
QTD	117,038	135,356	(18,318)	-13.5%
YTD	117,038	135,356	(18,318)	-13.5%

Demand against Contract			
	Assigned Incidents	Contract Incidents	% Variation
Month	90,335	98,411	-8.21%
QTD	90,335	98,411	-8.21%
YTD	90,335	98,411	-8.21%

111 vs 999 calls					
		Current Year		Previous Year	
	111/999	Call Count	Call Count	Call Count	Call Count
Month	999	95,618	81.7%	117,080	86.5%
	111	21,420	18.3%	18,276	13.5%
	Total	117,038		135,356	
QTD	999	95,618	81.7%	117,080	86.5%
	111	21,420	18.3%	18,276	13.5%
	Total	117,038		135,356	
YTD	999	95,618	81.7%	117,080	86.5%
	111	21,420	18.3%	18,276	13.5%
	Total	117,038		135,356	

Incident Demand

All Incidents				
	Current Year	Previous Year	Variation from Previous Year	% Variation from Previous Year
	Incident Count	Incident Count	Incident Count	Incident Count
Month	84,114	89,798	(5,684)	-6.3%
QTD	84,114	89,798	(5,684)	-6.3%
YTD	84,114	89,798	(5,684)	-6.3%

Emergency Incidents				
	Current Year	Previous Year	Variation from Previous Year	% Variation from Previous Year
	Incident Count	Incident Count	Incident Count	Incident Count
Month	81,368	86,597	(5,229)	-6.0%
QTD	81,368	86,597	(5,229)	-6.0%
YTD	81,368	86,597	(5,229)	-6.0%

	All Incidents by County				All Incidents by County			
	Current Year		Previous Year		Current Year		Previous Year	
	Month		Month		YTD		YTD	
County	Incident Count	% of Total Incidents	Incident Count	% of Total Incidents	Incident Count	% of Total Incidents	Incident Count	% of Total Incidents
Arden	12,287	14.6%	13,007	14.5%	12,287	14.6%	13,007	14.5%
Birmingham	20,741	24.7%	22,291	24.8%	20,741	24.7%	22,291	24.8%
Black Country	19,004	22.6%	20,303	22.6%	19,004	22.6%	20,303	22.6%
Hereford and Worcester	10,026	11.9%	10,732	12.0%	10,026	11.9%	10,732	12.0%
Shropshire	6,598	7.8%	6,439	7.2%	6,598	7.8%	6,439	7.2%
Staffordshire	15,355	18.3%	16,907	18.8%	15,355	18.3%	16,907	18.8%
Out of Area	103	0.1%	119	0.1%	103	0.1%	119	0.1%
Total	**84,114**		**89,798**		**84,114**		**89,798**	

Treatment Type (AQI Incidents, Emergency only)

Treatment Type Group	Treatment Type	MTD	QTD	YTD
Hear & Treat	Advice	2,450	2,450	2,450
	Alt Service	11,246	11,246	11,246
	Total	13,696	13,696	13,696
	%	17.1%	17.1%	17.1%
See & Convey	Transport - ED	39,477	39,477	39,477
	Transport - Non ED	3,191	3,191	3,191
	Total	42,668	42,668	42,668
	%	53.3%	53.3%	53.3%
See & Treat	Response	23,652	23,652	23,652
	Total	23,652	23,652	23,652
	%	29.6%	29.6%	29.6%
Total	Total	**80,016**	**80,016**	**80,016**

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

Priority	Target Mean	Target 90%	Month Mean	Month 90%	QTD Mean	QTD 90%	YTD Mean	YTD 90%
Category 1	7:00	15:00	8:05	14:16	8:05	14:16	8:05	14:16
Category 1 T	19:00	30:00	9:16	16:41	9:16	16:41	9:16	16:41
Category 2	18:00	40:00	27:12	58:38	27:12	58:38	27:12	58:38
Category 3	60:00	120:00	128:33	321:21	128:33	321:21	128:33	321:21
Category 4	-	180:00	144:42	346:13	144:42	346:13	144:42	346:13
HCP 2hr	-	-	196:37	507:30	196:37	507:30	196:37	507:30
HCP 4hr	-	-	314:26	734:03	314:26	734:03	314:26	734:03

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

Over 2 minute Call Answer Delays

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
5	33	77	27	23	988	523	2001	17	30	9	0

MTD

Priority	Target Mean	Target 90%	Arden Mean	Arden 90%	Birmingham Mean	Birmingham 90%	Black Country Mean	Black Country 90%	Hereford and Worcester Mean	Hereford and Worcester 90%	Shropshire Mean	Shropshire 90%	Staffordshire Mean	Staffordshire 90%
Category 1	7:00	15:00	8:53	15:41	6:50	11:08	6:38	10:52	10:37	19:48	11:06	21:44	8:35	14:55
Category 1 T	19:00	30:00	10:01	18:24	7:41	12:22	7:17	11:54	12:41	23:18	13:09	25:39	10:18	17:34
Category 2	18:00	40:00	29:37	59:41	28:54	65:52	17:01	32:26	33:56	72:03	34:11	74:18	28:14	59:07
Category 3	60:00	120:00	118:22	287:28	187:02	505:13	98:50	243:07	141:28	360:22	125:57	296:59	107:32	254:23
Category 4	-	180:00	121:49	309:46	273:40	670:52	123:09	304:40	127:17	256:34	125:33	351:07	135:17	272:31
HCP 2hr	-	-	167:52	368:37	326:53	761:04	143:12	382:17	209:20	531:12	193:20	491:38	155:37	379:55
HCP 4hr	-	-	300:35	711:03	490:22	912:01	273:54	510:11	286:37	745:46	191:16	454:48	245:52	639:01

QTD

Priority	Target Mean	Target 90%	Arden Mean	Arden 90%	Birmingham Mean	Birmingham 90%	Black Country Mean	Black Country 90%	Hereford and Worcester Mean	Hereford and Worcester 90%	Shropshire Mean	Shropshire 90%	Staffordshire Mean	Staffordshire 90%
Category 1	7:00	15:00	8:53	15:41	6:50	11:08	6:38	10:52	10:37	19:48	11:06	21:44	8:35	14:55
Category 1 T	19:00	30:00	10:01	18:24	7:41	12:22	7:17	11:54	12:41	23:18	13:09	25:39	10:18	17:34
Category 2	18:00	40:00	29:37	59:41	28:54	65:52	17:01	32:26	33:56	72:03	34:11	74:18	28:14	59:07
Category 3	60:00	120:00	118:22	287:28	187:02	505:13	98:50	243:07	141:28	360:22	125:57	296:59	107:32	254:23
Category 4	-	180:00	121:49	309:46	273:40	670:52	123:09	304:40	127:17	256:34	125:33	351:07	135:17	272:31
HCP 2hr	-	-	167:52	368:37	326:53	761:04	143:12	382:17	209:20	531:12	193:20	491:38	155:37	379:55
HCP 4hr	-	-	300:35	711:03	490:22	912:01	273:54	510:11	286:37	745:46	191:16	454:48	245:52	639:01

YTD

Priority	Target Mean	Target 90%	Arden Mean	Arden 90%	Birmingham Mean	Birmingham 90%	Black Country Mean	Black Country 90%	Hereford and Worcester Mean	Hereford and Worcester 90%	Shropshire Mean	Shropshire 90%	Staffordshire Mean	Staffordshire 90%
Category 1	7:00	15:00	8:53	15:41	6:50	11:08	6:38	10:52	10:37	19:48	11:06	21:44	8:35	14:55
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HCP 4hr	-	-	300:35	711:03	490:22	912:01	273:54	510:11	286:37	745:46	191:16	454:48	245:52	639:01

	Total Conveyances				Over 1 Hr Turnaround Delays				Hours Lost at Hospital (over 30 min turnaround)			
	Current Year	Previous Year	Variation	% Variation	Current Year	Previous Year	Variation	% Variation	Current Year	Previous Year	Variation	% Variation
Month	44,354	45,512	-1,158	-2.5%	4,654	10,120	-5,466	-54.0%	11,129	32,084	-20,955	-65.3%
QTD	44,354	45,512	-1,158	-2.5%	4,654	10,120	-5,466	-54.0%	11,129	32,084	-20,955	-65.3%
YTD	44,354	45,512	-1,158	-2.5%	4,654	10,120	-5,466	-54.0%	11,129	32,084	-20,955	-65.3%

Hospital Turnaround Delays - 45 - 60 mins and 60 mins +
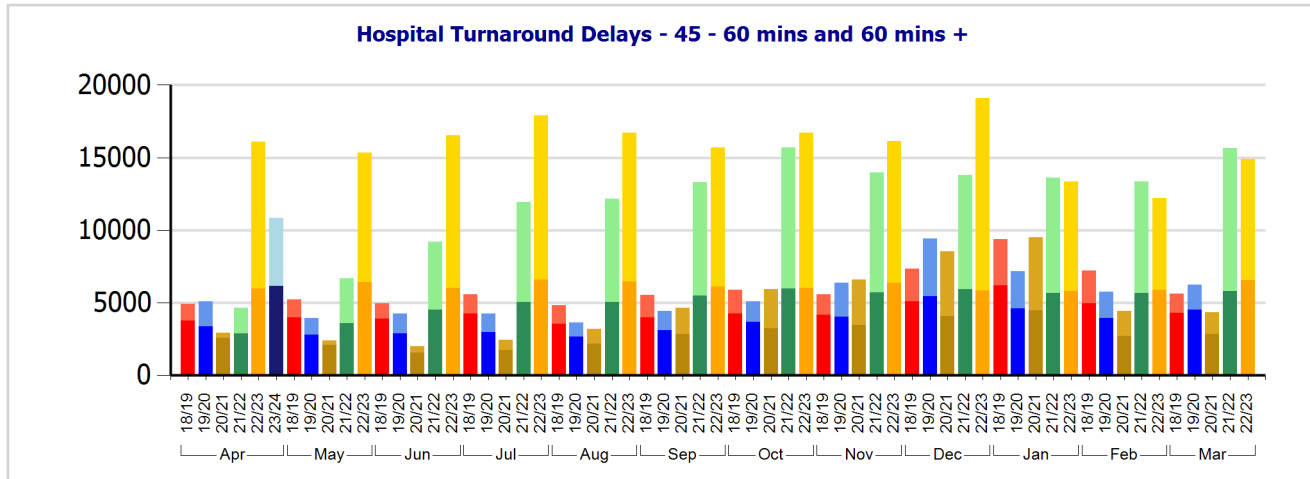
	Hospital Turnaround Timebands												
	MTD						YTD						
Destination	Under 30		30-60 mins		60+ mins		Total	Under 30		30-60 mins		60+ mins		Total
Alexandra	855	49.3%	643	37.1%	236	13.6%	**1734**	855	49.3%	643	37.1%	236	13.6%	**1734**
Birmingham Childrens	276	53.6%	213	41.4%	26	5.0%	**515**	276	53.6%	213	41.4%	26	5.0%	**515**
Burton	340	30.4%	693	61.9%	87	7.8%	**1120**	340	30.4%	693	61.9%	87	7.8%	**1120**
City (Birmingham)	1082	51.3%	946	44.9%	80	3.8%	**2108**	1082	51.3%	946	44.9%	80	3.8%	**2108**
County Hospital (Stafford)	577	62.2%	327	35.2%	24	2.6%	**928**	577	62.2%	327	35.2%	24	2.6%	**928**
George Elliot	294	24.1%	828	68.0%	96	7.9%	**1218**	294	24.1%	828	68.0%	96	7.9%	**1218**
Good Hope	619	28.8%	1164	54.2%	363	16.9%	**2146**	619	28.8%	1164	54.2%	363	16.9%	**2146**
Heartlands	919	26.9%	2011	58.8%	492	14.4%	**3422**	919	26.9%	2011	58.8%	492	14.4%	**3422**
Hereford County	624	41.1%	706	46.5%	187	12.3%	**1517**	624	41.1%	706	46.5%	187	12.3%	**1517**
New Cross	1965	54.3%	1574	43.5%	77	2.1%	**3616**	1965	54.3%	1574	43.5%	77	2.1%	**3616**
New Queen Elizabeth Hosp	810	25.1%	2058	63.7%	365	11.3%	**3233**	810	25.1%	2058	63.7%	365	11.3%	**3233**
Princess Royal	391	22.4%	981	56.3%	371	21.3%	**1743**	391	22.4%	981	56.3%	371	21.3%	**1743**
Royal Shrewsbury	266	19.1%	727	52.2%	399	28.7%	**1392**	266	19.1%	727	52.2%	399	28.7%	**1392**
Royal Stoke Univ Hosp	1177	27.6%	2506	58.7%	586	13.7%	**4269**	1177	27.6%	2506	58.7%	586	13.7%	**4269**
Russells Hall	896	29.0%	2026	65.5%	171	5.5%	**3093**	896	29.0%	2026	65.5%	171	5.5%	**3093**
Sandwell	711	32.3%	1349	61.3%	142	6.4%	**2202**	711	32.3%	1349	61.3%	142	6.4%	**2202**
Uni Hospital Cov & War	1173	32.1%	2254	61.7%	224	6.1%	**3651**	1173	32.1%	2254	61.7%	224	6.1%	**3651**
Walsall Manor	1478	55.0%	1164	43.4%	43	1.6%	**2685**	1478	55.0%	1164	43.4%	43	1.6%	**2685**
Warwick	622	38.6%	973	60.4%	15	0.9%	**1610**	622	38.6%	973	60.4%	15	0.9%	**1610**
Worcestershire Royal	659	30.7%	820	38.2%	670	31.2%	**2149**	659	30.7%	820	38.2%	670	31.2%	**2149**

Turnaround - Time at Hospital to Time Clear

RPI

	Month	QTD	YTD
Category 1	1.39	1.39	1.39
Category 2	1.05	1.05	1.05
Category 3	1.05	1.05	1.05
Category 4	1.04	1.04	1.04
HCP	1.03	1.03	1.03
Total	**1.09**	**1.09**	**1.09**

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

	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
Bromsgrove Hub	100.3%	100.4%	100.1%	100.4%	100.6%	100.0%
Coventry Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Donnington Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Dudley Hub	99.9%	99.5%	100.0%	100.0%	100.0%	100.0%
Erdington Hub	105.3%	101.5%	101.0%	100.0%	100.0%	100.0%
Hereford Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hollymoor Hub	100.0%	99.8%	99.8%	100.0%	100.0%	99.9%
Lichfield Hub	100.0%	99.8%	100.0%	100.0%	100.0%	100.0%
Sandwell Hub	98.5%	98.1%	98.3%	99.4%	98.0%	97.6%
Shrewsbury Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Stafford Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Stoke Hub	103.0%	102.4%	100.9%	100.0%	100.0%	100.0%
Warwick Hub	100.0%	99.8%	100.0%	100.0%	100.0%	100.0%
Willenhall Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Worcester Hub	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%
Total	**99.8%**	**99.6%**	**99.8%**	**99.9%**	**99.8%**	**99.7%**

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

	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
Percentage	99.5%	99.0%	99.2%	99.1%	99.4%	98.8%

Job Cycle Times (minutes)

	MTD		QTD		YTD	
	S&T	S&C	S&T	S&C	S&T	S&C
Category 1	97.85	107.98	97.85	107.98	97.85	107.98
Category 2	108.27	137.27	108.27	137.27	108.27	137.27
Category 3	198.18	242.20	198.18	242.20	198.18	242.20
Category 4	201.29	298.22	201.29	298.22	201.29	298.22
HCP	379.61	356.82	379.61	356.82	379.61	356.82

Month

Overall WMAS

| All Eligible Incidents				Transported Eligible Incidents				Non Transported Eligible Incidents		
	Eligible Inc	EPRs	%		Eligible Inc	EPRs	%		Eligible Inc	EPRs	%
Total	67,814	65,511	96.6%	Total	44,711	43,795	98.0%	Total	23,103	21,716	94.0%

Notes:
- 1334 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			Shropshire			Hereford and Worcester		
Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%
9,917	9,658	97.4%	15,741	15,127	96.1%	15,462	14,991	97.0%	13,083	12,633	96.6%	5,369	5,124	95.4%	8,242	7,978	96.8%

YTD

Overall WMAS

All Eligible Incidents				Transported Eligible Incidents				Non Transported Eligible Incidents		
YTD	Eligible Inc	EPRs	%	YTD	Eligible Inc	EPRs	%	YTD	Eligible Inc	EPRs	%
Total	67,814	65,511	96.6%	Total	44,711	43,795	98.0%	Total	23,103	21,716	94.0%

Notes:
- 1334 cases excluded from Incident count due to 'No Patient Found' VNR reason

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Incidents by County

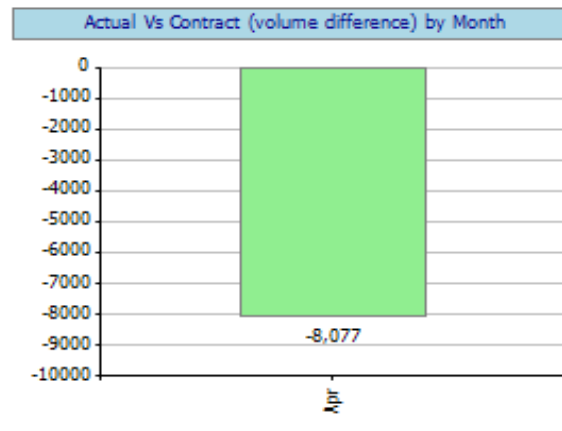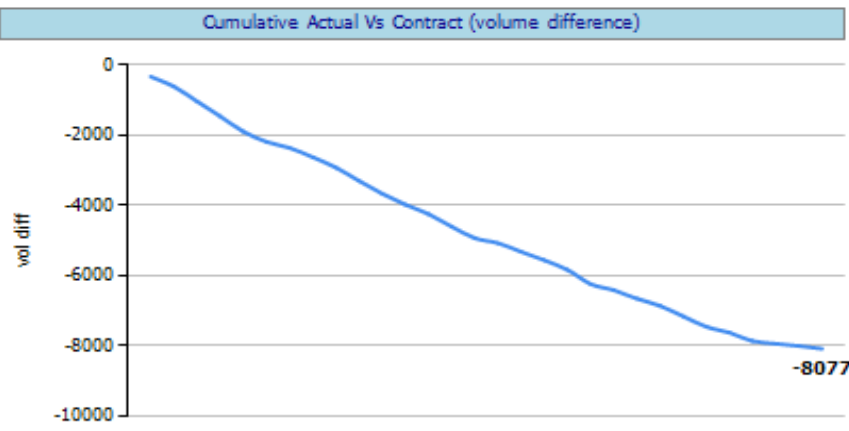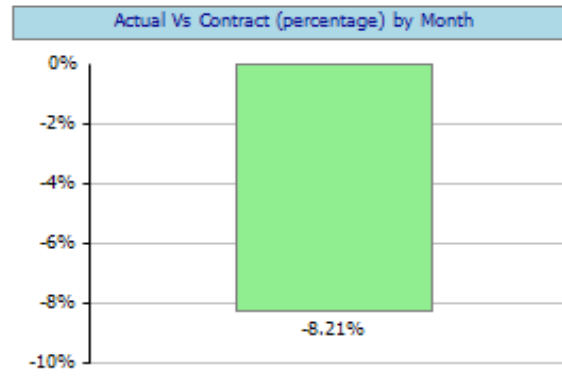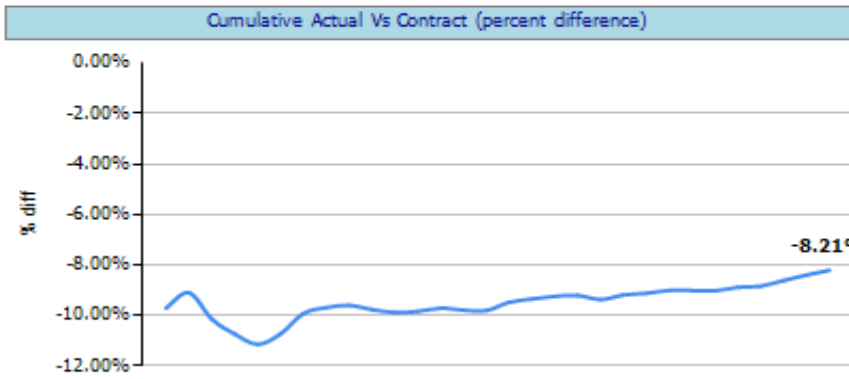| Arden			Birmingham			Black Country			Staffordshire			Shropshire			Hereford and Worcester		
Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%
9,917	9,658	97.4%	15,741	15,127	96.1%	15,462	14,991	97.0%	13,083	12,633	96.6%	5,369	5,124	95.4%	8,242	7,978	96.8%

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 2023				Year To Date			
	Actual	Contract	Diff	% Diff	Actual	Contract	Diff	% Diff
BIRMINGHAM AND SOLIHULL ICS	22,399	26,028	-3,629	-13.94%	22,399	26,028	-3,629	-13.94%
BLACK COUNTRY ICS	20,289	20,410	-121	-0.59%	20,289	20,410	-121	-0.59%
COVENTRY AND WARWICKSHIRE ICS	13,102	14,098	-996	-7.06%	13,102	14,098	-996	-7.06%
HEREFORDSHIRE AND WORCESTERSHIRE ICS	10,797	11,717	-920	-7.85%	10,797	11,717	-920	-7.85%
SHROPSHIRE, TELFORD AND WREKIN ICS	7,104	7,255	-151	-2.08%	7,104	7,255	-151	-2.08%
STAFFORDSHIRE AND STOKE ON TRENT ICS	16,461	18,903	-2,442	-12.92%	16,461	18,903	-2,442	-12.92%
WMAS	90,334	98,411	-8,077	-8.21%	90,334	98,411	-8,077	-8.21%

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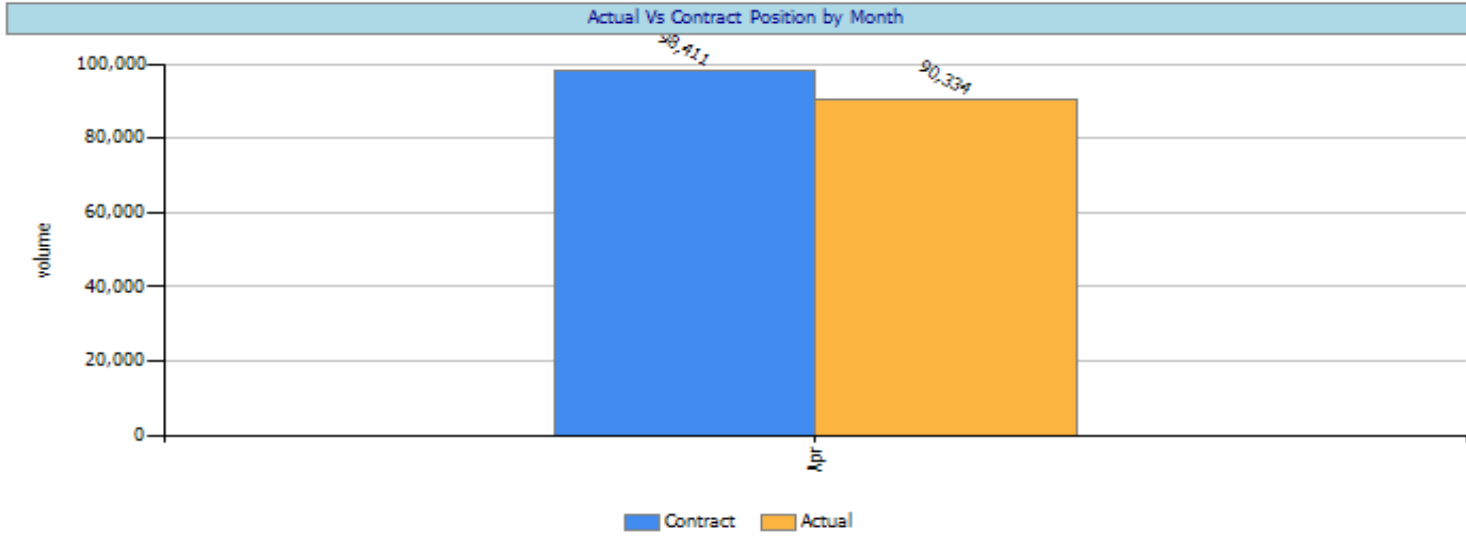
Please note this report for guidance only: An error margin exists between this report and the CCG Contract Monitoring Report. Data includes No Values & OOA's (hidden).

Financial Position Vs Contract (YTD)
-£1,484,845

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
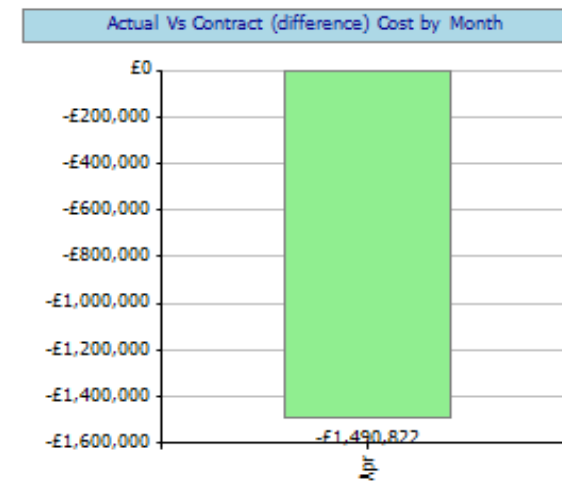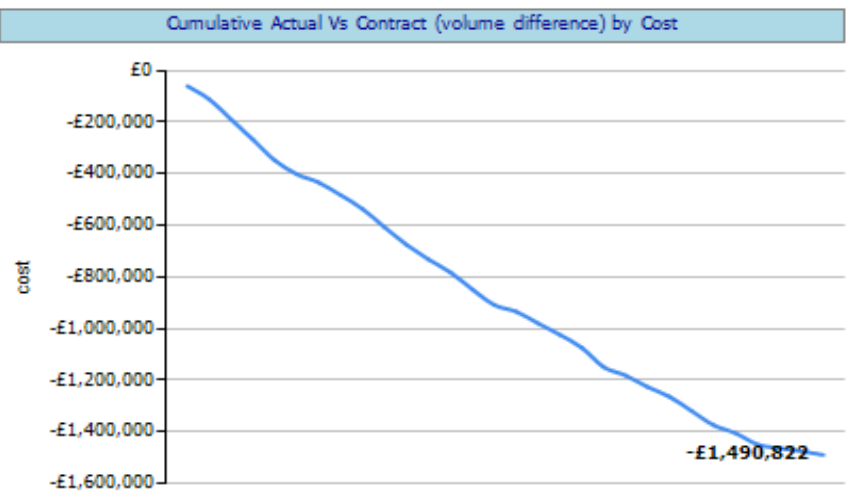
Clinical Performance Report

West Midlands Ambulance Service
University NHS Foundation Trust

Contents:

Station & Data Tables:

Stroke

STEMI

Data available up to the end of:

WMAS :   April 2023

(Cardiac Data : March 2023)

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

Further Information

Statistical Process Control

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

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

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

Care Bundle

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

Management of Stroke

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

Management of STEMI

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

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

Management of Cardiac Arrest

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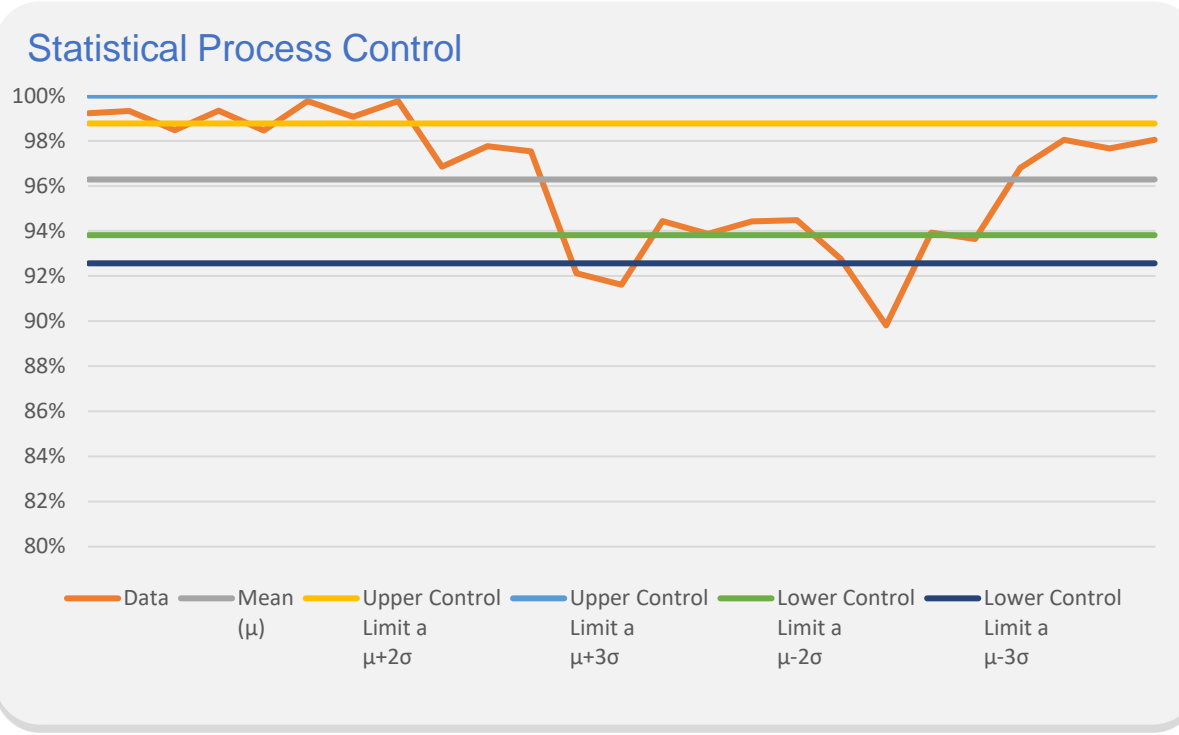
Management of Sepsis

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

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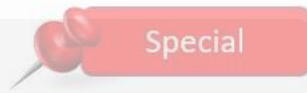
Management of Stroke

	May 2022	June 2022	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023
Care Bundle	94.43%	94.48%	92.76%	89.81%	93.93%	93.64%	96.79%	98.04%	97.67%	98.04%	99.40%	98.84%

Statistical Process Control

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

Common Cause Discussion

Actions that have been ongoing:

- Dissemination of AQI Newsletter

- Quality Improvement Paramedic appointed to address clinical performance
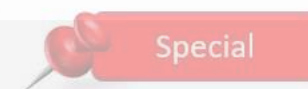
Special Cause Discussion

- 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.

National Comparison

	Care Bundle							
	Feb-2022		May-2022		Aug 2022		Nov 2022	
WMAS	91.62%		94.89%		89.91%		96.79%	
National	95.81%	11th	96.36%	8th	95.94%	10th	97.15%	7th

Hospital Data Comparisons (Last Reported November 2022)

Call to Hospital (90th percentile)		
WMAS	03:00	
National	02:55	6th

Hospital to CTN Scan (90th percentile)		
WMAS	04:47	
National	04:01	9th

Hospital to thrombolysis (90th percentile)		
WMAS	01:51	
National	01:42	9th

Management of STEMI

	May 2022	June 2022	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023
Care Bundle	76.64%	77.88%	72.46%	72.49%	70.18%	75.37%	78.38%	71.66%	73.86%	92.12%	91.89%	94.90%

Common **Special**

Statistical Process Control

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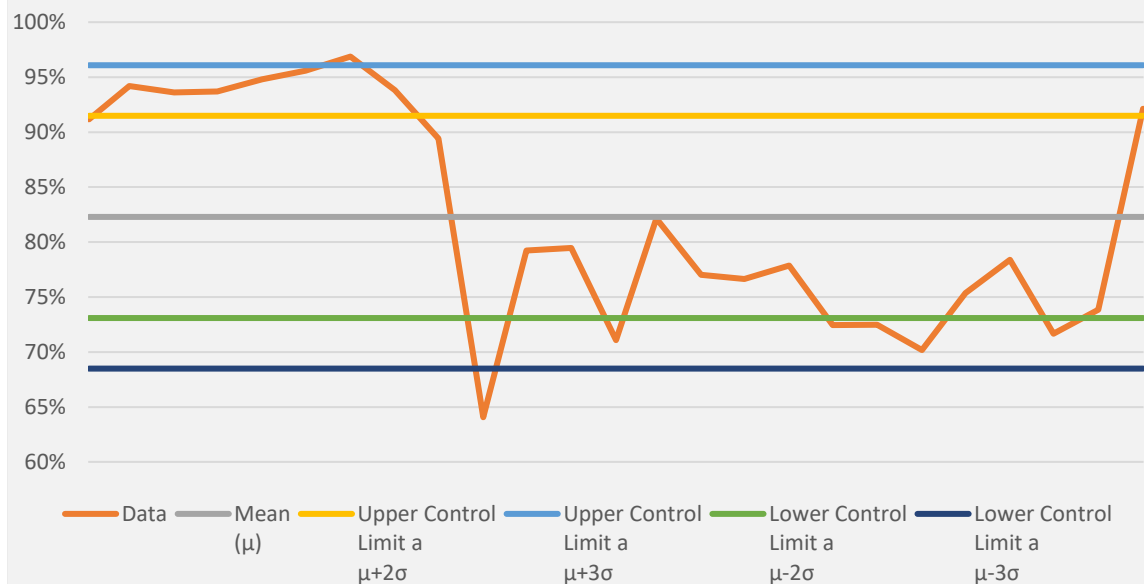
Common Cause Discussion

Actions that have been ongoing:

- EPR notification screen added to remind staff of appropriate assessments and treatments for STEMI patients. (Introduced 6 February 2023).

- Quality Improvement Paramedic appointed to address clinical performance.

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.

National Comparison

	Care Bundle							
	Jan-22		April 2022		July 2022		Oct-2023	
WMAS	79.46%		77.02%		72.46%		75.37%	
National	73.98%	3rd	73.39%	5th	73.96%	7th	72.74%	5th

Last Available from MINAP (November 2022)

Call to Catheter (Mean)		
WMAS	02:25	
National	02:30	4nd

Call to Catheter (90th percentile)		
WMAS	03:16	
National	03:29	2nd

Management of Cardiac Arrest

Monthly Trend

	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	March 2023
ROSC At Hospital (overall)	24.43%	22.32%	27.96%	29.14%	26.05%	24.31%	28.77%	29.53%	30.70%	26.37%	23.73%	22.26%	28.41%
ROSC At Hospital (comparator)	45.83%	43.48%	45.83%	41.30%	50.00%	42.86%	53.19%	60.38%	48.15%	49.15%	37.50%	35.14%	42.86%
Survival to Discharge (overall)	7.44%	6.42%	6.96%	5.07%	7.44%	8.18%	7.72%	7.81%	10.22%	5.59%	4.14%	Available 31 May 2023	Available 30 June 2023
Survival to Discharge (comparator)	26.19%	20.00%	21.74%	17.39%	26.19%	27.27%	29.55%	27.45%	27.45%	30.36%	13.73%		

Click here for [SPC Charts](#)

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

Common Cause Discussion

The Trust completed the following to improve cardiac arrest management :

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

Special Cause Discussion

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

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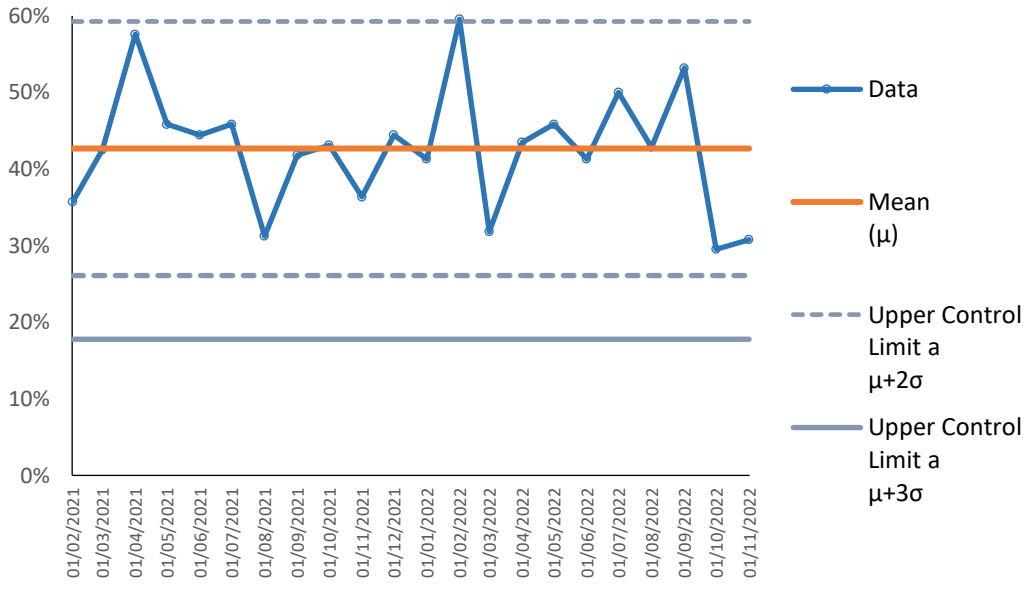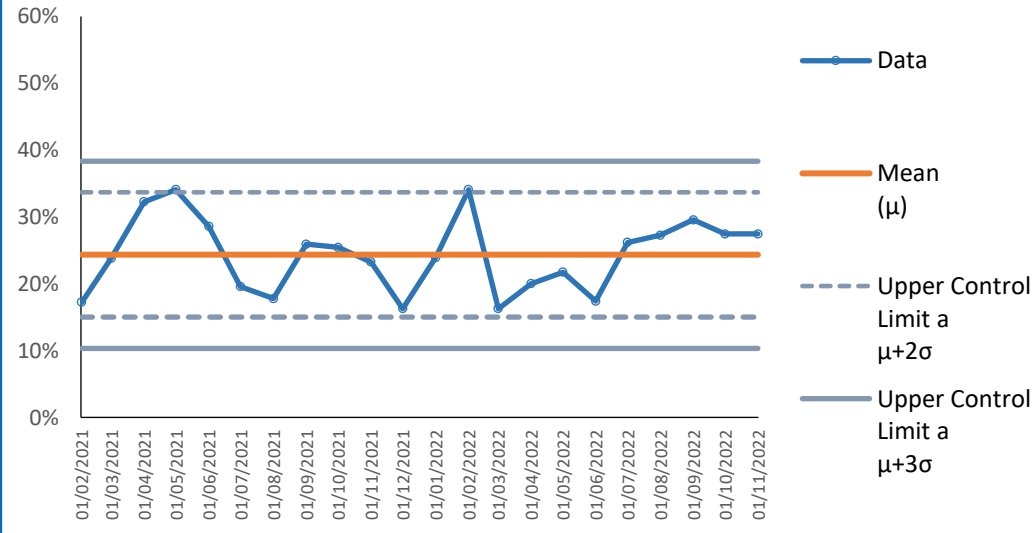
Management of Cardiac Arrest SPC Charts

ROSC At Hospital Overall
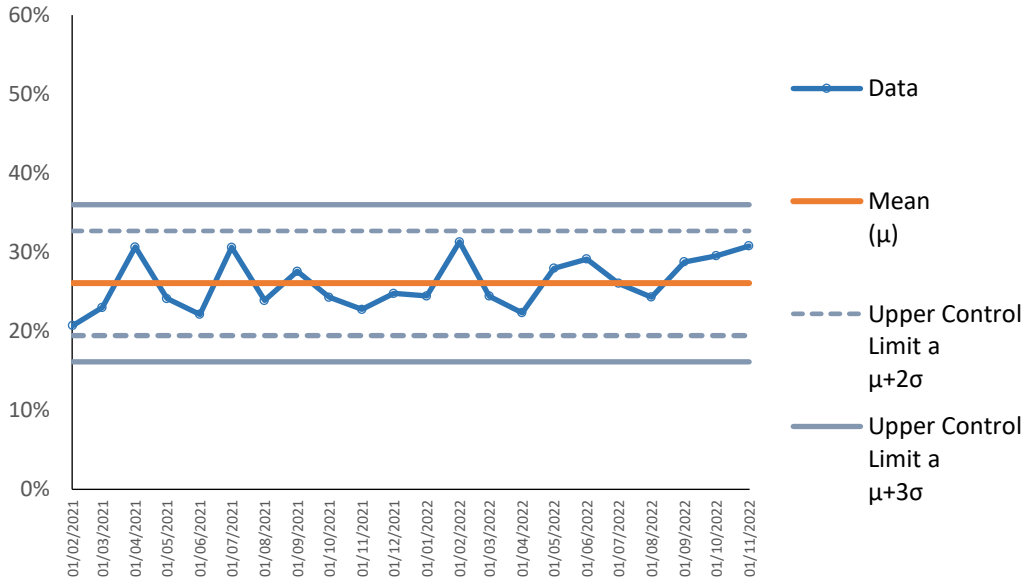
Survivial to Hospital Discharge Overall
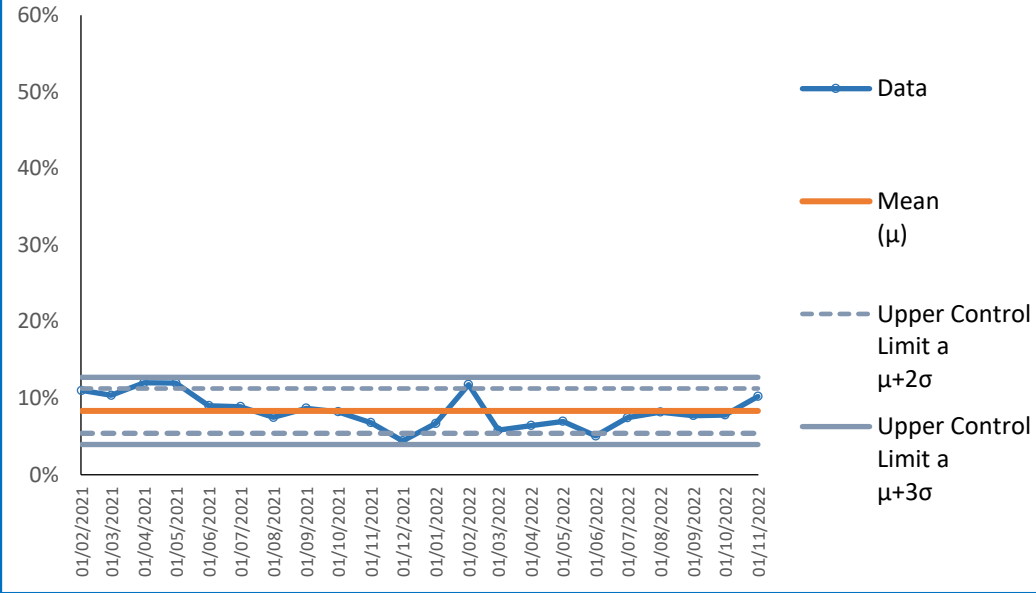
ROSC Comparator

Surivival to Hospital Discharge Comparator

Monthly Trend

	Jan-2021	April 2021	July 2021	Oct-2021	Jan-2022	Apr-2022	July 2022	October 2022	January 2023
Care Bundle	**77.88%**	**70.30%**	**74.04%**	**63.06%**	**60.55%**	**68.57%**	**79.49%**	**63.28%**	**65.44%**
12 Lead ECG	89.00%	89.11%	87.50%	79.28%	73.89%	80.95%	87.61%	82.81%	82.35%
BM Recorded	97.00%	91.09%	91.35%	89.19%	89.91%	86.67%	93.81%	85.94%	87.50%
BP Recorded	92.00%	90.10%	96.15%	91.89%	84.40%	94.29%	96.46%	88.28%	86.76%
ETCO2 Recorded	88.00%	97.03%	98.08%	95.50%	97.25%	98.10%	96.46%	96.09%	96.32%
O2 Administered	93.00%	93.07%	96.15%	93.69%	97.25%	99.02%	99.12%	96.88%	97.79%
Saline Administration	94.00%	91.09%	94.23%	83.78%	85.32%	89.22%	94.69%	89.84%	83.82%
National Care Bundle	**75.31%**	**77.02%**	**76.54%**	**77.49%**	**77.37%**	**78.73%**	**76.93%**	**76.45%**	**Not yet published**

Post ROSC

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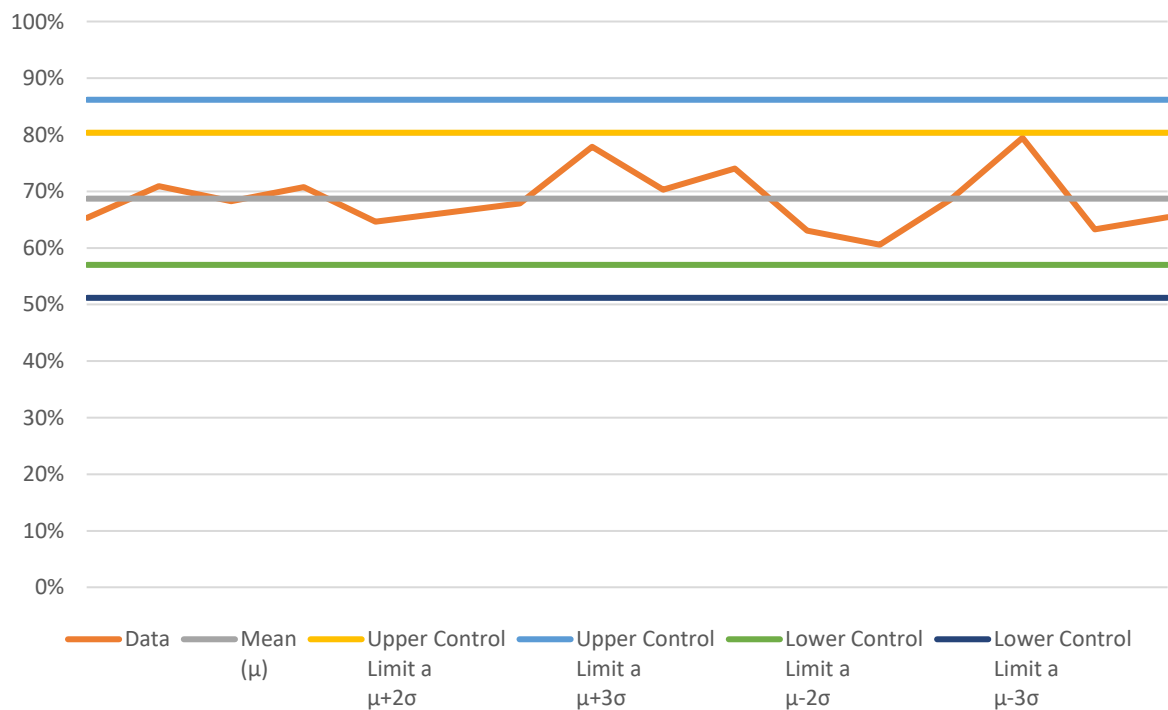
Common Cause Discussion

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

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

Special Cause Discussion

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

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

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

Management of Stroke Data Tables

Data Provided by SSNAP

Month	Time from call to hospital arrival			Time from arrival at hospital to CT scan			Time from arrival at hospital to thrombolysis		
	Mean	Median	90th percentile	Mean	Median	90th percentile	Mean	Median	90th percentile
May 2021	01:19	01:09	01:56	01:33	00:51	03:35	01:17	01:04	02:04
June 2021	01:23	01:11	01:51	01:41	00:48	04:24	01:01	00:56	01:27
July 2021	01:45	01:16	02:29	01:53	00:49	04:48	01:04	00:57	01:59
August 2021	01:23	01:14	02:02	01:51	00:55	04:55	01:07	01:01	01:52
September -21	01:31	01:13	02:22	01:59	00:54	05:35	01:08	01:00	02:02
October 21	02:00	01:21	03:22	02:08	00:56	05:47	01:11	01:09	01:49
November 21	02:00	01:32	03:18	01:50	00:47	04:28	01:06	00:55	01:43
December 21	01:53	01:27	02:50	01:45	00:42	04:47	01:05	00:55	01:45
January 2022	01:45	01:21	02:39	01:45	00:44	05:03	01:25	00:58	02:09
February 2022	01:47	01:24	02:44	01:36	00:42	04:28	01:02	00:58	01:47
March 2022	02:05	01:31	03:39	01:53	00:41	05:20	00:55	00:53	01:30
April 2022	01:54	01:28	02:57	01:47	00:45	05:13	01:02	00:55	01:53
May 2022	01:39	01:20	02:32	01:41	00:40	04:42	00:58	00:51	01:40
June 2022	01:49	01:24	03:00	01:44	00:38	05:06	01:04	00:58	01:51
July 2022	02:05	01:28	03:31	01:55	00:40	05:25	00:57	00:51	01:43
August 2022	01:39	01:22	02:25	01:37	00:40	04:36	01:05	00:57	01:58
September 22	01:56	01:28	03:04	02:04	00:46	05:56	01:02	00:57	01:50
October 22	02:07	01:35	03:26	01:58	00:42	05:28	01:03	00:55	01:46
November 22	01:48	01:26	03:00	01:47	00:40	04:47	01:01	00:49	01:51

Management Stroke Care Bundle

Month	WMAS	National
Mar-22	94.44%	Not required
Apr-22	94.23%	
May-22	94.84%	96.36%
June-22	95.29%	Not required
July-22	93.36%	
August 2022	90.01%	95.94%
September 2022	94.76%	Not required
October 2022	93.59%	
November 22	96.79%	97.15%
December 22	98.11%	Not required
January 23	97.67%	
February 23	98.04%	Awaiting
March 23	99.40%	Not required
April 2023	98.84%	

Management of STEMI Data Tables

Data Provided by MINAP

	Call to Catheter	
	Mean	90th percentile
Jun-21	02:06	03:01
Jul-21	02:24	03:21
Aug-21	02:16	03:09
Sept-21	02:14	02:56
Oct-21	02:36	04:06
Nov-21	02:38	03:45
Dec-21	02:40	03:46
Jan-22	02:24	03:19
Feb-22	02:27	03:29
Mar-22	02:52	04:36
Apr-22	02:39	03:23
May-22	02:33	03:46
June-22	02:35	03:48
July 22	02:40	3:57
August 22	02:20	03:16
September 23	02:28	03:38
October 2023	02:27	03:42
Nov-2023	02:25	03.16

Management STEMI Care Bundle

Month	WMAS %	National %
Feb-22	71.07%	Not required
Mar-22	82.14%	
Apr-22	77.16%	73.39%
May-22	77.41%	Not required
June-22	77.88%	
July-22	72.55%	73.96%
August-22	72.49%	Not required
September-22	70.18%	
October-22	75.12%	72.74%
November 22	78.38%	Not required
December 22	71.66%	
January 2023	73.86%	Awaiting
February 23	92.12%	Not required
March 2023	91.89%	
April 2023	94.90%	Awaiting

Station Reporting

Management of Stroke

	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023		
BASICS	-	-	-	-	-	100.00%	-	-	-		
BROMSGROVE	87.36%	89.41%	94.67%	97.65%	96.63%	97.65%	97.94%	100.00%	98.89%		
COVENTRY	87.41%	92.81%	94.85%	97.18%	98.44%	97.04%	99.21%	99.34%	97.20%		
DONNINGTON	94.12%	94.44%	96.55%	98.73%	98.36%	97.75%	100.00%	100.00%	96.30%		
DUDLEY	92.90%	92.50%	93.92%	97.22%	96.83%	97.46%	97.09%	100.00%	97.78%		
ERDINGTON	88.60%	92.71%	91.74%	96.67%	99.07%	97.84%	95.45%	100.00%	100.00%		
HART		100.00%	-	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
HEREFORD	93.68%	97.78%	93.62%	96.67%	97.50%	97.75%	96.30%	100.00%	98.13%		
HOLLYMOOR	92.57%	95.97%	93.67%	97.06%	99.30%	99.38%	95.74%	100.00%	99.33%		
LICHFIELD	89.33%	93.22%	96.08%	96.83%	97.92%	96.77%	96.15%	100.00%	100.00%		
SANDWELL	88.72%	97.06%	94.44%	96.30%	99.28%	97.47%	99.24%	98.72%	100.00%		
SHREWSBURY	95.38%	98.46%	96.43%	93.51%	95.08%	96.30%	97.75%	98.88%	98.95%		
STAFFORD	88.89%	98.51%	96.39%	95.65%	100.00%	98.63%	100.00%	100.00%	98.77%		
STOKE	84.93%	95.10%	90.98%	97.12%	96.04%	96.67%	98.45%	99.21%	97.79%		
WARWICK	89.29%	98.15%	95.92%	97.22%	100.00%	93.10%	100.00%	98.46%	100.00%		
WILLENHALL	90.35%	98.15%	91.84%	99.06%	98.23%	98.11%	98.99%	97.20%	100.00%		
WORCESTER	88.51%	89.66%	92.50%	94.12%	97.62%	100.00%	99.02%	99.17%	100.00%		
UNKNOWN		100.00%	82.61%	100.00%	80.00%	100.00%	100.00%	-	-		
Grand Total	89.94%	94.76%	93.64%	96.79%	98.04%	97.67%	98.04%	99.40%	98.84%		

Station Reporting

Management of STEMI

|	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023		
BROMSGROVE	58.33%	75.00%	75.00%	77.78%	72.73%	70.00%	100.00%	81.82%	100.00%		
COVENTRY	75.00%	73.33%	82.61%	73.91%	82.35%	79.41%	82.14%	71.43%	93.33%		
DONNINGTON	77.78%	71.43%	77.78%	71.43%	83.33%	85.71%	100.00%	100.00%	100.00%		
DUDLEY	77.78%	80.00%	71.43%	81.82%	76.47%	47.83%	91.67%	100.00%	94.12%		
ERDINGTON	68.42%	66.67%	70.00%	78.95%	63.64%	81.25%	88.24%	89.47%	93.33%		
HART	-	-	-	-	-	-	-	100.00	-		
HEREFORD	100.00%	85.71%	100.00%	87.50%	88.89%	57.14%	83.33%	100.00%	100.00%		
HOLLYMOOR	69.23%	53.85%	82.35%	84.38%	75.00%	78.13%	100.00%	100.00%	88.24%		
LICHFIELD	91.67%	83.33%	76.92%	66.67%	100.00%	90.91%	100.00%	92.00%	100.00%		
SANDWELL	50.00%	57.89%	64.29%	69.57%	65.52%	61.90%	89.47%	100.00%	88.89%		
SHREWSBURY	75.00%	80.00%	44.44%	72.73%	42.86%	72.73%	100.00%	100.00%	100.00%		
STAFFORD	85.71%	70.00%	100.00%	92.31%	50.00%	80.00%	88.89%	91.67%	93.75%		
STOKE	78.57%	45.45%	76.47%	73.33%	53.85%	68.42%	100.00%	100.00%	86.67%		
WARWICK	60.00%	77.78%	60.00%	90.00%	83.33%	80.00%	90.00%	85.71%	100.00%		
WILLENHALL	75.00%	89.47%	73.91%	76.92%	76.47%	86.67%	93.75%	100.00%	100.00%		
WORCESTER	82.35%	56.25%	85.71%	70.00%	75.00%	85.71%	91.67%	100.00%	100.00%		
Unknown	-	-	100.00%	100.00%	-	66.67%	-	85.71%	-		
Grand Total	72.49%	70.18%	75.37%	78.38%	71.66%	73.86%	92.12%	91.89%	94.90%		

3

GOVERNANCE & SECURITY KEY PERFORMANCE INDICATORS

Governance and Security

Physical / Verbal Assaults, Near Misses and Security Incidents Report

Incident Category	2022/23 Apr	2023/24 Apr	Percentage change Red Increase/Green Decrease
Physical assaults against staff	61	62	**2%**
Verbal abuse	105	147	**40%**
Security (Theft, Loss, Damage)	32	45	**41%**
Near Miss (Aggression, Threatening Behaviour)	26	45	**73%**
Total No. of Reported Incidents	**224**	**299**	**33%**

Physical Assaults
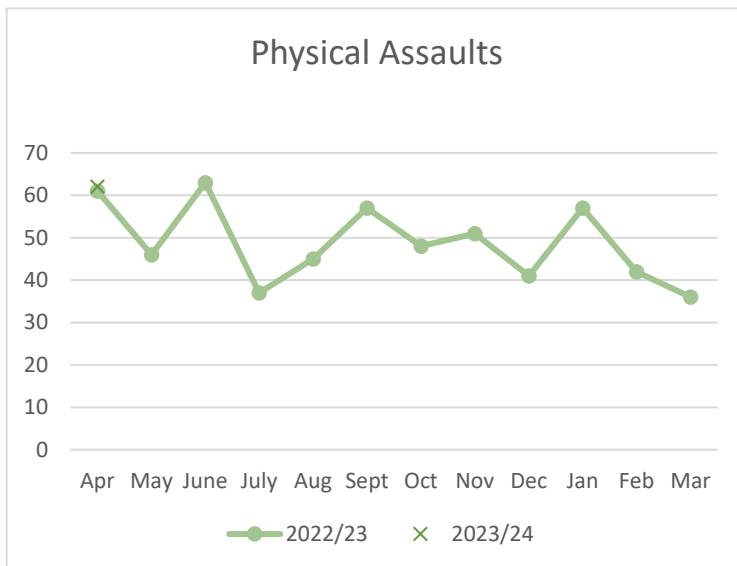
Physical Assaults

The number of physical assaults (62) for April 23 is slightly higher than the same period in the previous year.

Of the 62 Physical assault incidents, 27 of those listed involved the use of alcohol and/or drugs.
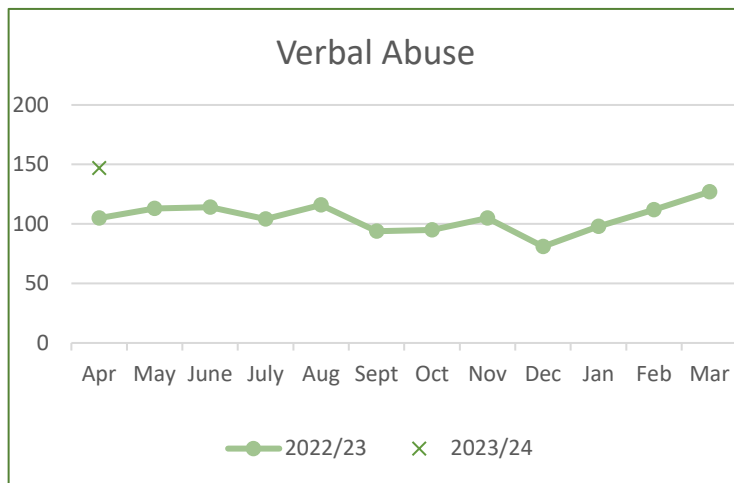
23 of the 62 physical assaults took place in the rear of the vehicle.

3 of the 62 physical assaults involved PTS staff.

6 of the 62 involved physical assaults on student paramedics.

Body Worn Cameras were activated 12 times during this period which equates to 19% of reported physical assaults against our staff.

Verbal Abuse

Verbal Abuse

The number of verbal abuse incidents (147) in April 23 is higher than the same period in the previous year.

Of the 147 verbal abuse incidents, 30 of those listed involved the use of alcohol and/or drugs.

35 of the 147 verbal abuse incidents took place in the rear of the vehicle.

21 of the 147 verbal abuse incidents involved PTS staff.

8 of the 147 verbal abuse incidents were against student paramedics.

Body Worn Cameras have been activated on 16 occasions during this period which equates to 11% of reported verbal abuse incidents against our staff.
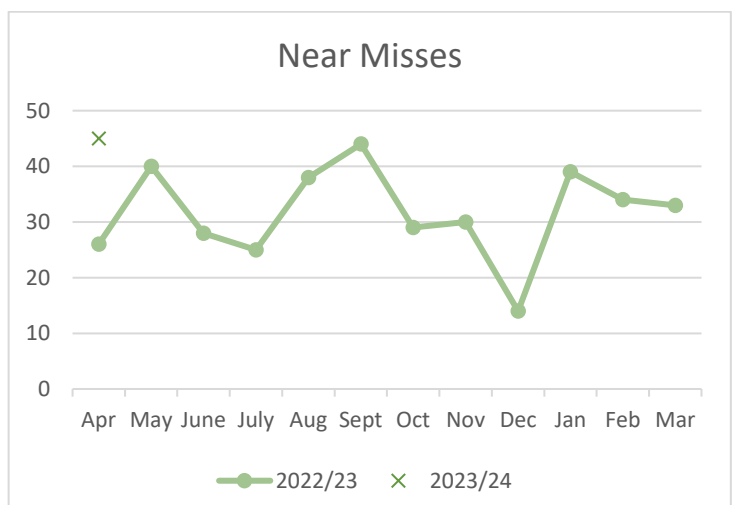
Security

Security Incidents

The number of reported incidents (45) in April 23 is higher than the same period in the previous year.

This area includes incidents such as lost Trust property (ID cards), theft of property (equipment etc.) and criminal damage caused to Trust property.
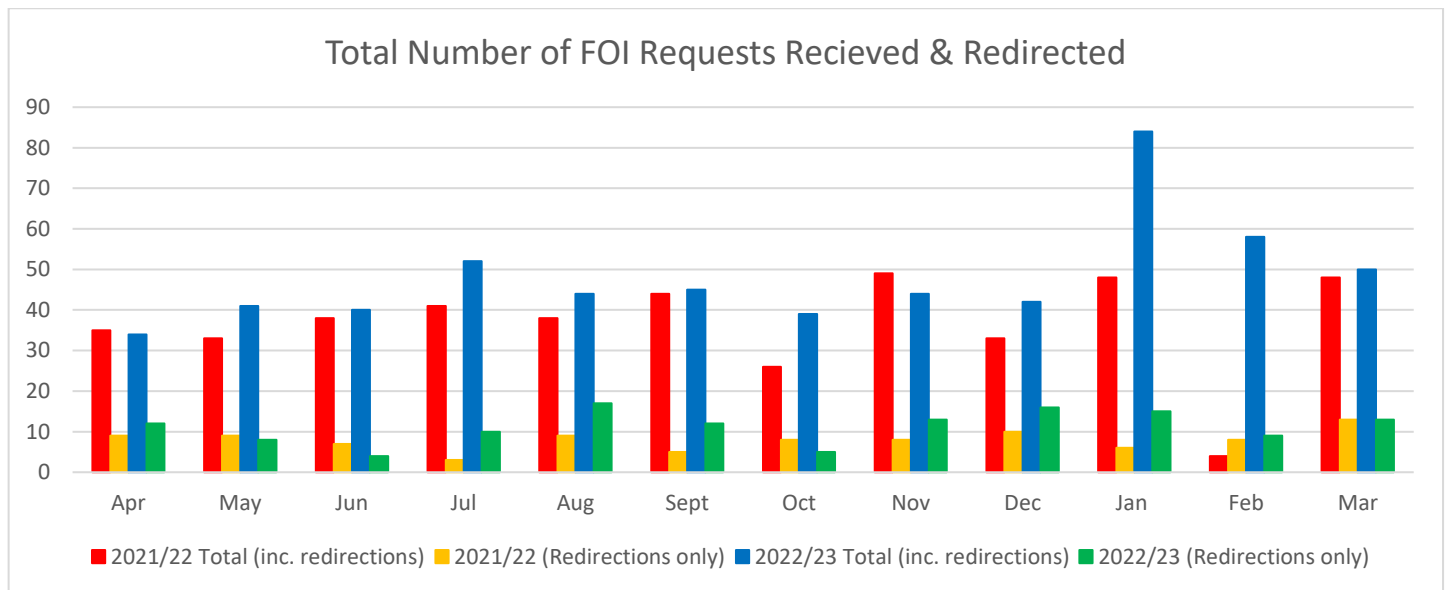
Near Miss

Near Miss

The number of near miss incidents (45) in April 23 is higher than the same period in the previous year.

Body Worn Cameras have been activated on 6 occasions which equates to 13% of reported near miss incidents against our staff.

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

Freedom of Information (FOI)

Total Number of FOI Requests Recieved & Redirected

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

Number of FOI Requests Received		
2020/21	2021/22	2022/23
371	469	523

Number of FOI Breaches (Exceeding Statutory Time Limit to respond)		
2020/21	2021/22	2022/23
4	5	19

Freedom of Information

Since 1 April 2022, we have nineteen requests breached the statutory time limit.

One request is currently breaching; however, this currently involves the Trust Solicitor.

Records Management

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

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

Covid Evidence Collation – Single Point of Contact meetings have taken place to support this process.

Number of PPS Exceeded Review Date

Legend: 2020/21, 2021/22, 2022/23
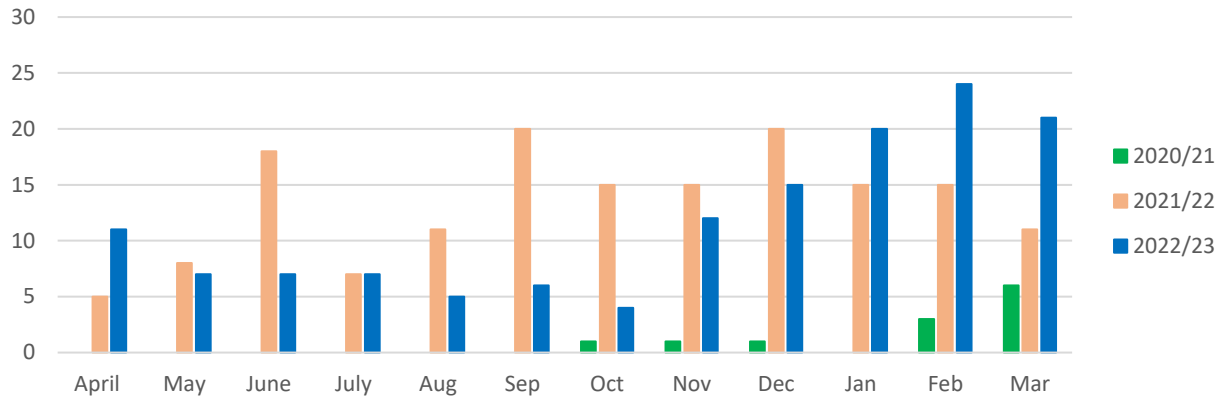
Policies Procedures and Strategies

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 358 active documents.

21 documents are breaching the timeframe for review which were due by the end of March 2023, however 14 are currently going through the approval process.
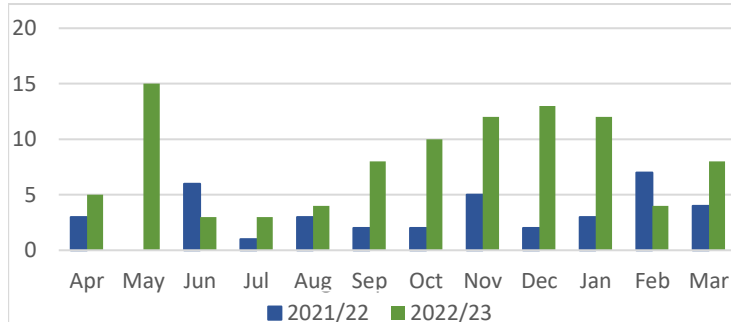
PolicyStat has now been fully implemented.

Data Protection Officer

Data Protection Breaches and Near Misses		Year to date Comparison	
	Last reported month (March 2023)	2021-22 April – March	2022-23 April – March
WMAS	**8**	**38**	**97**

Legend: 2021/22, 2022/23

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 Cyber Security Group and SIRO meeting.
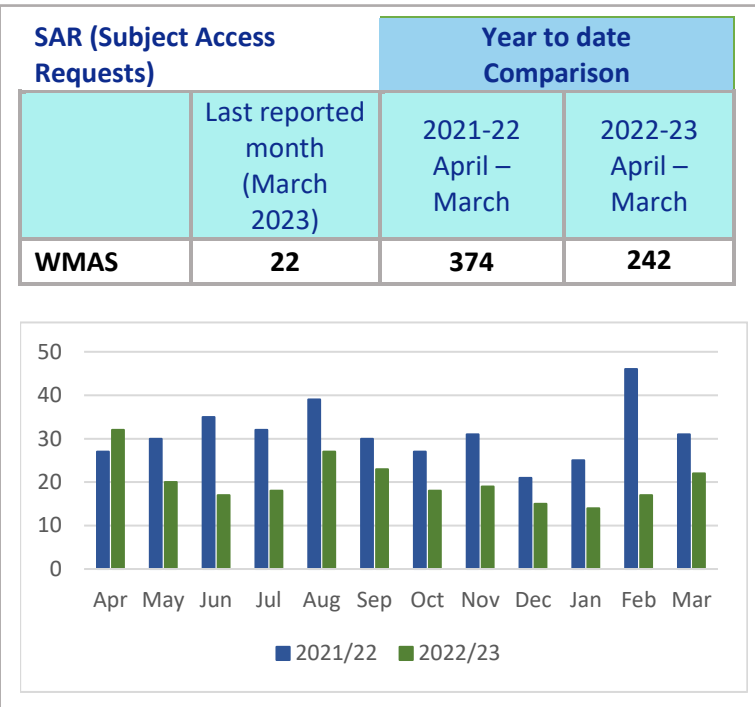
Data Protection Impact Assessments (DPIAs)

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

DPO230502 DPIA EWrap – The Trust research team are collaborating with the Universities of Warwick and Birmingham on E-WRAP (Evaluation of Warwickshire Frailty Admission Avoidance pathway). We intend to take part in E-WRAP, a mixed-methods study, aiming to conduct a formative evaluation of South Warwickshire's Frailty Admission Avoidance pathway to establish the progress of the care model and suggest ways in which its development and implementation model can be improved.
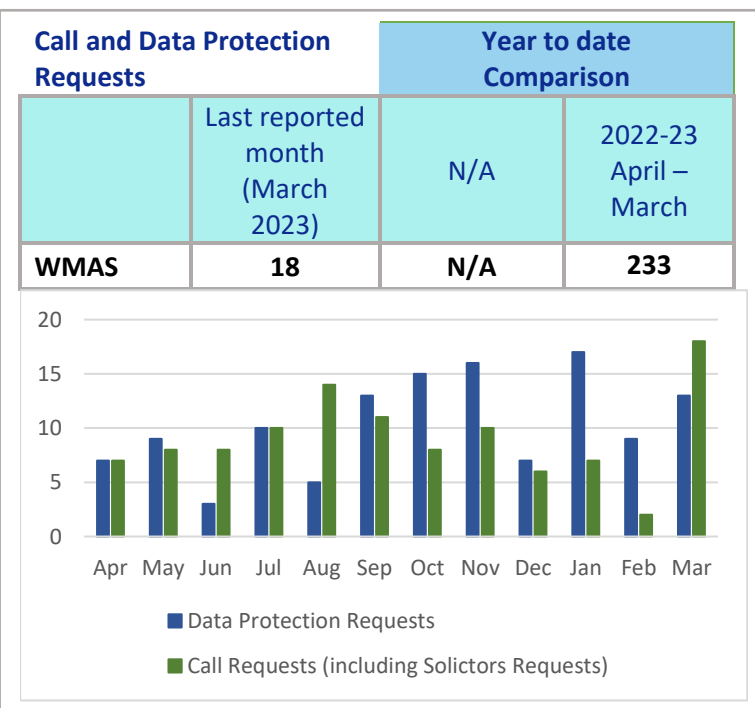
Data Sharing Agreements / Information Sharing Protocols (DSAs / ISPs)

n/a May
Several in draft close to agreement

SAR (Subject Access Requests)		Year to date Comparison	
	Last reported month (March 2023)	2021-22 April – March	2022-23 April – March
WMAS	22	374	242

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 requests where Electronic Patient records are released under consent.

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

Call and Data Protection Requests		Year to date Comparison	
	Last reported month (March 2023)	N/A	2022-23 April – March
WMAS	18	N/A	233

Due to the increase in Call Requests and more in-depth Subject Access Requests. These have now been logged separately as they picked up by the Freedom of Information and Document Control Officer.

4

Clinical Directors Combined Report

West Midlands Ambulance Service

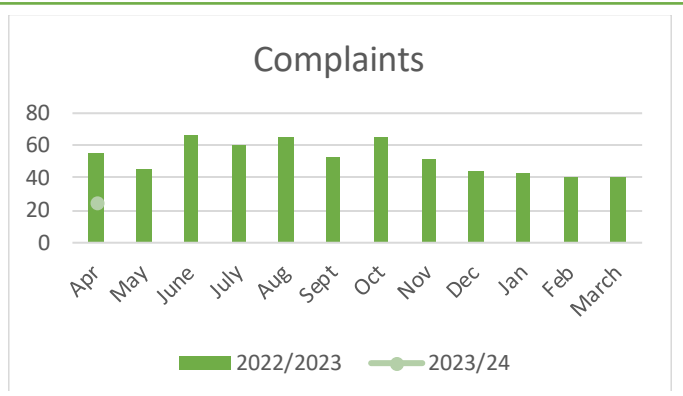University NHS Foundation Trust

Trust Information Pack

Paramedic Practice & Patient Safety Directorate, and Nursing Directorate

Trust Board May 2023

Patient Experience

Formal Complaints		Year to date	
	Last reported month (April 23)	2022-23 Total	2023-24 YTD
WMAS	**24**	**55**	**24**

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

For the month of April, we saw 24 complaints received compared to 55 in April 2022 a decrease of 31. The main reason for a complaint was Clinical = 8
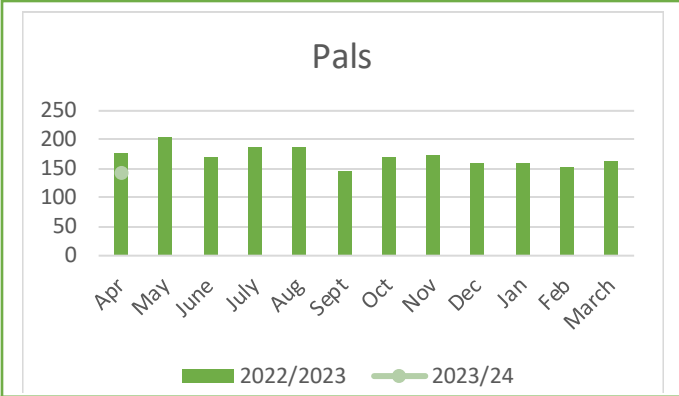
Of the cases closed to date: 1 case is justified, 4 not justified, 11 part justified, and 9 cases are still under investigation and will require to be closed by 7 June 2023.

Cases with the Parliamentary Health Service Ombudsman (PHSO) - 1 request received in April for information on a complaint to consider investigation. One case from 2022/23 report received for comment by the Trust.

In April 2023, the Trust undertook:

- 120,533 Emergency Calls, which equates to 1 Complaint for every 20,088 calls received.
- 82,748 Emergency Incidents, which equates to 1 Complaint for every 7, 522 Incidents.
- 70,342 Non-Emergency Patient Journeys, which equates to 1 Complaint for every 10,048 journeys.

| Informal (PALS)		Year to date	
	Last reported month (Apr 2023)	2022-23 Total	2023-24 YTD
WMAS	**144**	**177**	**144**

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

33 Response

22 Attitude and Conduct

20 Loss/Damage

Of the Cases closed to date (month) –

27= *Justified*,
17 = *Part Justified,*
31= *Not justified*

Compliments		Year to date	
	Last reported month (Apr 23)	2022-23 Total	2023-24 YTD
WMAS	**183**	**169**	**183**
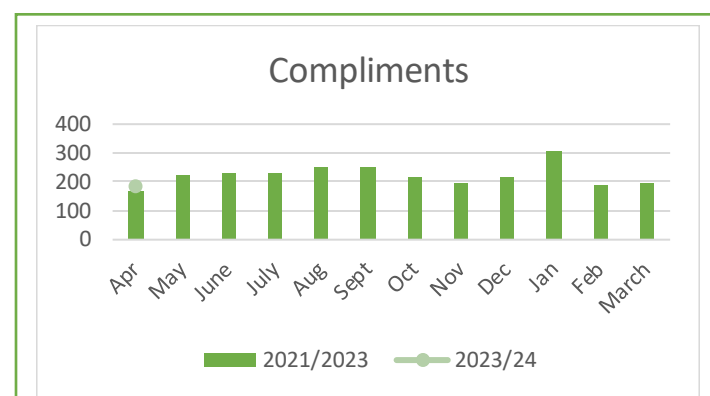
Compliments: April 2023: There have been 183 compliments received compared to 169 the previous year, an increase of 14 (8.3%)

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?':**
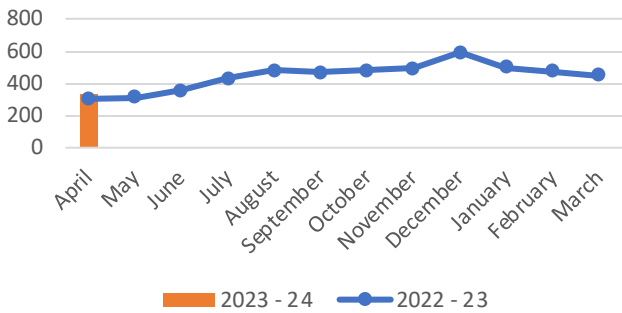
0 response received in April 2023.

Discharge on Scene Results: 1 response in April 2023

Patient Safety Incidents

Total Patient Safety Incidents	Last reported month (Apr 23)	Year to date	
		2022-23	2023-24
WMAS	339	303	339

No Harm Incidents	Last reported month (Apr 23)	Year to date	
		2022-23	2023-24
WMAS	284	230	284

Harm Incidents	Last reported month (Apr 23)	Year to date	
		2022-23	2023-24
WMAS	55	73	55

For the month of April, there were 339 patient safety incidents reported. This is a 12% (36) decrease on the same month last year.
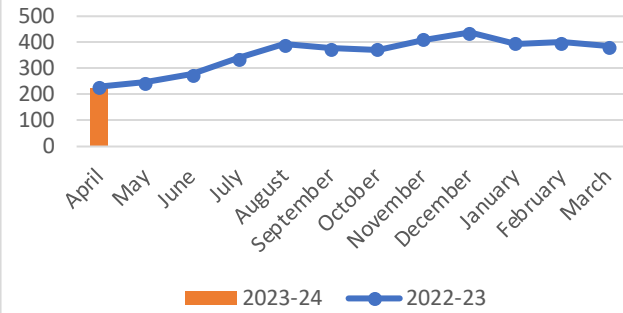
E&U accounted for 63% of the total patient safety incidents, 58% of the total patient harm incidents and 63% of the 'no harm' total patient safety incidents.

PTS accounted for 26% of the total patient safety incidents, 27% of the total patient harm incidents and 26% of the 'no harm' total patient safety incidents.

EOC accounted for 11% of the total patient safety incidents, 15% of the total patient harm incidents and 11% of the 'no harm' total patient safety incidents.

For the month of March, there were 284 no harm incidents.

Service Delivery accounts for 63% (180) of the total of no harm patient safety incidents.

PTS accounts for 26% (73) of the total of no harm patient safety incidents.

EOC accounts for 11% (31) of the total of no harm patient safety incidents.

Area	Patient Harm Total	%	No Harm Total	%	Total Total	%
E&U	32	58%	180	63%	212	63%
PTS	15	27%	73	26%	88	26%
EOC	8	15%	31	11%	39	11%
Total	55	100%	284	100%	339	100%

The top trend for low harm incidents, relates 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 and inappropriate discharge on scene.

Serious Incidents and Duty of Candour

Total number of serious incidents reported		Year to date	
	Last reported month (Apr 23)	2022-2023	2023-2024
WMAS	24	23	24

Moderate harm and above		Year to date	
	Last reported month (Apr 23)	Total number of incidents	Number of incidents being open completed
WMAS	10	10	7

Low harm		Year to date	
	Last reported month (Apr 23)	Total number of incidents	Number of incidents being open completed
WMAS	45	45	36
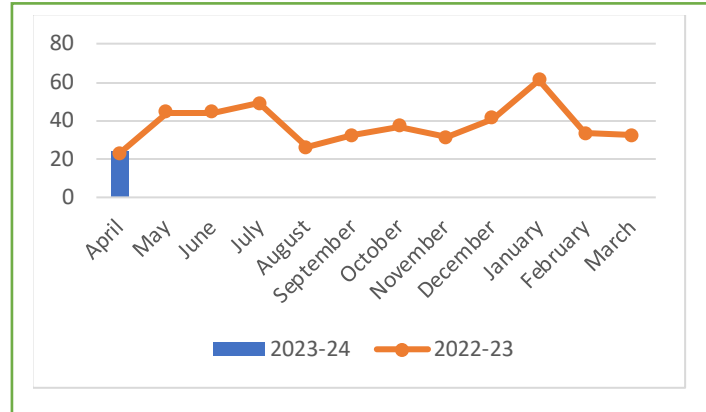
24 SI's were registered.
43 SI's were reviewed for closure.
The Lead ICG reviewed and closed 28.

The total so far for 2022/23 – 24 (24 solely related to delayed responses). Clinical themes: Call management and inappropriate discharge.

50 potential SIs have been reviewed since 01.04.23.

Duty of Candour has been enacted in 70.0% of cases where moderate harm or above has been caused during April. 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.

There have been 45 incidents where low harm has been caused to a patient.

Out of these, evidence of 'Being Open' can currently be provided for 36 of the incidents (65.0%).

The year-to-date figure is 65.0%

Learning from Deaths (LFD)

Learning from Deaths 2022/2023

Legend:
- Total deaths which meet LFD criteria
- LFD Deaths - Where a Structured Judgement Review was completed
- LFD Deaths - Where further investigation was not indicated
- LFD Deaths - Where further investigation was indicated
- LFD Deaths - Where a contributury problem in care was identified (reported as an SI)
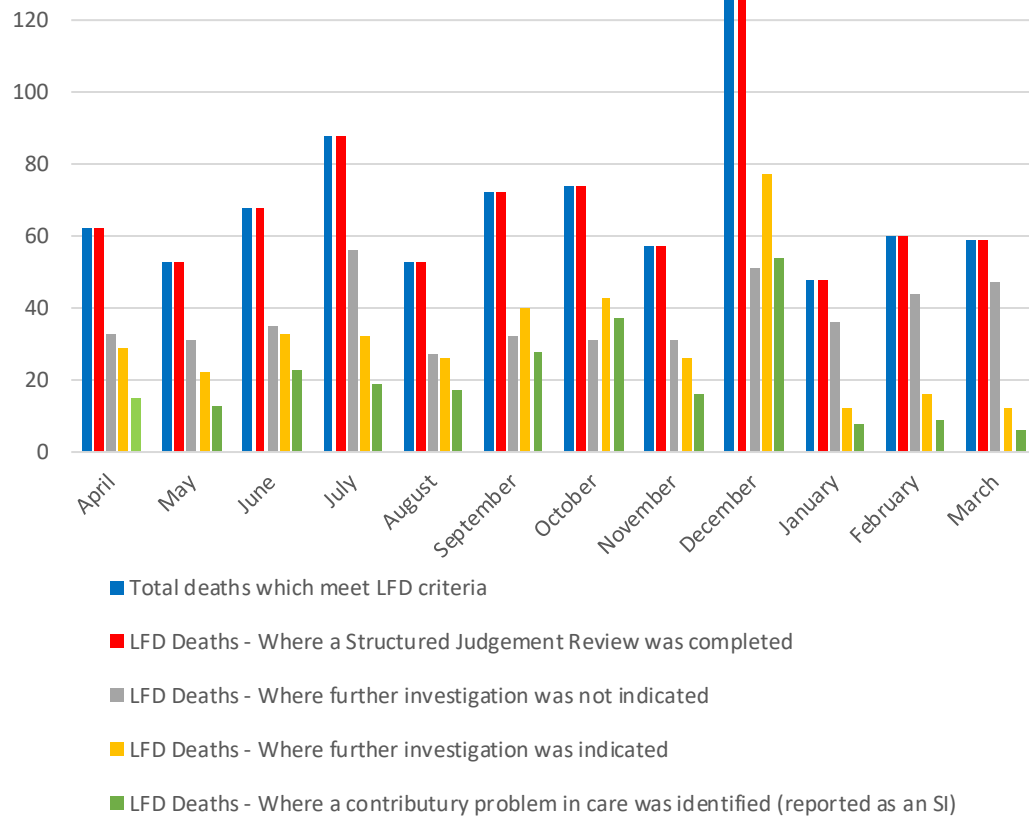
- The above is an overview of the 2022-2023 WMAS LFD reporting.

- In the 2022/2023 LFD reporting period: -
- 844 deaths occurred which met LFD criteria for review.
- 844 structured judgement reviews were completed.
- 400 of the 844 deaths required further investigation following the structured judgement review; of these 262 were investigated under the Serious Incident Framework.

Learning from Deaths 2023/2024

Legend:
- Total deaths which meet LFD criteria
- LFD Deaths - Where a Structured Judgement Review was completed
- LFD Deaths - Where further investigation was not indicated
- LFD Deaths - Where further investigation was indicated
- LFD Deaths - Where a contributury problem in care was identified (reported as an SI)
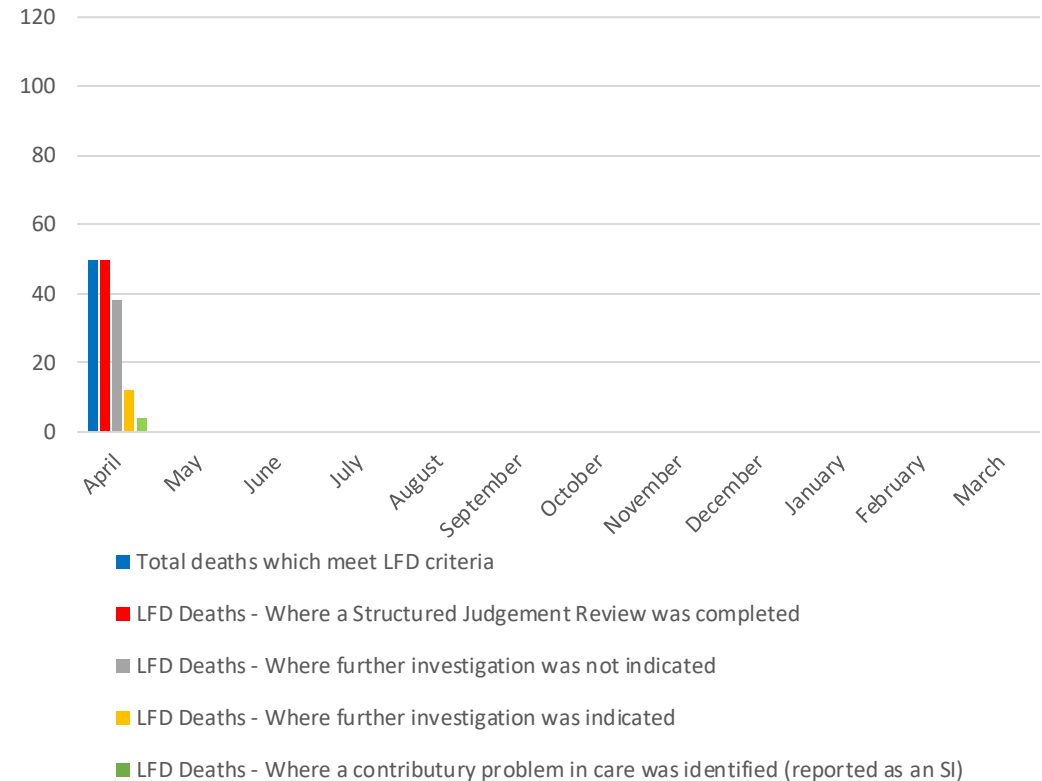
- It is important to note that the premise of the LFD agenda is not the quantitative data that this graph details, but the learning, themes and actions that may result from the structured judgement review of deaths within scope.

- In comparison with this month of the 2022/2023 LFD reporting period, there has been:
- A 19% decrease in overall deaths meeting LFD criteria.
- 24% of cases required further investigation following a structured judgement review.

- During the current financial year, there have been 4 deaths investigated under the Serious Incident Framework following LFD review.

Safeguarding Referrals

Total Adult Safeguarding Referrals	Year to date		
	Last reported month (Apr 23)	2022-2023	2023-2024
WMAS	3391	41175	3391

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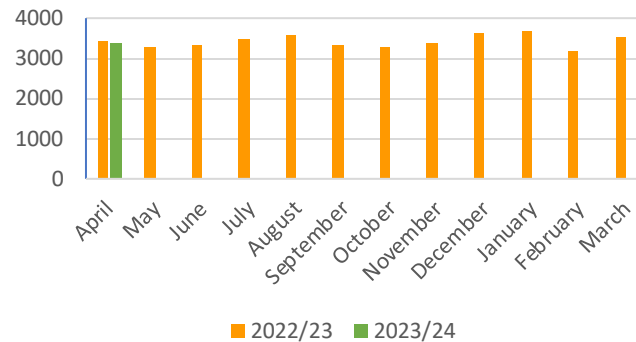
Adult Safeguarding- these figures are for referrals for 18 years and older and include adult care concerns. The referrals are received from E&U staff, PTS staff and anyone else in the organisation. Comparison to previous years for the same time period.

There is a 1.8% decrease in the number of adult care/welfare and adult safeguarding referrals sent in April 2023 compared to the previous year.

As from 1st March 2023 WMAS no longer provides the 111 service for the West Midlands region this generated circa 16000 calls a month into the service. For April and moving forward this therefore is reflected in a reduction in the number of referrals made by WMAS a whole.

Total Child Safeguarding Referrals	Year to date		
	Last reported month (Apr 23)	2022-2023	2023-2024
WMAS	1152	15301	1152

Childrens Referrals

Child Safeguarding Referral- these figures are for under 18 years old. The referrals are received from E&U staff, and anyone else in the organisation. Comparison to previous years for the same time period.
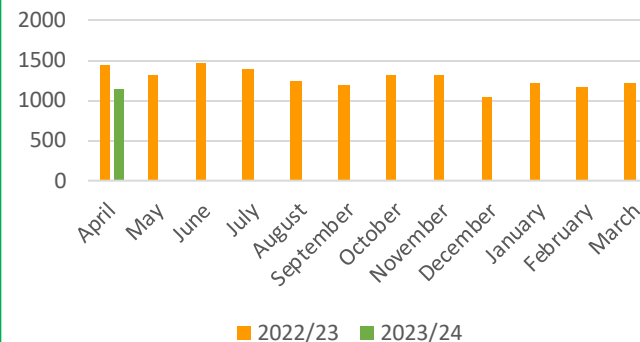
April 2023 saw a 19.8% decrease in the number of referrals made compared to the same month last year.

As from 1st March 2023 WMAS no longer provides the 111 service for the West Midlands region this generated circa 16000 calls a month into the service. For April and moving forward this therefore is reflected in a reduction in the number of referrals made by WMAS a whole.

Total PREVENT Referrals	Year to date		
	Last reported month (Apr 23)	2022-2023	2023-2024
WMAS	1	29	1

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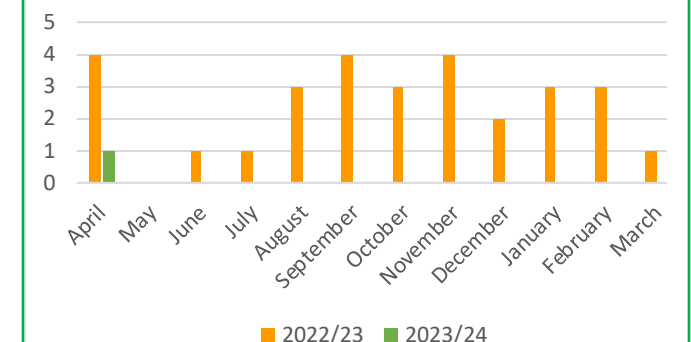
Prevent Referrals are made where there are concern an individual is being radicalised for extremism.

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

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

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

Safeguarding Case and Reviews

SAFEGUARDING CASES AND REVIEWS

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

Period	DHRs	SARs	CDOPs	Child Alerts	Court Cases	LCSPR
2021-2022 Q3	10	10	23	74	24	7
2021-2022 Q4	16	6	32	50	28	16
2021-2022 Q1	5	17	18	56	31	13
2021-2022 Q2	16	10	14	49	26	4
2021-2022 Q3	10	15	22	74	24	7
2021-2022 Q4	16	6	32	50	28	14
2022-2023 Q1	5	9	21	63	29	11
2022-2023 Q2	16	7	41	53	35	11
2022-2023 Q3	8	9	52	99	29	17
2022-2023 Q4	16	17	52	65	36	11

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.

The number of DHRs in Q4 against the same period last year remains the same with 16 being received. There has been total of 45 DHR's received over the 2022/23 period.

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 20 CDOPs against the same period last year. A total of 166 CDOP's have been completed in the 2022/23 period.

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 an increase of 11 SARs from Q4 against the same period last year. A total of 42 SAR's have been completed this year.

Child Alerts – Internal WMAS named case

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

There has been an increase of 15 Child Alerts from Q4 against the same period last year. There has been a total of 280 Child Alerts received over the 2022/23 period.

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 11 LCSPR's in Q4 2022/2023.

There has been a decrease of 5 LCSPR against the same period last year. There has been total of 50 LCSPR's received over the 2022/23 period.

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 8 court cases in Q4 against the same period last year. A total of 129 Court cases have been received in the 2022/23 period.

Medicines Management and Pharmacy

CONTROLLED DRUGS

Total Controlled Drugs Incidents (CDI's)	Year to date	
Last reported month April 23)	2022-2023 April- to date	2023-2024 YTD
22	23	22

MEDICINES ER54

Total Medicines Management related ER54's	Year to date	
Last reported month (*April* 23)	2022-2023 Apr- to date	2023-2024 YTD
10	5	10

Controlled drugs incidents

ER 54
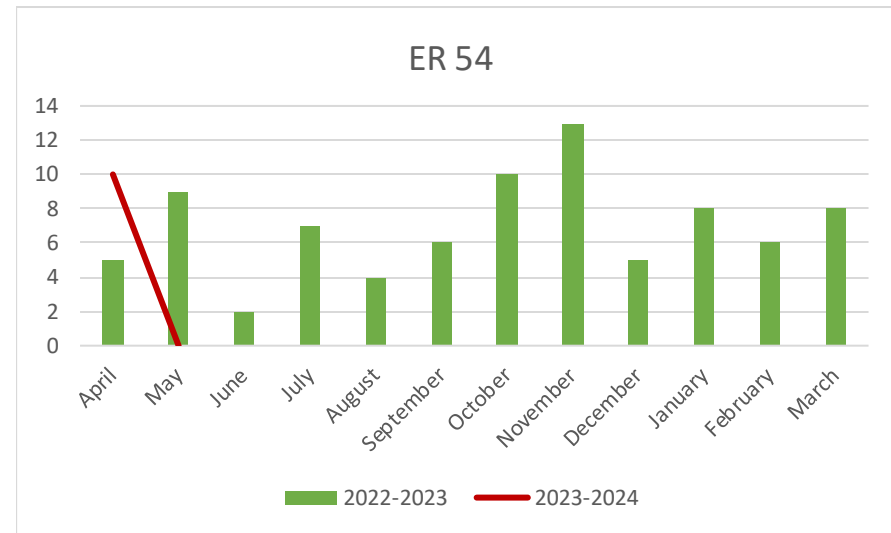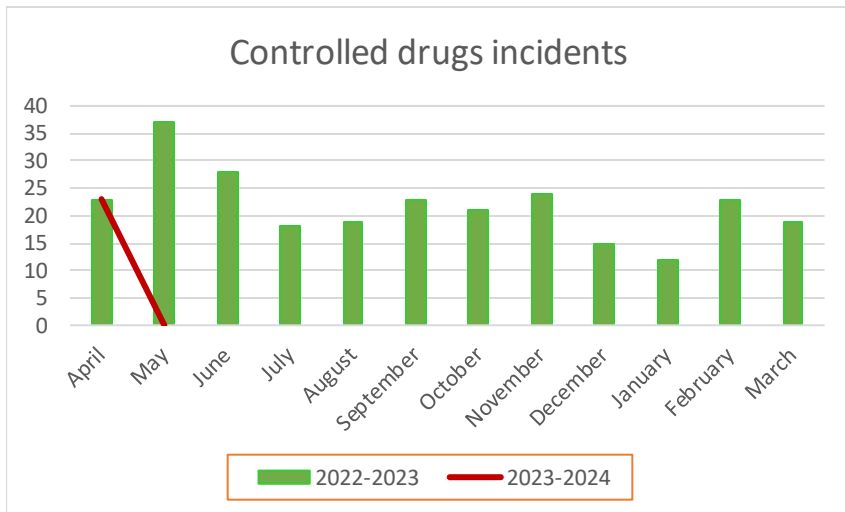
Total Drug Errors, wrong route, wrong dose etc	Year to date	
Total Drug Errors, wrong route, wrong dose etc	**Year to date**	
Last reported month *April* 23)	2022-2023 April- to date	2023-2024 YTD
1	1	1

There is no harm to the patient

MHRA Alerts	Year to date	
Last reported month (April 23)	2022-2023 April- to date	2023-2024 YTD
6	5	6

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

4R's
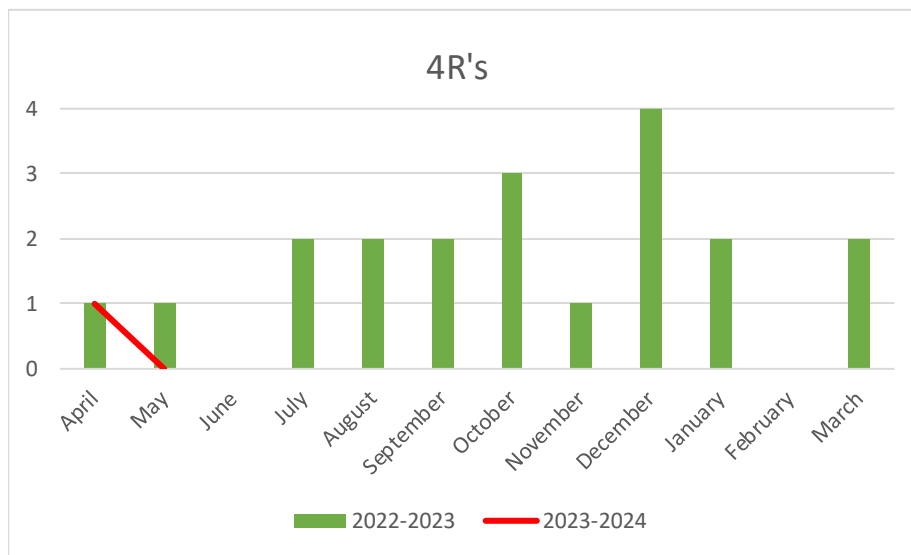
Corrective and Preventative Actions (CAPA)	Year to date	
	Last reported month (*April*)	2022-2023 April- to date	2023-2024 YTD
WMAS	**0**	**0**	**0**

Claims and Coroners

RPST (Risk Pooling Schemes for Trusts)	Year to date		
	Last reported month April 23	2022-23	2023-24
WMAS	3	17	3

CNST (Clinical Negligence Scheme for Trusts)	Year to date		
	Last reported month April 23	2022-23	2023-24
WMAS	2	34	2

Coroners Requests	Year to date		
	Last reported month April 23	2022-23	2023-24
WMAS	31	578	31
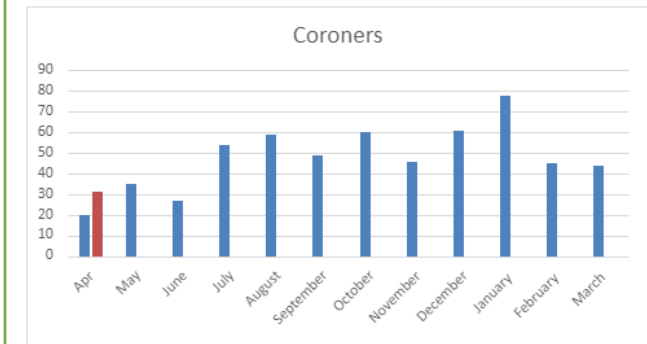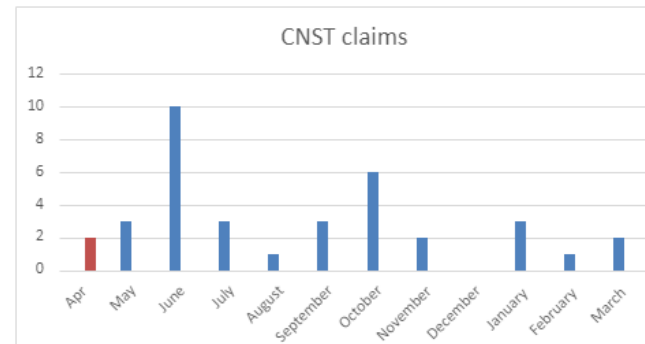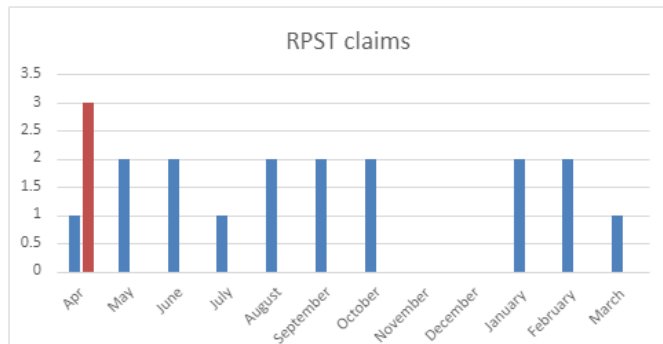
RPST (Risk Pooling Schemes for Trusts)
The Risk Pooling Schemes for Trusts is the collective name for two separate schemes covering non-clinical risks, the Liabilities to Third Parties Scheme (LTPS) and the Property Expenses Scheme (PES).

- The Trust has received 3 RPST claim in April 2023. 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 2 CNST claims in April 2023. This is an increase 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 Apr 24	Year to date Comparison	
		2022-23	2023-24 Apr 24
WMAS	12	71	12

Splash Incidents	Last reported month Apr 24	Year to date Comparison	
		2022-23	2022-23 Apr 24
WMAS	4	44	44

Environment Incidents	Last reported month Apr 24	Year to date Comparison	
		2022-23	2022-23 Apr 24
WMAS	4	113	4

Inoculation Incidents

Splash Incidents

Environment Incidents

Inoculation Incident Key Performance Indicator:
By the end of 2023/24 all inoculation incidents shall be reported and managed through the incident reporting system with results reported through the Health Safety Risk & Environment Group.

Inoculation incidents are classed as any sharp object that penetrates the skin causing an injury. The highest risk of these are injuries that cause a puncture wound that involved an item contaminated with blood or bodily fluids.

Clinical Team Mentors (CTM) at each hub perform 10 cannulation audits per month. These audits are completed at point of care and input using the EPRF platform. Weekly Brief articles supported by clinical notices are published routinely to support the reduction of sharps related incidents.

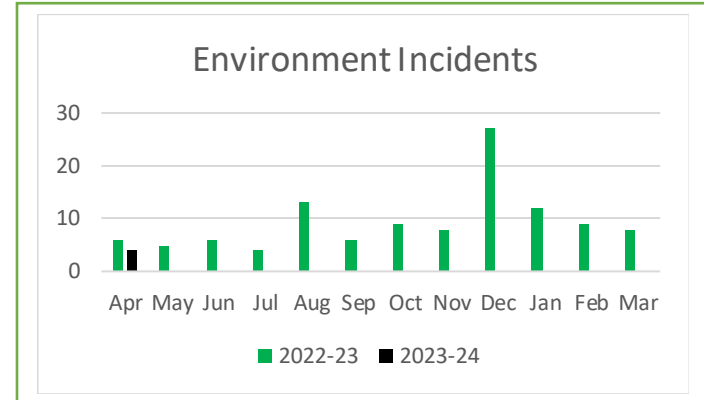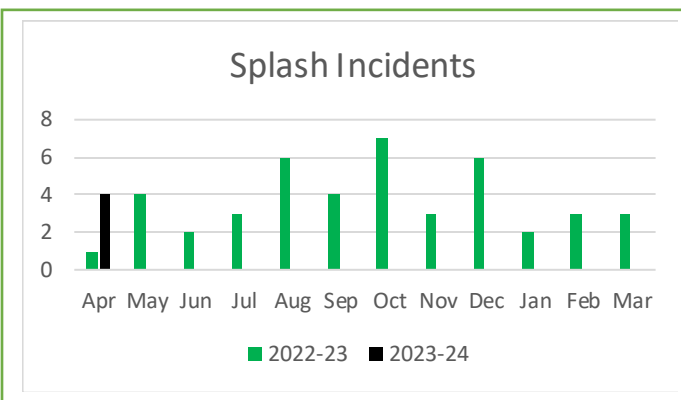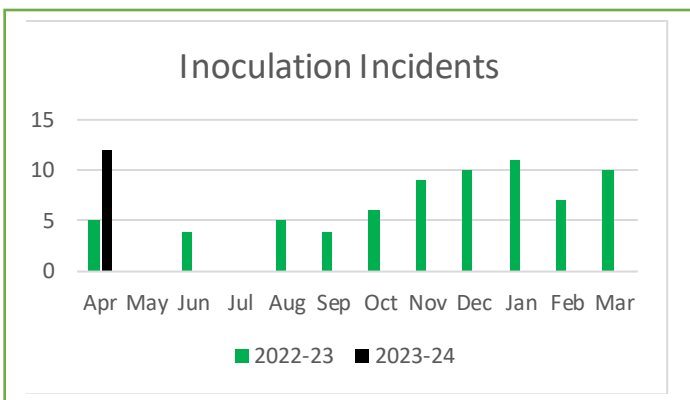April 2023 saw 12 inoculation incidents reported. These involved used cannula devices, intramuscular needles, a dog bite and a near miss incident. Two incidents were RIDDOR reportable, due to contact with potential bloodborne viruses.

Risk RAG = Red risk – 2 | Amber risk – 6 | Green Risk – 4

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 2023/24 all splash incidents shall be reported and managed through the incident reporting system with results reported through the Health Safety Risk & Environment Group.

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

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

April 2023 saw just 4 splash incidents reported. These involved vomit, blood and body fluids entering the eye/mouth of the treating clinician. Weekly brief articles released to promote the need for dynamic risk assessment and appropriate selection of PPE to mitigate the risk of splash. This includes the release of the application of the hierarchy of controls dedicated clinical notice.

Risk RAG = Red risk – 0 | Amber risk – 4 | Green Risk – 0

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

Environment Incident Key Performance Indicator:
By the end of 2023/24 all environment incidents shall be reported and managed through the incident reporting system with results reported through the Health Safety Risk & Environment Group.

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

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

April 2023 saw 4 environment related incidents reported. Incidents involved exposure to suspected and confirmed infectious disease, issues relating to clinical waste management and a respiratory disease infectious risk.

Risk RAG = Red risk – 0 | Amber risk – 0 | Green Risk – 4

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

Incident Reports

Total Incidents Reported		Year to date	
	Last reported month (Apr 23)	2022-2023 April –Mar	2023-2024 April
WMAS	750	10,645	750

RIDDOR		Year to date	
	Last reported month (Apr 23)	2022-2023 April - Mar	2023-2024 Apr
WMAS	8	86	8

Top 5 Incidents for Non-Patient Safety (Apr)

WMAS Top 5 Types

	Total
Violence / Aggression	192
RTC	84
Complaint	79
Injury	68
Near Miss	44

WMAS Top 5 Categories

	Total
V&A - Verbal - Intentional	71
Manual Handling – Patient & Equipment	44
Near Miss	42
Complaints – Other NHS	26
RTC - Struck another vehicle/object	26

Over 75,000 ER54's received since implementation.

Current review and action around "Future Date" capture in ER54 and Orbit which is impacting reporting figures. Risk and BI Teams are analysing and will update accordingly.

ER54 Quarterly audit undertaken in March to identify gaps in compliance and best practice with increased sample size to 50 and focussing on PTS Cases – awaiting update and action plan to report to SMT and OMT

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. March didn't identify any trends.

Head of Risk part of national review of RIDDOR Regulations requested by HSE 5 – aim is to update to be more Ambulance specific.

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

The Trust Top 5 incident categories for April –

1. V&A – Verbal - Intentional – Reviewed via Security
2. Manual Handling – Patient and Equipment – review undertaken of cases.
3. Near Miss – Reviewed by Security
4. Complaints – Other NHS – All cases reviewed by Head of Hospital Flow – NHS-NHS Process Under Review
5. RTC – Struck Another Vehicle/Object – Trends picked up via SMT's and VARG

5

FINANCIAL PERFORMANCE

Financial Report - Month 1, April 2023

Dashboard

Revenue surplus/(deficit)	£m
Month 1 surplus	£0.238m
FIP achieved against plan	£m
Variance against plan	£0.157m
Capital programme	£m
Variance to plan	£0.172m
Cash balance	
Balance at end of month	£30.169m
Public sector payment target	%
Month 1 (by value)	96.7%
Month 1 (by volume)	95.9%

Month 1 Headlines

- Planned surplus of £0.189m

- Achieved a surplus of £0.238m

- Income is below plan, as additional income not yet agreed for HART, handover pressures and PTS

- Expenditure is below plan due to vacancy freeze and overtime freeze.

Position and Risks

<u>Variance against NHSE plan</u>

The Trust's base plan submitted to NHSE at the end of the 2023/24 planning cycle, was for a year-to-date surplus of £0.189m by the end of month 1. The actual position at month 1 is a surplus of £0.238m, so there was a positive variance against the NHSE plan of £0.049m.

<u>Financial Pressures / Risks</u>

The financial pressures identified at month 1 and as part of the planning cycle are:

➢ Securing £1m additional funding for HART

➢ Securing growth / handover pressures funding of £7.2m

➢ Realising a net financial gain of £13.5m on PTS services through additional income or, where additional income is not forthcoming, a reduction in delivered activity (and associated cost) to a level affordable within the available funding envelope

➢ Delivery a CIP target of £12.7m (3%)

Income risks

A letter was sent to ICB CFOs on 20th March setting out the expectations re additional income for HART, growth, and handover pressures. A follow up was sent on 28th April requesting a response. Thus far, none has been received.

ICBs were also contacted in respect of PTS funding pressures. Discussions are ongoing on these.

Income

Income for the month was £0.877m behind plan, this comprised: -

- £0.595m income gap due to handover delay income as at present no ICBs have confirmed additional funding (shown within ICB income)

- £0.541m income gap due to no additional income for PTS services (shown within ICB income)

- £0.085m income gap due to HART as at present no ICBs have confirmed additional funding (shown within ICB income)

- The above three items have been offset by income received above plan for both the apprenticeship levy and interest receivable.

Income (by organisation) Apr-23	This Month			Year to date		
	Budget £000s	Actual £000s	+ / (-) £000s	Budget £000s	Actual £000s	+ / (-) £000s
ICBs	28,715	27,492	(1,223)	28,715	27,492	(1,223)
FT Trusts	795	838	42	795	838	42
NHS England	2,720	2,799	79	2,720	2,799	79
HEE/ESFA	449	605	156	449	605	156
Other	273	342	69	273	342	69
Totals	**32,952**	**32,075**	**(877)**	**32,952**	**32,075**	**(877)**

See Appendix A for detail of income by commissioner / source

Expenditure

Expenditure budgets for month 1 were £0.920m underspent against plan comprising:

- £1.149m pay underspend, including 2% accrual for the 23/24 pay award (as was included in the original plan submission – full details will be worked through in coming months)

- £0.229m non pay overspend

A detailed breakdown of the outturn positions for both Pay and Non pay are in the tables below.

Pay Costs Apr-23	This Month			Year to date		
	Budget £000s	Actual £000s	+ / (-) £000s	Budget £000s	Actual £000s	+ / (-) £000s
Budget Reserves	540	521	19	540	521	19
Commercial	3,581	3,546	35	3,581	3,546	35
Corporate	1,260	1,052	208	1,260	1,052	208
Estates & Fleet	365	288	77	365	288	77
E&U	15,605	15,348	257	15,605	15,348	257
Integrated Urgent Care	3,483	2,929	553	3,483	2,929	553
Surplus / (deficit)	24,834	23,686	1,149	24,834	23,686	1,149

- ➤ Corporate and IUC are underspent due to a number of vacancies
- ➤ E&U underspend is mainly related to reduced overtime costs as a result of the planned overtime reduction. Overtime costs have been included in respect of incidental overtime and shows & events.

Non-pay Costs Apr-23	This Month			Year to date		
	Budget £000s	Actual £000s	+ / (-) £000s	Budget £000s	Actual £000s	+ / (-) £000s
Budget Reserves	19	(48)	66	19	(48)	66
Commercial	466	1,195	(729)	466	1,195	(729)
Corporate	2,376	2,352	24	2,376	2,352	24
Estates & Fleet	1,165	1,166	(1)	1,165	1,166	(1)
E&U	1,716	1,367	348	1,716	1,367	348
Integrated Urgent Care	50	45	5	50	45	5
Depreciation	2,131	2,073	57	2,131	2,073	57
Surplus / (deficit)	7,922	8,151	(229)	7,922	8,151	(229)

- The Commercial overspend relates to taxi costs and underperformance against delivering a reduction in delivered PTS activity (and associated cost) to a level affordable within the available funding envelope

- E&U underspend is due to a reduction in fuel costs in month and lower than planned spend on clinical supplies and consumables.

Legal fees at month 1

The EMB and Trust Board are advised that legal fee budgets were underspent by £348 at the end of month 1 (see appendix B)

Taxi Spend

The table below details the taxi spend by month. Spend has decreased in Month 1.

Taxi Spend
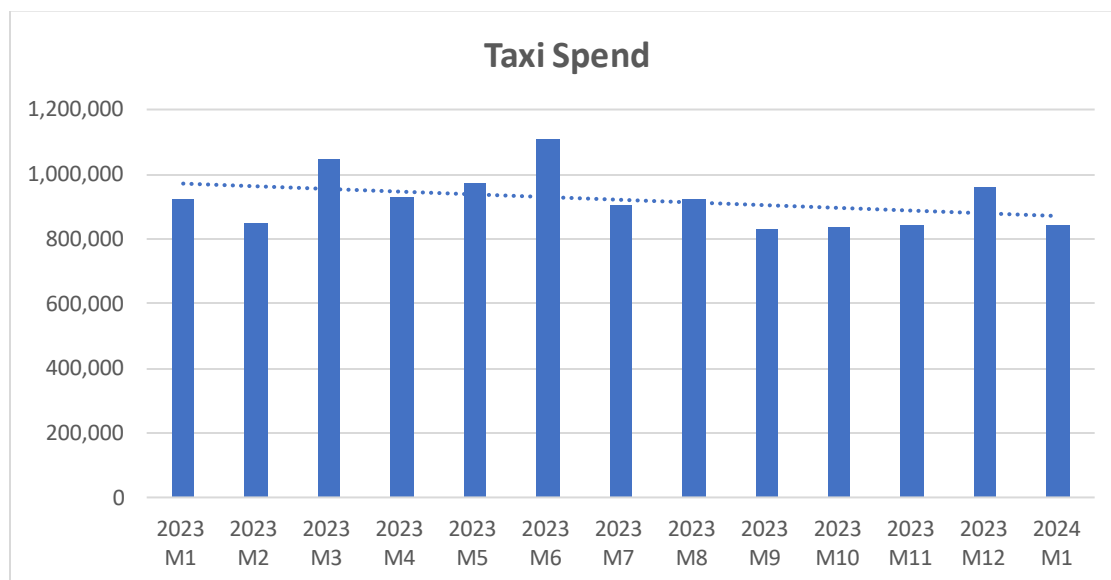
2023 M1	2023 M2	2023 M3	2023 M4	2023 M5	2023 M6	2023 M7	2023 M8	2023 M9	2023 M10	2023 M11	2023 M12	2024 M1
922,937	851,286	1,047,401	928,472	972,651	1,110,691	903,504	920,419	832,123	835,269	843,679	959,876	839,619

Financial Improvement Programme

In month 1, the Trust delivered £0.903m savings against a plan of £1.060m. The under delivery is due to some Divisions not yet having validated the non-pay and vacancy savings for month 1. As the trust overall position for month 1 has delivered a surplus in excess of plan, the trust has met it's CIP target for month 1, albeit some of this will be non-recurrently.

Further work will be undertaken between month 1 and month 2 to validate the savings against individual schemes.

E&U over delivery against plan is due to the pay underspend noted in month 1 as a result of overtime reductions.

FIP By Division Apr-23	This Month			Year to date		
	Plan	Actual	+ / (-)	Plan	Actual	+ / (-)
	£000s	£000s	£000s	£000s	£000s	£000s
Commercial Services	153	0	(153)	153	0	(153)
Corporate Services	83	0	(83)	83	0	(83)
Estates Facilities & Fleet	57	8	(49)	57	8	(49)
E&U	642	895	253	642	895	253
Integrated Urgent Care	125	0	(125)	125	0	(125)
Totals	1,060	903	(157)	1,060	903	(157)

Capital

Capital funding for the year is £14.592m comprising £13.705m operational capital and £887k additional allocation for DCAs.

Capital expenditure is underspent against plan at month 1 due to no capital purchases in month 1; it is expected that this slippage will be recovered in later months of the financial year.

Capital Summary Apr-23	This Month			Year to date		
	Plan £000s	Actual £000s	+ / (-) £000s	Plan £000s	Actual £000s	+ / (-) £000s
Capital Funding						
Operational allocation	1,142	1,142	0	1,142	1,142	0
Additional alloc. DCAs (TBC)	74	74	0	74	74	0
Additional PDC	0	0	0	0	0	0
Total capital funding	1,216	1,216	0	1,216	1,216	0
Capital Expenditure						
Fleet	0	0	0	0	0	0
Information technology	21	0	21	21	0	21
Estates	100	0	100	100	0	100
Clinical equipment	0	0	0	0	0	0
Contingency	51	0	51	51	0	51
Total capital expenditure	172	0	172	172	0	172
Net under / (over) spend	1,044	1,216	172	1,044	1,216	172

Cash

The cash balance at 30.04.23 was £30.169m.

A full cashflow analysis will be included from month 2.

Per national guidance, the Trust accrued £14.4m in its 2022/23 accounts for non-consolidated pay award offer. The income for this was also accrued however at this point cash has not been received.

Better payments practice code

The public sector Better Payment Practice Code (BPPC) says that at least 95% of invoices received must be paid by the Trust within 30 days of receipt. The Trust must also pay 95% by £'s value within 30 days of receipt.

BPPC Performance	Year to date	
All invoices	**Number**	**£000s**
Invoices paid	2,295	16,488
Target to pay (95%)	2,181	15,664
Actually paid	2,202	15,943
Percentage achieved	**95.9%**	**96.7%**

	Year to date	
NHS invoices	**Number**	**£000s**
Invoices paid	49	3,100
Target to pay (95%)	47	2,945
Actually paid	45	3,028
Percentage achieved	**91.8%**	**97.7%**

	Year to date	
Non-NHS invoices	**Number**	**£000s**
Invoices paid	2,246	13,388
Target to pay (95%)	2,134	12,719
Actually paid	2,157	12,915
Percentage achieved	**96.0%**	**96.5%**

Statement of financial position (Balance Sheet)

Statement of Financial Position	2022/23 Outturn £000s	2023/24 Last month £000s	2023/24 Apr-23 £000s
Non-current assets			
Intangible	1,170	1,170	1,129
Tangible non-lease	78,443	78,443	76,937
Tangible lease (note 1)	44,344	44,344	43,818
Debtors	702	702	702
Subtotal	124,659	124,659	122,586
Current assets			
Stock	3,169	3,169	3,165
Debtors (NHS)	19,777	19,777	20,103
Debtors (Non-NHS)	9,171	9,171	9,525
Other Assets Held for sale	619	619	619
Bank	33,190	33,190	30,136
Cash	33	33	33
Subtotal	65,959	65,959	63,581
Current liabilities			
Trade creditors (capital)	636	636	7
Trade creditors (non-capital)	54,596	54,596	50,833
Lease creditor (IFRS16)	5,023	5,023	5,027
Provisions	3,060	3,060	3,024
Deferred income	306	306	31
Subtotal	63,621	63,621	58,922
Net current assets	2,338	2,338	4,659
Non-current liabilities			
Borrowings (lease creditor)	36,840	36,840	36,869
Provisions	1,650	1,650	1,631
Subtotal	38,490	38,490	38,500
Net Assets	88,507	88,507	88,745
Financed by			
PDC	43,856	43,856	43,856
Revaluation reserve	9,908	9,908	9,908
I&E reserve	29,348	29,348	29,586
Other reserve	5,395	5,395	5,395
Financed by	88,507	88,507	88,745

Appendices

APPENDIX A – Income Details

Income by service / type

Income (by category) Apr-23	This Month Budget £000s	This Month Actual £000s	This Month + / (-) £000s	Year to date Budget £000s	Year to date Actual £000s	Year to date + / (-) £000s
Commercial Services	4,177	3,625	(552)	4,177	3,625	(552)
E&U Income	27,635	27,011	(624)	27,635	27,011	(624)
Facilties	0	0	0	0	0	0
Finance	29	70	42	29	70	42
Fleet Management	0	3	3	0	3	3
Internal Audit	47	38	(9)	47	38	(9)
It Service Delivery	0	0	0	0	0	0
Other Items Income	69	169	100	69	169	100
Pay Recharges	172	172	(0)	172	172	(0)
R&D Income	39	29	(11)	39	29	(11)
Training Income	784	958	174	784	958	174
Totals	**32,952**	**32,075**	**(877)**	**32,952**	**32,075**	**(877)**

Income by commissioner / source

Income (by organisation) Apr-23	This Month Budget £000s	This Month Actual £000s	This Month + / (-) £000s	Year to date Budget £000s	Year to date Actual £000s	Year to date + / (-) £000s
CCG's / ICBs						
Nhs Birmingham & Solihull ICB	6,911	6,570	(340)	6,911	6,570	(340)
Nhs Black Country ICB	6,058	5,724	(334)	6,058	5,724	(334)
Nhs Cheshire & Merseyside ICB	809	809	(0)	809	809	(0)
Nhs Coventry And Warks ICB	4,114	3,942	(172)	4,114	3,942	(172)
Nhs Hereford & Worcester ICB	3,815	3,683	(133)	3,815	3,683	(133)
Nhs Shropshire Telford ICB	2,371	2,282	(89)	2,371	2,282	(89)
Nhs Staffordshire ICB	4,618	4,463	(155)	4,618	4,463	(155)
Other ICB's	19	19	(0)	19	19	(0)
Sub total	28,715	27,492	(1,223)	28,715	27,492	(1,223)
FT's/Trusts						
Birmingham & Solihull Mental H	26	26	(0)	26	26	(0)
Black Country Healthcare Nhs F	38	38	(0)	38	38	(0)
Midlands Partnership Nhs Ft	52	51	(0)	52	51	(0)
University Hosp Birmingham Ft	369	369	0	369	369	0
Walsall Healthcare Nhs	127	127	0	127	127	0
Royal Wolverhampton Nhs	18	29	10	18	29	10
Shrewsbury & Telford Hospital	146	146	0	146	146	0
NHS England	2,720	2,799	79	2,720	2,799	79
Other FT/Trusts	19	52	33	19	52	33
Sub total	3,516	3,637	121	3,516	3,637	121
Non NHS						
HEE/ESFA	449	605	156	449	605	156
Other	273	342	69	273	342	69
Sub total	722	946	225	722	946	225
Totals	**32,952**	**32,075**	**(877)**	**32,952**	**32,075**	**(877)**

APPENDIX B – Legal Fees Expenditure

Account Code	Cost Centre	YTD Budget	YTD Actuals	YTD Variance
Legal Fees	Corporate Services	37,864	37,516	348
Total		**37,864**	**37,516**	**348**

6

WORKFORCE INDICATORS

Data as at 11-04-2023	WORKFORCE PERFORMANCE SCORECARD MARCH 2023

Establishment & Staff in Post (FTE)

FTE	Mar-22	Feb-23	Mar-23
Budgeted Establishment	6014.01	7188.76	7188.76
Staff in Post	6703.33	6593.61	6293.94
Naru, NEDs	41.89	30.64	30.00
Total FTE	**6745.22**	**6624.25**	**6323.94**

Staff in Post (Headcount)

Headcount	Mar-22	Feb-23	Mar-23
Perm & Fixed Term	7259	7172	6756
Naru, NEDs	64	33	32
Bank	480	271	259
University Students	*302*	*32*	*31*
Total Headcount	**7803.00**	**7476**	**7047**

Operational Workforce

	Mar-22	Feb-23	Mar-23
Budgeted Ops Establishment	3368.00	3689.00	3689.00
Staff in Post FTE	3470.03	3500.84	3526.17
Paramedic Skill Mix	57.20%	58.79%	58.58%
Skill Mix (exc St Paramedics)	82.44%	84.30%	84.38%
Recruitment (Students) H/C YTD	440	292	321

Staff in Post (FTE)

Legend: Mar-22, Feb-23, Mar-23

Staff in Post (Headcount)

Legend: Mar-22, Feb-23, Mar-23

5 Year Workforce Plan (2020 to 2025)

Planned Staff in Post

Legend: Paramedics/ECP, Student Paramedics, Technicians, Clinical Suppprt
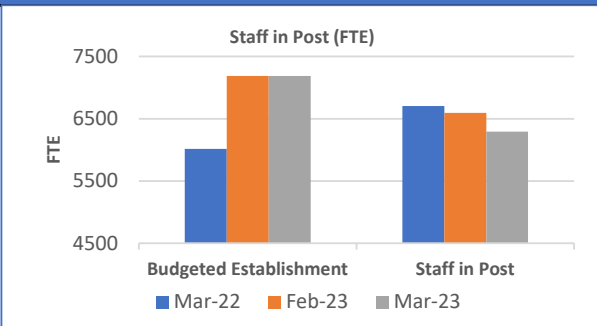
The budgeted establishment for April 2022 increased to 7188.76 FTE to reflect the workforce plan agreed for 22/23.
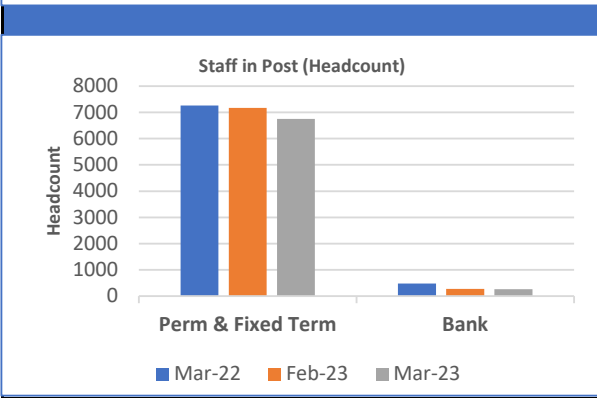
At the end of February 2023, 111 transferred to DHU. The total headcount for March 2023 shows the workforce reduced by over 400 employees.
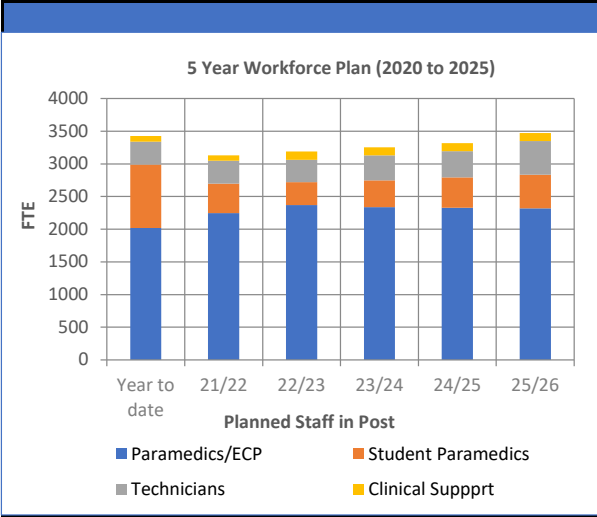
The budgeted ops establishment for 2022-23 was confirmed to be 3689 FTE at the EMB held in November 2022. The Recruitment Plan for 2022-23 is for 484 Student Paramedics and 103 Graduate Paramedics as agreed at Trust Board on 30th March 2022.The paramedic skill mix is 58.31% and is affected by student paramedic recruitment.

Temporary Workforce

	Mar-22	Feb-23	Mar-23
Agency Spend	£ -	£ -	£ -
Agency spend as a % of turnover	0.00%	0.00%	0.00%
Bank Spend	£ 281,706	£ 226,277	£ 205,735
Bank spend as a % of turnover	0.91%	0.73%	0.66%
Overtime Spend	£ 1,225,311	£ 1,328,871	£ 1,210,468
Overtime spend as a % of turnover	3.95%	4.28%	3.90%

Sickness Absence Rate (%)

	Mar-22	Feb-23	Mar-23
Sickness %	6.16%	4.95%	4.29%
WMAS excluding Covid-19	3.73%	4.79%	4.15%
Covid-19	2.43%	0.16%	0.14%
Short Term	4.30%	2.45%	2.20%
Long Term	1.86%	2.50%	2.09%

Sickness Absence Cost

	Mar-22	Feb-23	Mar-23
Cost £	£ 1,192,336	£ 847,995	£ 777,108
WMAS excluding Covid-19	£ 707,972	£ 822,018	£ 752,398
Covid-19	£ 684,364	£ 25,977	£ 24,711

Temporary Workforce - Spend as a % of Turnover

Sickness Absence Rate (%)

BENCHMARKING - ABSENCE % FTE (ROLLING 12 MONTHS) SHOWING APRIL 22 TO MARCH 23
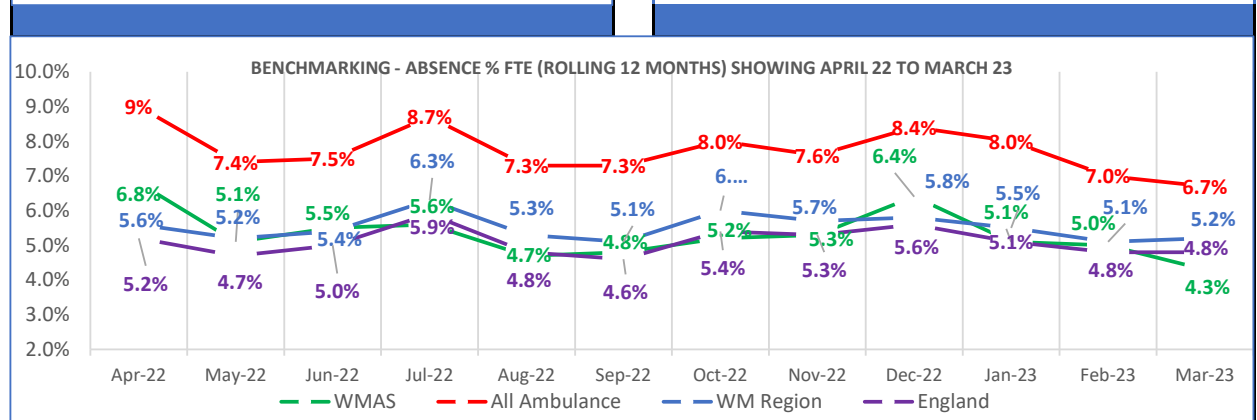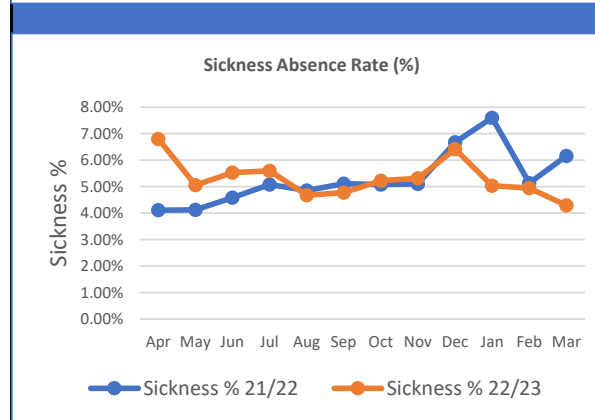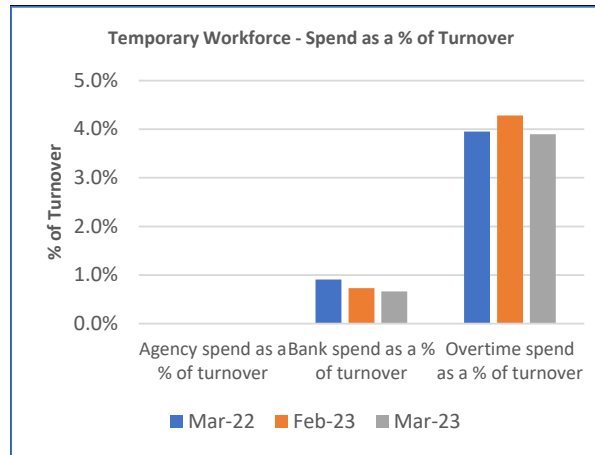
Bank Spend: After the peak of the COVID pandemic, this was cut back, and it is presently at a nominal level.

Overtime Spend - Due to the loss of operational hours from hospital delays, overtime is a constant supply of hours. There are early signs that the use of cohort paramedics at sites are proving to be very positive and it is anticipated that this will help reduce overtime spend.

The Trust has seen an increase in sickness absence levels experienced across the organisation when compared to the pre-covid pandemic. Additional support and health & wellbeing services have been implemented to further broaden our offering to staff. In addition, focus is on empowering managers to have effective conversations to support their staff when absent to explore all available options to facilitate a return to work in a supported way. Despite the current challenges the Trust continues to perform the best for its sickness absence when compared to the wider ambulance sector.

OFFICIAL - Business data that is not intended for public consumption. However, this can be shared with external partners, as required.

Printed on: 25/05/2023

Staff Movements

	Mar-22	Feb-23	Mar-23
Average Headcount (12m)	7753	7250	7369
Average FTE (12m)	6,539.54	6685.91	6502.18
Starters Headcount	109	41	60
Starters FTE	103.91	36.82	59.6
Leavers Headcount	132	465	90
Leavers FTE	117.89	348.02	72.08
Leavers Headcount (12m)	1347	1511	1637
Turnover Rate FTE (12m) %	12.65%	18.97%	18.76%
Maternity	122	137	118

Appraisals

	Mar-22	Feb-23	Mar-23
Year to Date	91.80%	94.75%	95.07%
Rolling 12 months	91.97%	95.07%	95.07%

Mandatory Training

Data as at 10-05-2023	Mar-22	Feb-23	Mar-23
E&U CRT Session	90.42%	78.70%	91.09%
E-learning (incl workbook)		84.09%	92.02%
ALS Supplementary		80.73%	87.94%
PTS Update	90.04%	88.70%	90.87%

.

BENCHMARKING - TURNOVER % FTE (ROLLING 12 MONTHS) SHOWING OCT 22 TO MAR 23

WMAS — All Ambulance — WM Region — England

Appraisals (%)

Appraisals % 21/22 — Appraisals % 22/23
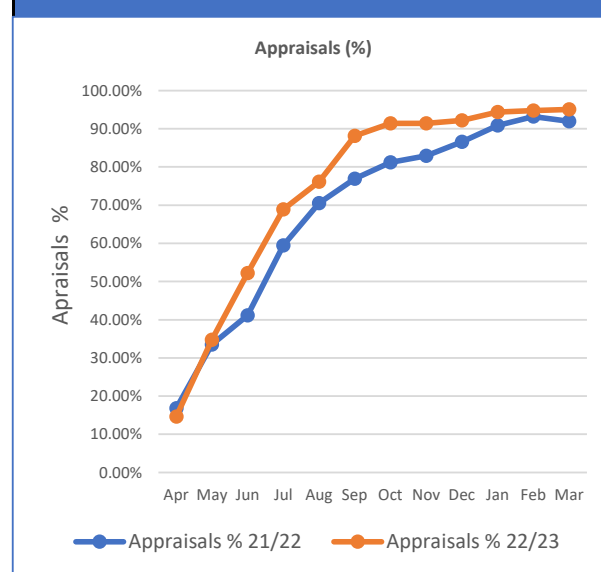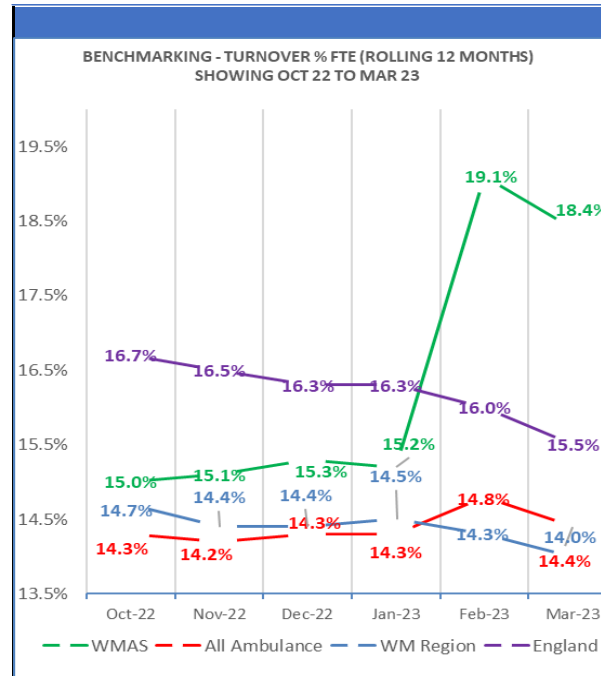
Leavers by Staff Group

Staff Group	Leavers Count	Leavers FTE	Avg FTE	FTE %
Add Prof Scientific and Technic	1	0.00	2.53	0.00%
Additional Clinical Services	43	32.54	1,806.63	1.80%
Administrative and Clerical	7	5.64	567.21	0.99%
Allied Health Professionals	31	27.10	2,538.97	1.07%
Estates and Ancillary	3	2.80	286.10	0.98%
Medical and Dental	1	0.00	3.11	0.00%
Nursing and Midwifery Registered	0		45.92	
Students	4	4.00	1,077.87	0.37%
Grand Total	90	72.08		

Benchmarking turnover rates spiked in Fed 2023 as a result of the recent TUPE arrangements completed for 111 staff. The turnover rate is expected to reduce over the proceeding months.

Appraisals: The appraisal procedure ensures that all staff have an equal opportunity to discuss their work objectives, personal development, career development and to provide support where required. Staff who are on maternity leave, career breaks and new starters with less than 7 months are not included in the % completed.

Mandatory Training:
The 2022-23 clinical update has been blended with e-learning and face to face. Feedback for the e-learning element of the 2022-23 course has been overall very positive. A new workbook for non-emergency patient transport staff was included in 2021 as a necessary step to bridge the previous gap between clinical topics and non-clinical topics.

Ethnic Origin

Mar-23	Headcount	%	FTE
BAME	610	8.66%	540.55
Not Stated	112	1.59%	101.93
White	6325	89.75%	5681.46
Grand Total	**7047**	**100.00%**	**6323.94**

Ethnic Origin

Mar-22	Headcount	%	FTE
BAME	843	10.80%	695.97
Not Stated	133	1.70%	115.95
White	6827	87.49%	5934.00
Grand Total	**7803**	**100.00%**	**6745.92**

Ethnic Orgin % March 2023

BAME ■ Not Stated ■ White

BAME 8.66%
Not Stated 1.59%
White 89.75%

Ethnic Orgin % March 2022

BAME ■ Not Stated ■ White

BAME, 10.80%
Not Stated, 1.70%
White, 87.49%
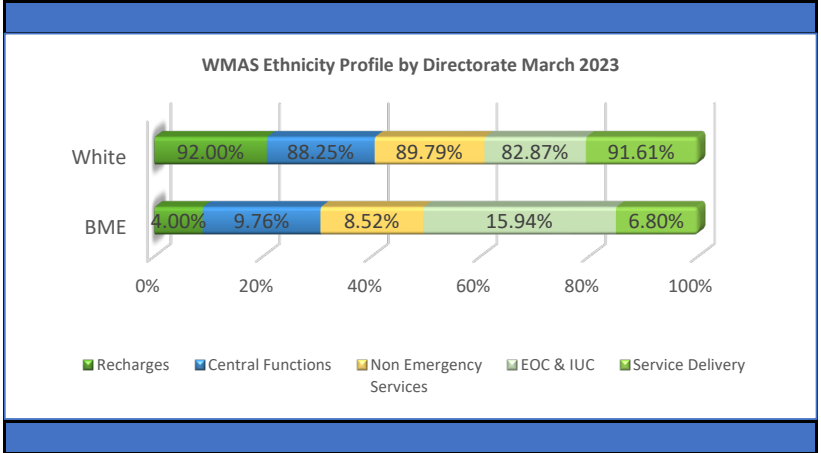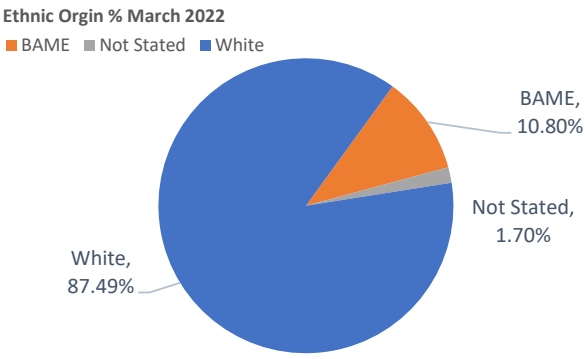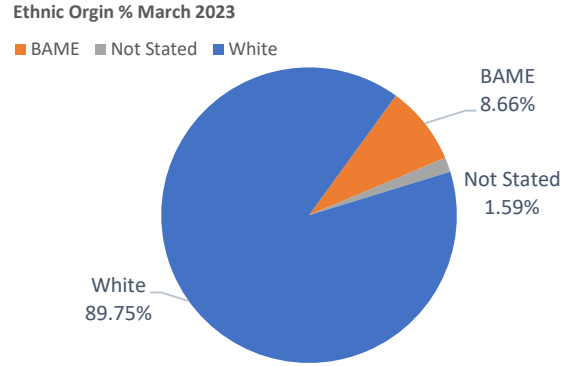
The number of staff from a BAME background decreased marginally from the previous year. The transfer off 400 staff will have impacted the Trust Ethnicity profile.
The charts on sickness absence below, show the impact of Covid-19 on the workforce - April 2020 is included for reference.

WMAS Ethnicity Profile by Directorate March 2023

White: 92.00% | 88.25% | 89.79% | 82.87% | 91.61%
BME: 4.00% | 9.76% | 8.52% | 15.94% | 6.80%

■ Recharges ■ Central Functions ■ Non Emergency Services ■ EOC & IUC ■ Service Delivery

WMAS Sickness Absence by Ethnicity

■ Apr-20 ■ Apr-21 ■ Feb-23 ■ Mar-23

Trust: 6.74%, 4.12%, 4.95%, 4.29%
BAME: 6.24%, 5.30%, 6.63%, 5.71%
White: 6.77%, 3.97%, 5.24%, 4.17%

Sickness Absence (Exc Covid) by Ethnicity

■ Trust Exc Covid ■ BAME ■ White

Jan-23: 4.82%, 5.63%, 4.77%
Feb-23: 4.79%, 6.15%, 4.62%
Mar-23: 4.15%, 5.64%, 4.02%

Sickness Absence (Covid Only by Ethnicity)

Trust Covid only — BAME — White

Apr-22, May-22, Jun-22, Jul-22, Aug-22, Sep-22, Oct-22, Nov-22, Dec-22, Jan-23, Feb-23, Mar-23

OFFICIAL - Business data that is not intended for public consumption. However, this can be shared with external partners, as required.

Printed on: 25/05/2023

WMAS Ethnicity Profile by Pay Band March 2023

Pay Band	BME	White
Band 1		100.00%
Band 2	8.30%	90.65%
Band 3	14.34%	84.21%
Band 4	9.89%	89.07%
Band 5	7.17%	91.01%
Band 6	4.39%	93.72%
Band 7	12.04%	85.59%
Band 8 - Range A	14.08%	81.69%
Band 8 - Range B	10.00%	80.00%
Band 8 - Range C	5.26%	94.74%
Band 8 - Range D	0.00%	100.00%
Band 9	18.18%	81.82%
Local Pay Scale	12.94%	87.06%

Legend: ■ BME ■ White
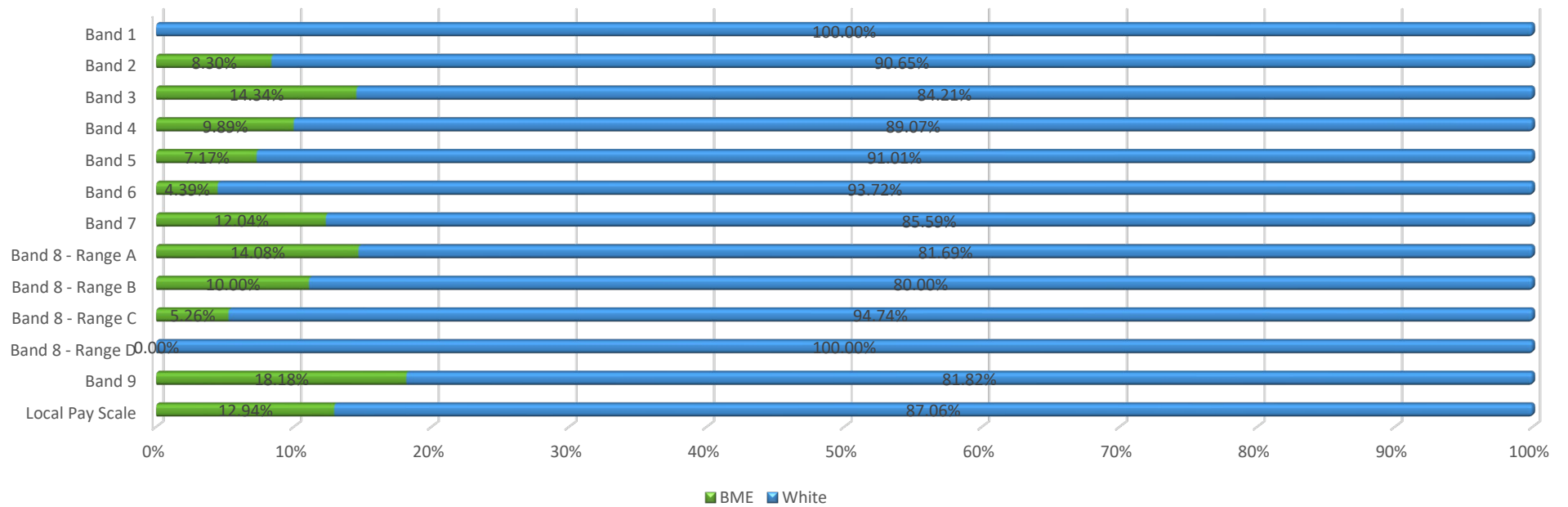
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PUBLIC MEMBERSHIP

Membership Breakdown Report - May 2023

	Members	Population
Public Members	8964	**5,955,554**
Staff Member	7805	
Total	16769	

Catchment Areas	Members	
Birmingham	2072	1,374,458
Black Country	2817	1,205,296
Coventry and Warwickshire	1093	944,902
Staffordshire	1361	1,136,828
West Mercia	1593	1,136,828
Out of Trust Area	28	
Total	**8964**	**5,955,554**

Gender	Actual	
Male	3794	2,953,156
Female	4907	3,002,398
Unknown	263	
Total	**8964**	**5,955,554**

Monitor Ethnicity	Actual	Population
Asian	1925	604357
Black	293	182109
Mixed	141	131669
Other	98	31821
Unknown	440	0
White	6067	4491926
Total	**8964**	**5407622**

General Ethnicity	Actual	Population
Asian Bangladeshi	158	52,477
Asian Chinese	16	31,263
Asian Indian	845	218,397
Asian Other	296	74,979
Asian Pakistani	610	227,241
Black African	103	64,250
Black Caribbean	167	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	440	0
White British	5901	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	**8964**	**5,595,494**
Monitor Age Range	Actual	Population
Age 0-16	0	1,238,370
Age 17-21	14	358,826
Age 22+	6413	4,358,358
Unknown	2537	
Total	**8964**	**5595494**
Age	Actual	Population
Age 0 - 16	0	1,238,370
Age 17-21	14	358,826
Age 22-29	613	640,123
Age 30-39	1012	764,955
Age 40-49	1237	716,615
Age 50-59	1227	792,680
Age 60-74	1280	914,089
Age 75 +	1044	529,896
Unknown	2537	0
Total	**8964**	**5595494**
NRS Classification	Actual	Population
AB	2104	464,168
C1	2483	700,672
C2	1994	539,612
DE	2313	711,263
Unknown	70	0
Total	**8964**	**5595494**

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GOVERNANCE STRUCTURE

Trust Committee Structure v2.5 April 2023

The Chief Executive

Board of Directors

The Chairman

Executive Management Board
Professor Marsh

Council of Governors
Professor Cumming

Trustee Committee	Renumeration and Nominations Committee	Audit Committee	People Committee	Performance Comittee	Quality Governance Committee
Professor Cumming	Professor Cumming	Julie Jasper	Mohammed Fessal	Mushtaq Khan	Lisa Bayliss Pratt

Diversity and Inclusion Steering and Advisory Group
Carla Beechey

Health, Safety, Risk and Environment Group
Diane Scott

Learning Review Group
Nick Henry

Professional Standards Group
Dr Alison Walker

Serious Incident Review Group
Nick Henry

Immediate Care Governance Group	Clinical Audit and Research Group	Public Health Group	Medicines Management Group	Advancing Practice Governance Group
Dr Alison Walker	Matthew Ward	Diane Scott	Nick Henry	Matt Ward

Executive Management Board
Professor Marsh

Regional Partnership Forum	Policy Group	Operational Management Team	Financial Investment Group	Efficiency and Transformation Group.	Covid-19 Inquiry group	Site compliance task & finish group	Digital transformation oversight group
Nathan Hudson	Nathan Hudson	Nathan Hudson	Karen Rutter	Karen Rutter	Tony Yeaman	Diane Scott	Phil Collins

Trust Committee structure v2.5 May 23

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MEETING SCHEDULE

West Midlands Ambulance Service University NHS Foundation Trust
Committee Dates April 2023 to March 2024

	Title of Meeting	Chair	Secretariat	Staff side Reps	2023 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2024 Jan	Feb	Mar
	Board of Directors	Ian Cumming	Phil Higgins	Staff side rep x 1		31		26		25				31		27
	Board Strategy and Development Days	Ian Cumming	Phil Higgins			10	28			27		29			28	
	Non Executive Director Meetings	Ian Cumming	Phil Higgins			10		5			4		6	3		6
Board of Directors Committees	**Executive Management Board (EMB) (merged with Strategic Planning Group)**	Anthony Marsh	Karen Freeman		4 & 18	2, 16 & 30	13 & 27	11 & 25	8 & 22	5 & 19	3, 17 & 31	14 & 28	12	9 & 23	6 & 20	5 & 19
	Trustee Committee - (As and when required)	Ian Cumming	Phil Higgins			31				27				31		
	Remuneration and Nominations Committee - (As and when required)	Ian Cumming	Phil Higgins													
	Audit Committee	Julie Jasper	Donna Stevenson				6	18			7			24		12
	People Committee	Mohammed Fessal	Dawn John			22				4		20			26	
	Performance Committee	Mushtaq Khan	Donna Stevenson		25			25			24			23	27	
	Quality Governance Committee (QGC)	Alexandra Hopkins	Nicky Shaw	Staff side reps x 2		24		19			18			24		20
EMB Sub Committees	Operational Management Team	Nathan Hudson			19	17	21	19	16	20	18	15	20	17	21	20
	Efficiency and Productivity Group	Karen Rutter	Donna Stevenson		18	16	20	20	15	12	10	21	19	18	15	14
	Financial Investment Group	Karen Rutter	Donna Stevenson		12	17	20	19	16	20	18	15	13	16	13	5
	Policy Group	Nathan Hudson	Aimee Dicken		6 & 13	4 &15	1	6 & 17	3	7 x22	5	2 & 16	7	4 & 17	1	7 & 21
	Regional Partnership Forum	Nathan Hudson	Dawn John	Staff side Reps x 15	12	17		10	23		9	15		10	19	
Quality Governance Sub Committees	Health, Safety, Risk and Environmental Group	Diane Scott	Nicky Shaw	Staff side reps x 2		15		24		18		20		15		18
	Learning Review Group	Nick Henry	Nicky Shaw	Staff side reps x 2	3	18	21	17		20	16	22		22	21	19
	Professional Standards Group	Alison Walker	Nicky Shaw	Staff side reps x 2	11	22	26	31		25	23	27		29	26	25
	Immediate Care Governance Group (Report to Professional Standards Group)	Alison Walker	Nicky Shaw			16		4		12		21		16		12
	Clinical Audit and Research Programme Group (Report to Professional Standards Group)	Matthew Ward		Staff side rep x 1	4	2	6	27 (Jun)	5	3	7	5	9	6	5
People Sub Com	Diversity and Inclusion: Steering and Advisory Group	Carla Beechey	Dawn John	Staff Side Reps x 2		5			4			16			26
RPF Sub Meetings	Executive Partnership Group	Nathan Hudson	Carla Beechey	Staff Reps x 6	27			5	10	26	30			3	8	
	BBC Locality Partnerhsip Forum	Senior Ops Manager	Samantha Walton	Staff Side Reps x 11	20	18	22	20		21	19	23				
	EOC Partnership Forum	Jeremy Brown	Louise Bowater	Staff Side Reps x 4	27	25	29	27	31	28	26	30		25	29	28
	West Mercia Locality Partnership Forum	Senior Ops Manager		Staff Side Reps x 6												
	Staffordshire Locality Partnership Forum	Senior Ops Manager	Elizabeth Knight	Staff Side Reps x 9	27	25	29	27	31	28	26	30				
	Coventry and Warwickshire Locality Partnership Forum	Senior Ops Manager	Suman Bhambra-Thor	Staff Side Reps x 7	28	26	30	21	25	29	27	24				
	Non Emergency Services Locality Partnership Forum	Michelle Brotherton	Sharon Davies	Staff Side Reps x 7	25	23	20	18		19	17	21		16	20	19
Council of Governors	**Council Of Governors Meeting**	Ian Cumming	Suzie Wheaton			10		26			1					
	Council of Governors Development Day (As required)	Ian Cumming	Suzie Wheaton							13						
	Annual Council of Governors and Annual Member Meetings	Ian Cumming	Suzie Wheaton					26								
	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

Trust us to care.

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

Trust us to care.

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

Trust us to care.

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

Trust us to care.

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

Trust us to care.