



West Midlands Ambulance Service
University NHS Foundation Trust



Trust Information Pack

January 2024

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

<p style="text-align: center;">EXCELLENCE</p> 	<p style="text-align: center;">INTEGRITY</p> 	<p style="text-align: center;">COMPASSION</p> 	<p style="text-align: center;">INCLUSIVITY</p> 	<p style="text-align: center;">ACCOUNTABILITY</p> 
<p>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.</p>	<p>We all do the right thing for our staff, volunteers and students, our patients and service users, the organisation and the system with candour.</p>	<p>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.</p>	<p>We treat everyone with dignity, respect, fairness and integrity, valuing difference.</p>	<p>We are committed to upholding our values and behaviours and holding others to account for them.</p>
<p><u>Behaviours for all:</u></p> <ul style="list-style-type: none"> • Professional and ethical • Learning • Communicating clearly using the best method • Striving for excellence and improvement • Effective intra- and inter-teamwork 	<p><u>Behaviours for all:</u></p> <ul style="list-style-type: none"> • Transparent • Honest • Respectful 	<p><u>Behaviours for all:</u></p> <ul style="list-style-type: none"> • Kind • Empathetic • Supportive • Non-judgmental • Appreciative 	<p><u>Behaviours for all:</u></p> <ul style="list-style-type: none"> • Curious about difference • Respecting boundaries • Ally for under-represented groups 	<p><u>Behaviours for all:</u></p> <ul style="list-style-type: none"> • Accountable for own behaviours, and for holding others to account
<p><u>Behaviours for leaders:</u></p> <ul style="list-style-type: none"> • 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 	<p><u>Behaviours for leaders:</u></p> <ul style="list-style-type: none"> • Decisions are communicated in a timely, transparent and honest way • Listening in order to understand 	<p><u>Behaviours for leaders:</u></p> <ul style="list-style-type: none"> • 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 	<p><u>Behaviours for leaders:</u></p> <ul style="list-style-type: none"> • Tackling inequalities • Progressing diversity 	<p><u>Behaviours for leaders:</u></p> <ul style="list-style-type: none"> • 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



Vision

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

Strategic Objectives

Strategic Objective 1: Safety, Quality and Excellence

Our commitment to
provide the best care for
all patients

- Become a service which takes care beyond the “ambulance” by providing a more comprehensive offer of integrated care.
- Become an organisation which is research led
- Focus on public health and the health of the population of the West Midlands
- Further develop clinical capability in areas such as frailty, mental health and primary care.

Strategic Objective 2: A great place to work for all

Creating the best
environment for staff to
flourish

- Mental Health and wellbeing of staff to become a strategic priority
- By 2030 have an organisation which is representative of the public we service from an equality and diversity perspective.
- Adapt to the needs of the “millennial shift” 30% WMAS staff are aged between 21 and 38.
- Develop roles which encapsulate the changing needs of our patients.

Strategic Objective 3: Effective planning and use of resources

Continued efficiency of
operation and financial
control

- Whole organisational engagement and mass participation in developing new ideas for efficiency and productivity
- Develop proposals for our commissioners as we transition away from payment by results
- Embed efficiencies from response to the pandemic
- Work with partners to substantially reduce handover delays.

Strategic Objective 4: Innovation and Transformation

Developing the best
technology and services
to support patient care

- Organisational net carbon zero by 2040
- Use artificial intelligence to support innovation, to better meet patients’ needs and improve the experience for staff in the delivery of care
- Expand opportunities for telephone and video conferencing to facilitate the best treatment and conveyance decisions
- Enhance clinical skills development through the use of technology

Strategic Objective 5: Collaboration and Engagement

Working in partnership
to deliver seamless
patient care

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

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OPERATIONAL & CLINICAL KEY PERFORMANCE INDICATORS



NHS

West Midlands Ambulance Service
University NHS Foundation Trust

Trust Information Pack

December 2023

Service Delivery Directorate

Operational Metrics and KPIs

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Call Demand

	All Emergency Calls			
	Current Year	Previous Year	Variation from Previous Year	% Variation
	Call Count	Call Count	Call Count	Call Count
	Month	164,231	157,326	6,905
QTD	498,054	464,686	33,368	7.2%
YTD	1,311,062	1,248,210	62,852	5.0%

	Demand against Contract		
	Assigned Incidents	Contract Incidents	% Variation
	Month	98,570	112,290
QTD	290,014	322,991	-10.21%
YTD	848,926	939,954	-9.68%

	111/999	111 vs 999 calls			
		Current Year		Previous Year	
		Call Count	Call Count	Call Count	Call Count
Month	999	139,549	85.0%	142,713	90.7%
	111	24,682	15.0%	14,613	9.3%
	Total	164,231		157,326	
QTD	999	426,170	85.6%	415,775	89.5%
	111	71,884	14.4%	48,911	10.5%
	Total	498,054		464,686	
YTD	999	1,111,640	84.8%	1,090,208	87.3%
	111	199,422	15.2%	158,002	12.7%
	Total	1,311,062		1,248,210	

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	90,442	86,235	4,207	4.9%
QTD	265,625	257,332	8,293	3.2%
YTD	782,853	786,610	(3,757)	-0.5%

	Emergency Incidents			
	Current Year	Previous Year	Variation from Previous Year	% Variation from Previous Year
	Incident Count	Incident Count	Incident Count	Incident Count
Month	87,478	83,992	3,486	4.2%
QTD	256,648	249,439	7,209	2.9%
YTD	756,881	758,669	(1,788)	-0.2%

Section 1: Demand

December 2023

County	All Incidents by County				All Incidents by County			
	Current Year		Previous Year		Current Year		Previous Year	
	Month		Month		YTD		YTD	
	Incident Count	% of Total Incidents	Incident Count	% of Total Incidents	Incident Count	% of Total Incidents	Incident Count	% of Total Incidents
Arden	12,999	14.4%	12,528	14.5%	113,154	14.5%	114,236	14.5%
Birmingham	22,189	24.5%	21,205	24.6%	191,517	24.5%	196,306	25.0%
Black Country	20,334	22.5%	20,384	23.6%	175,567	22.4%	178,435	22.7%
Hereford and Worcester	10,513	11.6%	9,638	11.2%	91,960	11.7%	92,282	11.7%
Shropshire	7,049	7.8%	6,193	7.2%	61,253	7.8%	56,399	7.2%
Staffordshire	16,476	18.2%	15,781	18.3%	142,860	18.2%	145,320	18.5%
Out of Area	882	1.0%	506	0.6%	6,542	0.8%	3,632	0.5%
Total	90,442		86,235		782,853		786,610	

Treatment Type (AQI Incidents, Emergency only)

Treatment Type Group	Treatment Type	MTD	QTD	YTD
Hear & Treat	Advice	2,515	7,930	24,377
	Alt Service	13,066	39,585	111,568
	Total	15,581	47,515	135,945
	%	18.4%	19.2%	18.5%
See & Convey	Transport - ED	41,278	120,118	359,647
	Transport - Non ED	3,220	9,229	27,918
	Total	44,498	129,347	387,565
	%	52.5%	52.2%	52.6%
See & Treat	Response	24,717	70,699	212,833
	Total	24,717	70,699	212,833
	%	29.1%	28.6%	28.9%
Total	Total	84,796	247,561	736,343

Section 2: Performance

December 2023

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

	Target		Month		QTD		YTD	
	Mean	90%	Mean	90%	Mean	90%	Mean	90%
Priority	7:00	15:00	8:22	14:39	8:21	14:38	8:14	14:29
Category 1	7:00	15:00	8:22	14:39	8:21	14:38	8:14	14:29
Category 1 T	19:00	30:00	9:46	17:39	9:39	17:21	9:29	17:05
Category 2	18:00	40:00	46:22	105:35	44:18	100:48	35:33	79:46
Category 3	60:00	120:00	214:55	569:22	212:04	557:26	161:25	420:43
Category 4	-	180:00	251:31	604:51	241:45	592:31	189:02	490:02
HCP 2hr	-	-	233:55	625:06	238:50	610:34	226:34	597:59
HCP 4hr	-	-	253:34	553:51	283:54	638:19	326:19	807:13

Call Answer	Month	QTD	YTD
Call Answer Mean	0:04	0:03	0:02
Call Answer Median	0:00	0:00	0:00
Call Answer 95th	0:28	0:20	0:05
Call Answer 99th	1:20	1:08	0:47

Over 2 minute Call Answer Delays											
Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
17	30	9	0	8	4	0	4	148	264	211	378

MTD	Target		Arden		Birmingham		Black Country		Hereford and Worcester		Shropshire		Staffordshire	
	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%
Priority	7:00	15:00	9:15	16:13	7:01	11:37	6:39	10:45	10:57	20:31	11:29	22:50	9:16	16:11
Category 1	7:00	15:00	9:15	16:13	7:01	11:37	6:39	10:45	10:57	20:31	11:29	22:50	9:16	16:11
Category 1 T	19:00	30:00	11:10	19:46	7:53	13:01	7:35	12:20	13:57	25:25	13:43	28:38	10:34	18:56
Category 2	18:00	40:00	58:23	130:39	43:58	103:19	28:54	67:04	54:19	124:48	62:12	148:44	50:21	115:43
Category 3	60:00	120:00	215:29	556:31	238:14	651:47	196:20	514:22	199:05	517:38	204:53	580:49	224:16	565:16
Category 4	-	180:00	247:38	513:36	260:37	683:07	232:27	562:39	246:54	623:28	168:20	337:29	281:04	624:08
HCP 2hr	-	-	213:23	572:45	240:21	631:38	203:52	563:24	215:55	576:54	253:31	656:47	279:26	742:41
HCP 4hr	-	-	283:30	536:10	231:01	543:05	206:23	424:04	236:27	537:05	275:24	797:43	306:07	739:29

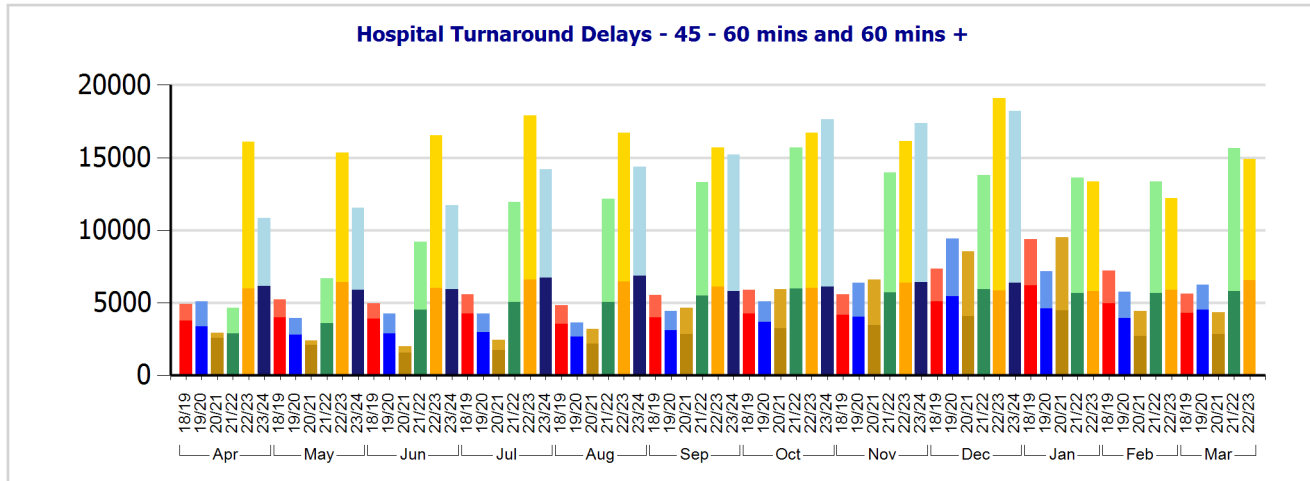
QTD	Target		Arden		Birmingham		Black Country		Hereford and Worcester		Shropshire		Staffordshire	
	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%
Priority	7:00	15:00	8:59	15:53	7:08	11:52	6:42	10:49	10:50	20:31	11:36	23:47	9:09	15:48
Category 1	7:00	15:00	8:59	15:53	7:08	11:52	6:42	10:49	10:50	20:31	11:36	23:47	9:09	15:48
Category 1 T	19:00	30:00	10:41	18:41	7:56	13:14	7:40	12:28	13:02	24:11	13:30	26:35	10:45	18:47
Category 2	18:00	40:00	45:22	96:02	46:20	107:45	27:55	62:14	49:28	111:25	62:17	144:30	50:14	115:08
Category 3	60:00	120:00	183:20	463:28	263:48	716:50	184:03	470:39	202:27	518:20	217:48	587:02	218:05	556:38
Category 4	-	180:00	207:59	489:20	264:20	735:34	236:24	567:13	242:34	586:08	216:22	563:45	261:36	622:04
HCP 2hr	-	-	197:49	498:05	254:23	701:35	186:00	439:48	238:44	627:19	287:15	711:53	284:37	698:37
HCP 4hr	-	-	311:52	722:50	240:27	500:35	213:04	444:49	272:24	606:42	371:39	894:16	371:46	915:06

YTD	Target		Arden		Birmingham		Black Country		Hereford and Worcester		Shropshire		Staffordshire	
	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%
Priority	7:00	15:00	8:56	15:43	6:59	11:38	6:35	10:48	10:40	20:07	11:27	23:40	8:55	15:18
Category 1	7:00	15:00	8:56	15:43	6:59	11:38	6:35	10:48	10:40	20:07	11:27	23:40	8:55	15:18
Category 1 T	19:00	30:00	10:27	18:31	7:48	12:59	7:25	12:13	12:34	23:09	13:30	26:46	10:38	18:29
Category 2	18:00	40:00	37:03	76:42	39:01	91:44	22:13	46:42	40:13	88:01	46:28	103:36	38:45	87:03
Category 3	60:00	120:00	144:56	365:34	219:20	613:34	126:40	321:47	158:51	401:18	166:39	424:48	156:10	401:47
Category 4	-	180:00	167:42	396:00	271:46	757:42	166:03	402:28	180:11	473:42	160:41	442:29	187:41	475:45
HCP 2hr	-	-	184:24	482:43	314:57	830:01	160:52	391:43	216:00	570:09	266:45	661:34	226:04	593:42
HCP 4hr	-	-	312:33	754:06	383:19	910:04	273:11	603:37	296:00	748:20	331:56	815:00	349:46	870:30

Section 3: Hospitals

December 2023

	Total Conveyances				Over 1 Hr Turnaround Delays				Hours Lost at Hospital (over 30 min turnaround)			
	Current Year	Previous Year	Variation	% Variation	Current Year	Previous Year	Variation	% Variation	Current Year	Previous Year	Variation	% Variation
Month	46,445	41,478	4,967	12.0%	11,825	13,260	-1,435	-10.8%	30,222	44,277	-14,055	-31.7%
QTD	135,040	129,680	5,360	4.1%	34,322	33,733	589	1.7%	84,506	108,835	-24,329	-22.4%
YTD	403,765	404,231	-466	-0.1%	74,802	94,482	-19,680	-20.8%	175,077	303,175	-128,098	-42.3%



Destination	Hospital Turnaround Timebands													
	MTD						YTD							
	Under 30	30-60 mins	60+ mins	Total	Under 30	30-60 mins	60+ mins	Total						
Alexandra	570	32.5%	681	38.8%	504	28.7%	1755	6487	41.6%	5890	37.7%	3229	20.7%	15606
Birmingham Childrens	276	51.4%	224	41.7%	37	6.9%	537	2341	53.7%	1806	41.4%	214	4.9%	4361
Burton	260	22.1%	575	48.8%	343	29.1%	1178	3068	29.6%	5862	56.5%	1446	13.9%	10376
City (Birmingham)	808	37.6%	971	45.2%	369	17.2%	2148	8418	44.5%	8369	44.3%	2124	11.2%	18911
County Hospital (Stafford)	368	38.2%	474	49.2%	122	12.7%	964	4660	55.8%	3271	39.1%	425	5.1%	8356
George Elliot	253	21.1%	744	62.1%	202	16.8%	1199	2536	23.8%	7031	65.9%	1104	10.3%	10671
Good Hope	428	17.9%	1083	45.2%	885	36.9%	2396	4514	22.3%	10683	52.8%	5044	24.9%	20241
Heartlands	751	20.7%	1675	46.2%	1201	33.1%	3627	7072	22.8%	16996	54.8%	6946	22.4%	31014
Hereford County	668	42.3%	640	40.5%	272	17.2%	1580	6033	43.5%	6174	44.5%	1661	12.0%	13868
New Cross	1600	40.3%	1778	44.8%	591	14.9%	3969	14889	44.2%	15283	45.3%	3530	10.5%	33702
New Queen Elizabeth Hosp	623	18.4%	1887	55.6%	882	26.0%	3392	5960	20.2%	17660	60.0%	5832	19.8%	29452
Princess Royal	287	16.8%	730	42.6%	695	40.6%	1712	2759	18.3%	6902	45.7%	5438	36.0%	15099
Royal Shrewsbury	258	17.1%	680	45.1%	571	37.8%	1509	1961	15.5%	5598	44.3%	5085	40.2%	12646
Royal Stoke Univ Hosp	855	20.8%	1740	42.3%	1516	36.9%	4111	8781	23.3%	18254	48.5%	10583	28.1%	37618
Russells Hall	716	22.6%	1632	51.4%	825	26.0%	3173	6772	24.3%	16146	58.0%	4907	17.6%	27825
Sandwell	430	19.1%	1147	50.8%	680	30.1%	2257	4934	24.8%	11274	56.6%	3725	18.7%	19933
Solihull		0.0%	1	100.0%		0.0%	1	10	47.6%	8	38.1%	3	14.3%	21
Uni Hospital Cov & War	1449	39.3%	1546	42.0%	690	18.7%	3685	12499	38.0%	16476	50.1%	3939	12.0%	32915
Walsall Manor	1005	31.5%	1847	57.9%	340	10.7%	3192	10558	41.1%	13709	53.4%	1423	5.5%	25690
Warwick	548	31.4%	1082	62.1%	113	6.5%	1743	5691	37.8%	8969	59.6%	398	2.6%	15058
Worcestershire Royal	441	19.0%	887	38.3%	987	42.6%	2315	5204	25.5%	7438	36.5%	7745	38.0%	20388

Turnaround - Time at Hospital to Time Clear

RPI

	Month	QTD	YTD
Category 1	1.40	1.40	1.40
Category 2	1.05	1.05	1.05
Category 3	1.05	1.05	1.05
Category 4	1.06	1.06	1.06
HCP	1.13	1.12	1.06
Total	1.11	1.11	1.10

Percentage of Double Crewed Ambulances with a Paramedic as Part of Crew (excludes HDU)

6 Months Trend

	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23
Bromsgrove Hub	100.0%	100.0%	100.0%	100.0%	100.0%	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	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Erdington Hub	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%
Hereford Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hollymoor Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Lichfield Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Sandwell Hub	98.9%	96.6%	99.2%	100.0%	99.1%	98.1%
Shrewsbury Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Stafford Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Stoke Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Warwick Hub	100.0%	99.8%	99.6%	100.0%	99.8%	99.8%
Willenhall Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Worcester Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total	99.9%	99.6%	99.9%	100.0%	99.9%	99.8%

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

6 Months Trend

	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23
Percentage	99.5%	96.5%	95.1%	95.3%	95.6%	94.5%

Job Cycle Times (minutes)

	MTD		QTD		YTD	
	S&T	S&C	S&T	S&C	S&T	S&C
Category 1	97.89	131.89	97.06	129.05	95.83	118.88
Category 2	116.83	181.72	121.01	179.76	114.52	158.04
Category 3	238.42	341.92	254.59	342.54	224.68	280.60
Category 4	186.62	461.19	201.60	445.77	204.68	361.66
HCP	376.15	381.30	393.11	393.04	390.91	392.49

Section 5: EPR Completion

December 2023

Month

Overall WMAS

	All Eligible Incidents			Transported Eligible Incidents			Non Transported Eligible Incidents		
	Eligible Inc	EPRs	%	Eligible Inc	EPRs	%	Eligible Inc	EPRs	%
Total	70,486	68,457	97.1%	46,750	46,098	98.6%	23,736	22,359	94.2%

Notes:

- **1666** 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	%
10,287	10,032	97.5%	16,516	15,948	96.6%	16,134	15,666	97.1%	13,355	13,003	97.4%	5,636	5,500	97.6%	8,558	8,308	97.1%

YTD

Overall WMAS

	All Eligible Incidents			Transported Eligible Incidents			Non Transported Eligible Incidents		
	Eligible Inc	EPRs	%	Eligible Inc	EPRs	%	Eligible Inc	EPRs	%
Total	612,925	595,126	97.1%	407,302	401,626	98.6%	205,623	193,500	94.1%

Notes:

- **14186** 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

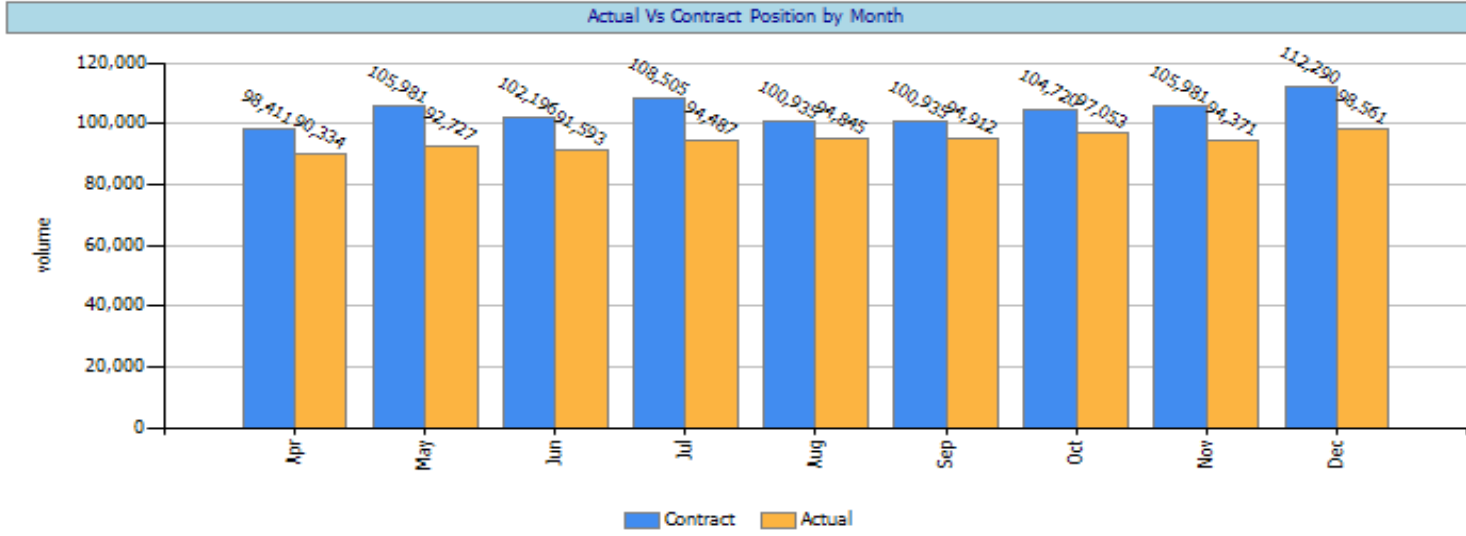
Arden			Birmingham			Black Country			Staffordshire			Shropshire			Hereford and Worcester		
Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%
89,818	87,734	97.7%	141,144	135,940	96.3%	140,162	136,285	97.2%	117,941	114,919	97.4%	49,004	47,421	96.8%	74,856	72,827	97.3%

Section 6: Monthly Contract Position

December 2023

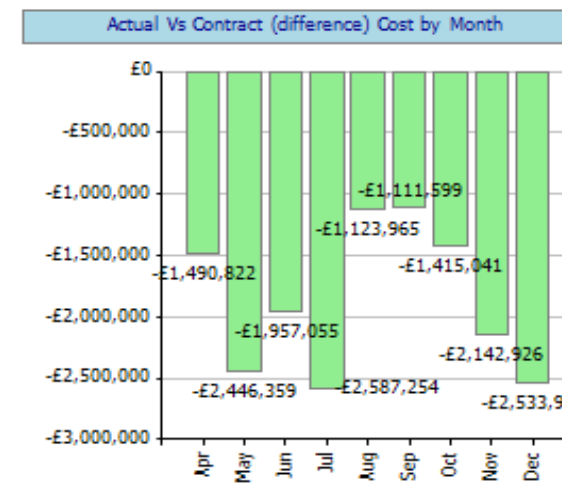
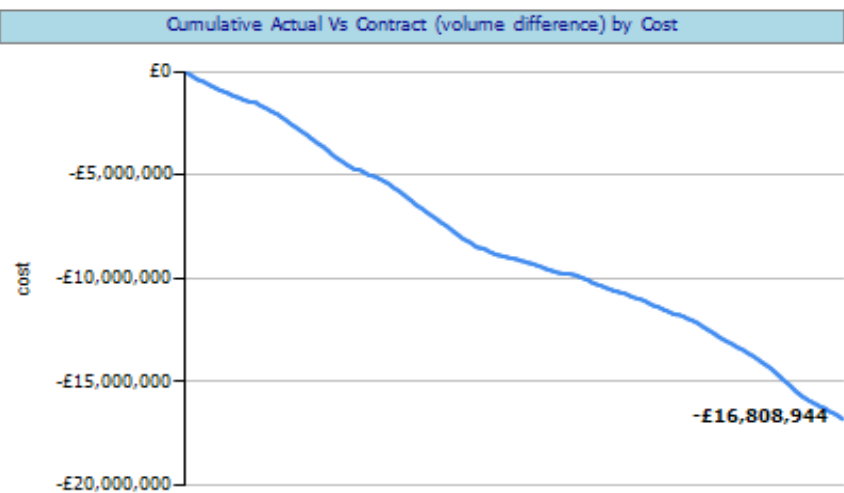
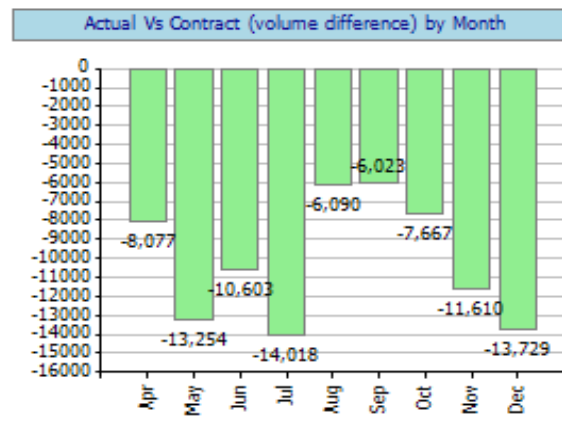
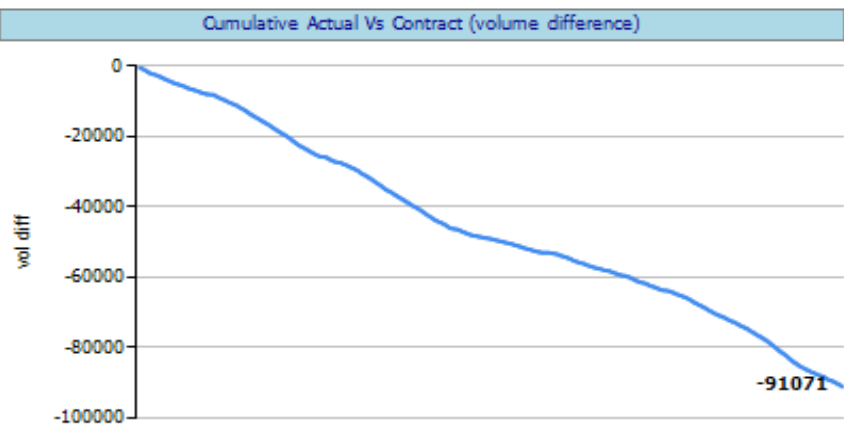
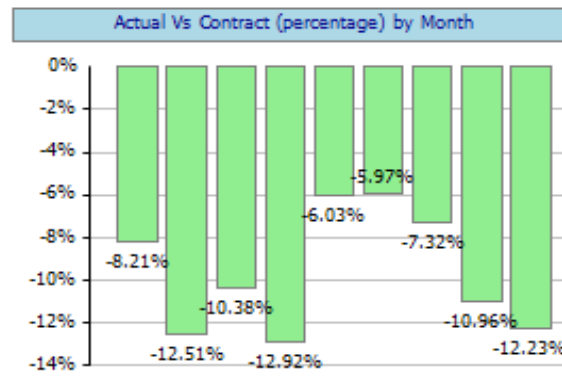
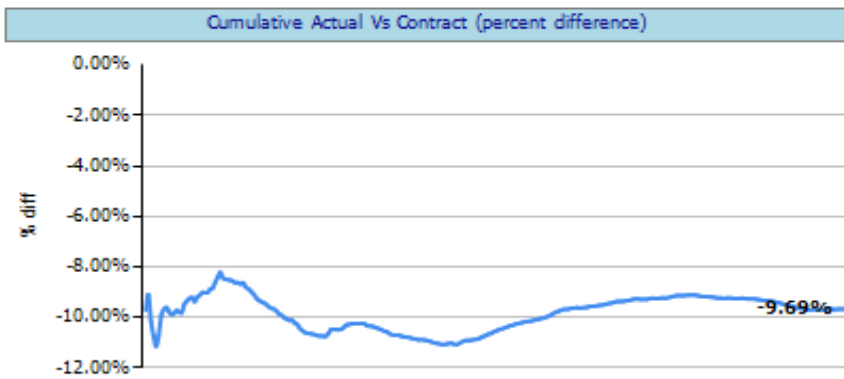
all information contained within this section is for guidance only as an error margin exists between this and all other Contract related reports

CCG	December 2023				Year To Date			
	Actual	Contract	Diff	% Diff	Actual	Contract	Diff	% Diff
BIRMINGHAM AND SOLIHULL ICS	24,134	29,699	-5,565	-18.74%	207,997	248,602	-40,605	-16.33%
BLACK COUNTRY ICS	21,928	23,289	-1,361	-5.84%	188,248	194,944	-6,696	-3.43%
COVENTRY AND WARWICKSHIRE ICS	13,945	16,087	-2,142	-13.31%	120,845	134,659	-13,814	-10.26%
HEREFORDSHIRE AND WORCESTERSHIRE ICS	11,407	13,369	-1,962	-14.68%	99,612	111,911	-12,299	-10.99%
SHROPSHIRE, TELFORD AND WREKIN ICS	7,675	8,278	-603	-7.28%	66,316	69,292	-2,976	-4.30%
STAFFORDSHIRE AND STOKE ON TRENT ICS	17,676	21,569	-3,893	-18.05%	153,056	180,546	-27,490	-15.23%
WMAS	98,561	112,290	-13,729	-12.23%	848,883	939,954	-91,071	-9.69%



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)
-£16,741,552



Clinical Performance Report



West Midlands Ambulance Service
University NHS Foundation Trust



Contents:

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

Station & Data Tables:

[Stroke](#)

[STEMI](#)

Data available up to the end of:

WMAS : December 2023
(Cardiac – November 2023)

Statistical Process Control

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



Common

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



Special

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

Care Bundle

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

Management of Stroke

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

Management of STEMI

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

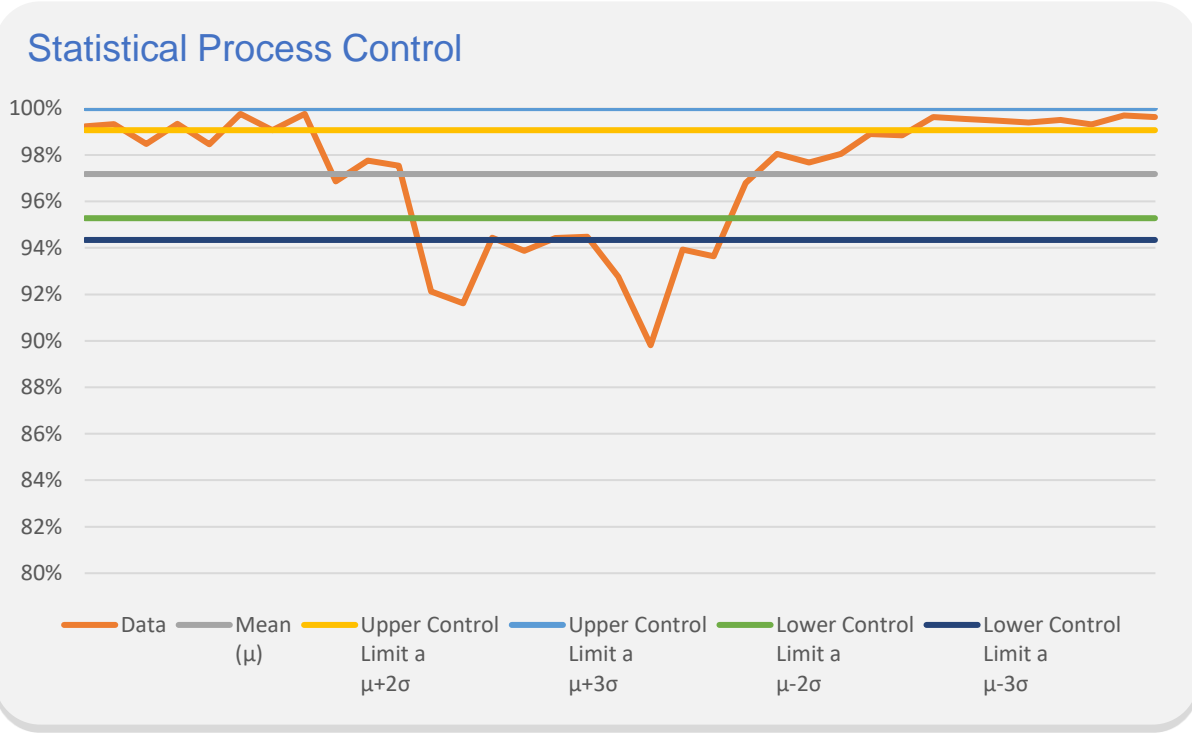
When an ambulance attends Aspirin and GTN should be administered, the patient's pain needs to be assessed and managed.

Management of Cardiac Arrest

There are three elements that are reported for Cardiac Arrest:

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

	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023
Care Bundle	97.68%	98.06%	99.41%	98.84%	99.63%	99.55%	99.48%	99.39%	99.50%	99.31%	99.70%	99.63%



The following actions have been completed to ensure the improvement of AQI performance.

Action	Completed by
EPR notification screen to remind staff of the appropriate assessments and treatments for Stroke patients.	28 February 2023
AQI Posters displayed on Hub screens	February 2023
Quality Improvement Paramedic appointed for 1 year secondment.	Secondment ends November 2023
CPD Events facilitated by QI Paramedic	October 2022- ongoing (with secondment ending November 2023)
AQI Newsletter	October 2022
Videos on how to record AQIs on EPR	October 2022
Clinical Times edition 42	May 2022
Clinical AQI Guidance	May 2022

National Comparison (Last published)

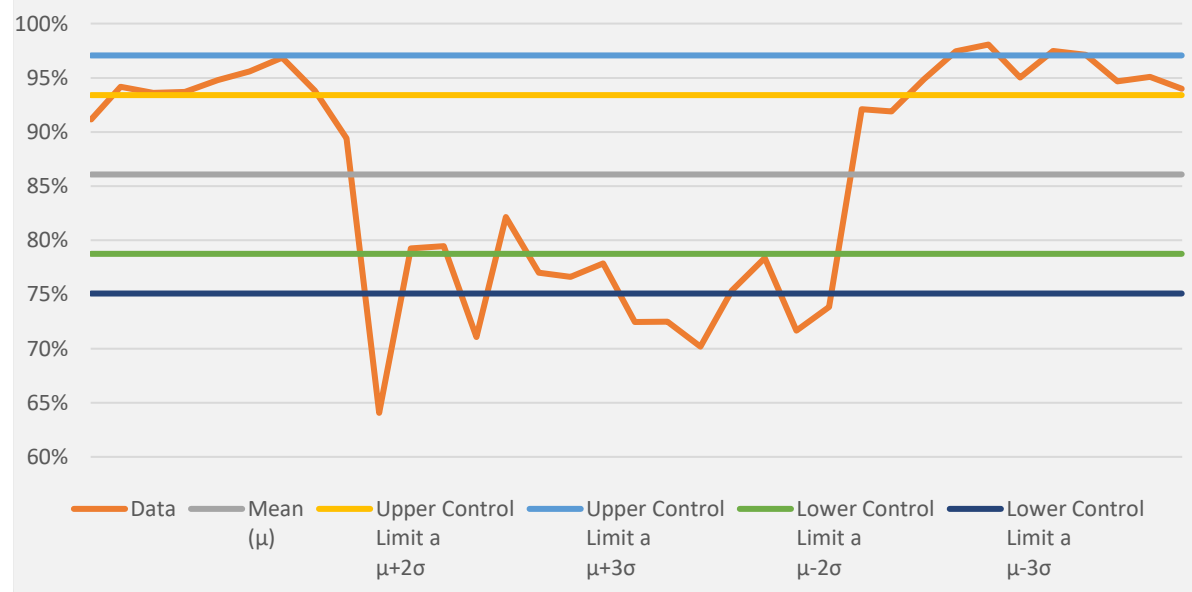
Care Bundle								
	Aug 2022		Nov 2022		Feb 2023		May 2023	
WMAS	89.91%		96.79%		98.06%		99.63%	
National	95.94%	10 th	97.15%	7 th	97.08%	4 th	97.58%	1 st

Hospital Data Comparisons (Last Reported July 2023)

Call to Hospital (90 th percentile)			Hospital to CTN Scan (90 th percentile)			Hospital to thrombolysis (90 th percentile)		
WMAS	02:38		WMAS	04.48		WMAS	01:48	
National	02:24	10 th	National	03:25	11 th	National	01:35	9 th

	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023
Care Bundle	73.86%	92.20%	91.89%	94.90%	97.47%	98.09%	95.02%	97.50%	97.12%	94.68%	95.09%	94.01%

Statistical Process Control



The following actions have been completed to ensure the improvement of AQI performance

Action	Completed by
EPR notification screen to remind staff of the appropriate assessments and treatments for STEMI patients.	28 February 2023
AQI Posters displayed on Hub screens	February 2023
Quality Improvement Paramedic appointed for 1 year secondment.	Secondment ends November 2023
CPD Events facilitated by QI Paramedic	October 2022- ongoing (with secondment ending November 2023)
AQI Newsletter	October 2022
Videos on how to record AQIs on EPR	October 2022
Clinical Times edition 42	May 2022
Clinical AQI Guidance	May 2022

National Comparison

Care Bundle								
	Oct-2022		Jan-2023		Apr-2023		July 2023	
WMAS	75.37%		73.86%		94.90%		95.02%	
National	72.74%	5 th	73.40%	6 th	75.10%	1 st	76.39%	1 st

Last Available from MINAP (July 2023)

Call to Catheter (Mean)			Call to Catheter (90 th percentile)		
WMAS	02:22		WMAS	03:17	
National	02:23	5 th	National	03:20	6 th

Monthly Trend

	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	Sept 2023	October 2023	November 2023
ROSC At Hospital (overall)	29.53%	30.79%	26.57%	23.73%	22.26%	28.57%	27.62%	26.22%	26.30%	23.99%	25.08%	28.82%	26.04%	27.62%
ROSC At Hospital (comparator)	60.38%	48.15%	49.15%	37.50%	35.14%	42.86%	44.23%	46.94%	52.63%	46.81%	34.78%	63.41%	38.78%	44.23%
Survival to Discharge (overall)	7.81%	10.22%	5.59%	6.45%	3.88%	6.47%	6.01%	6.10%	8.46%	7.19%	7.46%	Available 31 January 2024	Available 28 February 2024	Available 31 March 2024
Survival to Discharge (comparator)	27.45%	27.45%	30.36%	20.00%	10.81%	11.11%	26.00%	20.41%	29.73%	28.26%	28.26%			

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

Points to note:

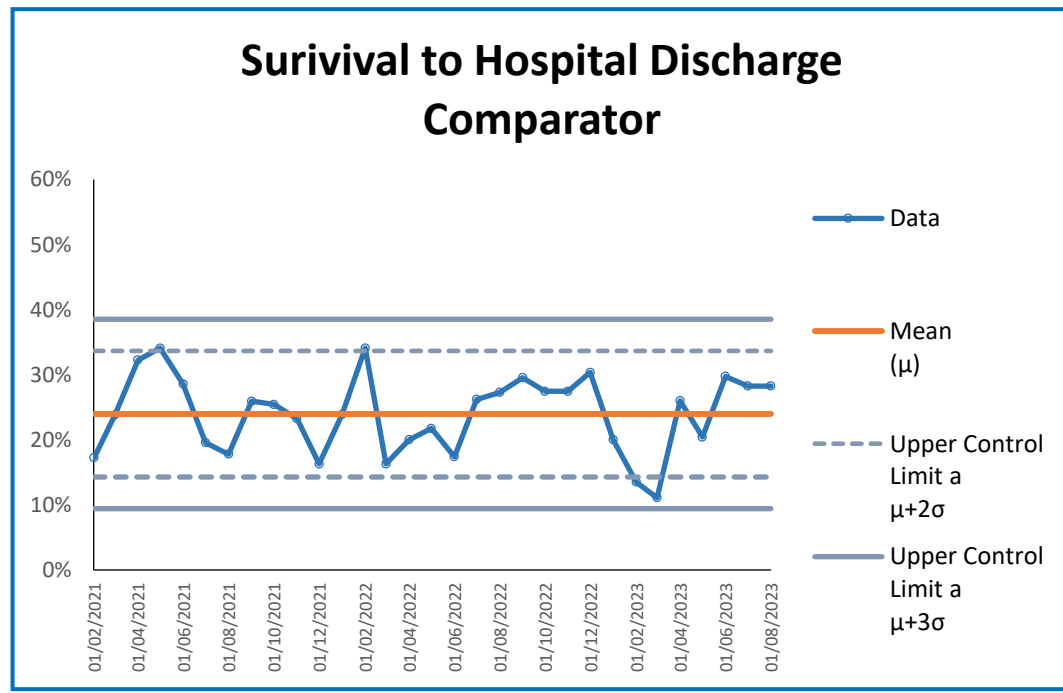
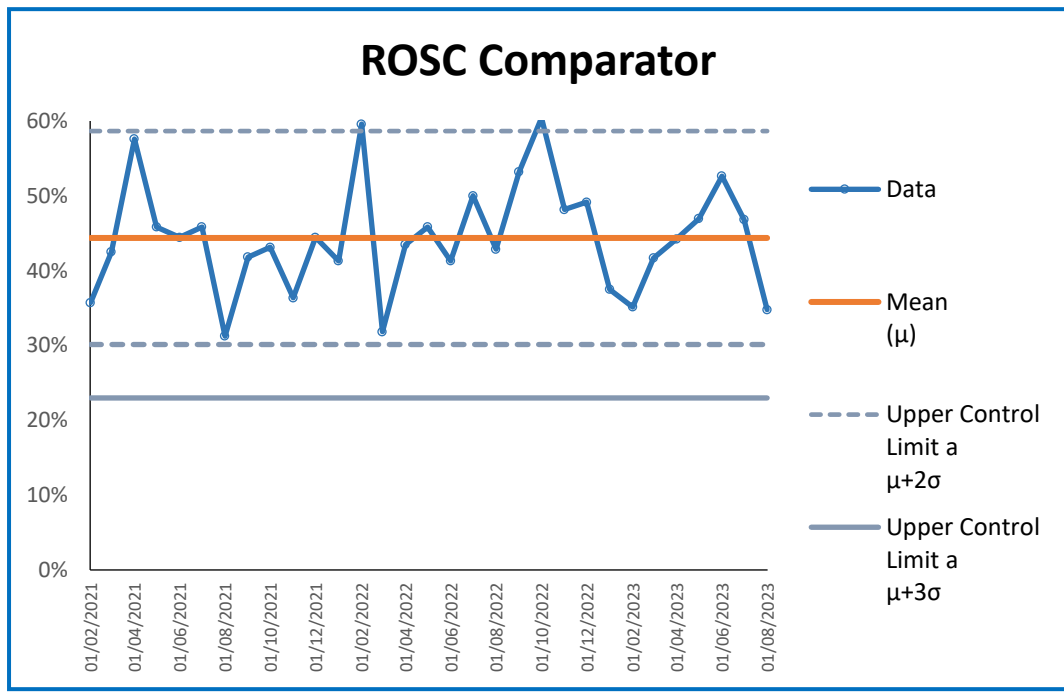
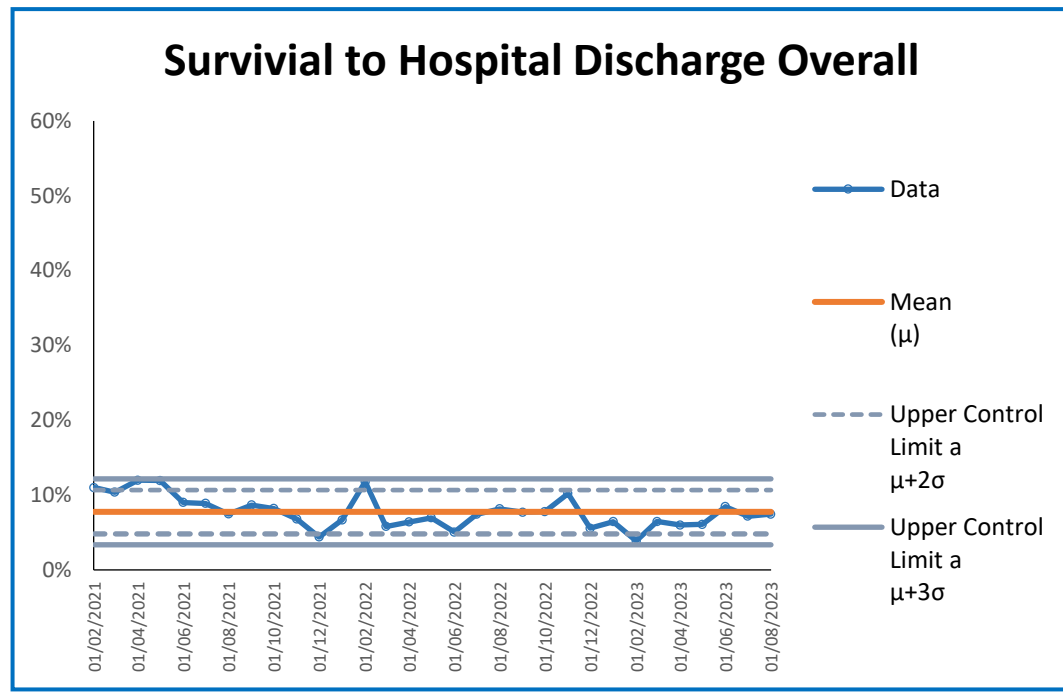
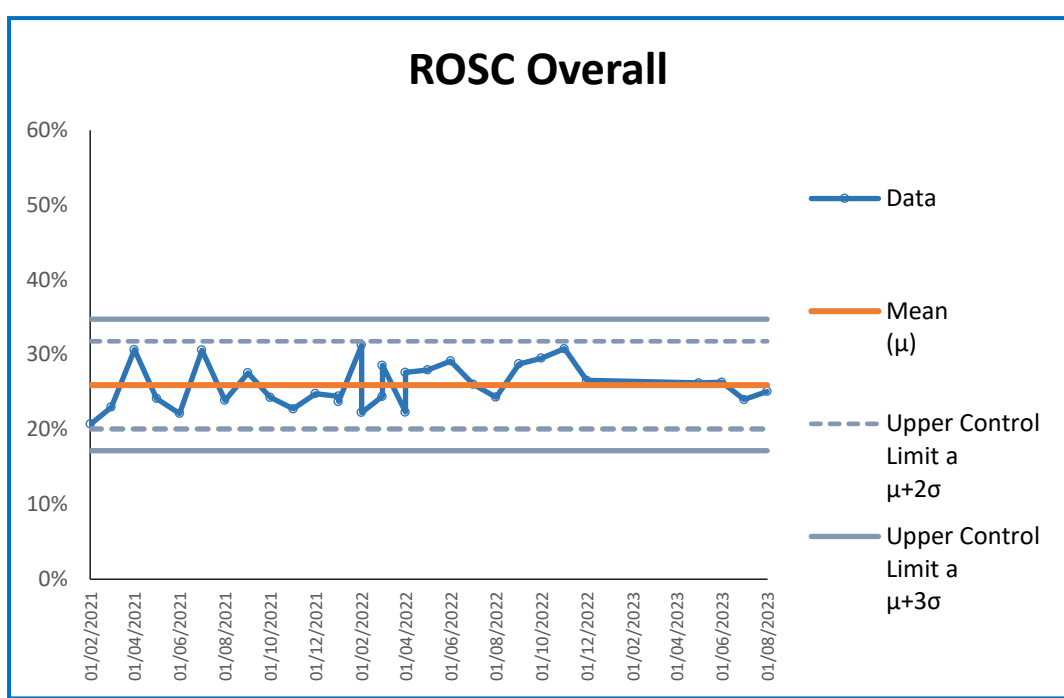


- A Cardiac Arrest Annual report for 2022-2023 has been produced for 2022-2023 data. The report will enable breakdowns of numerous cardiac elements and will be available to all to view.

Common Cause Discussion

- A 5 year cardiac arrest strategy is being completed to highlight WMAS approach to cardiac arrest management.

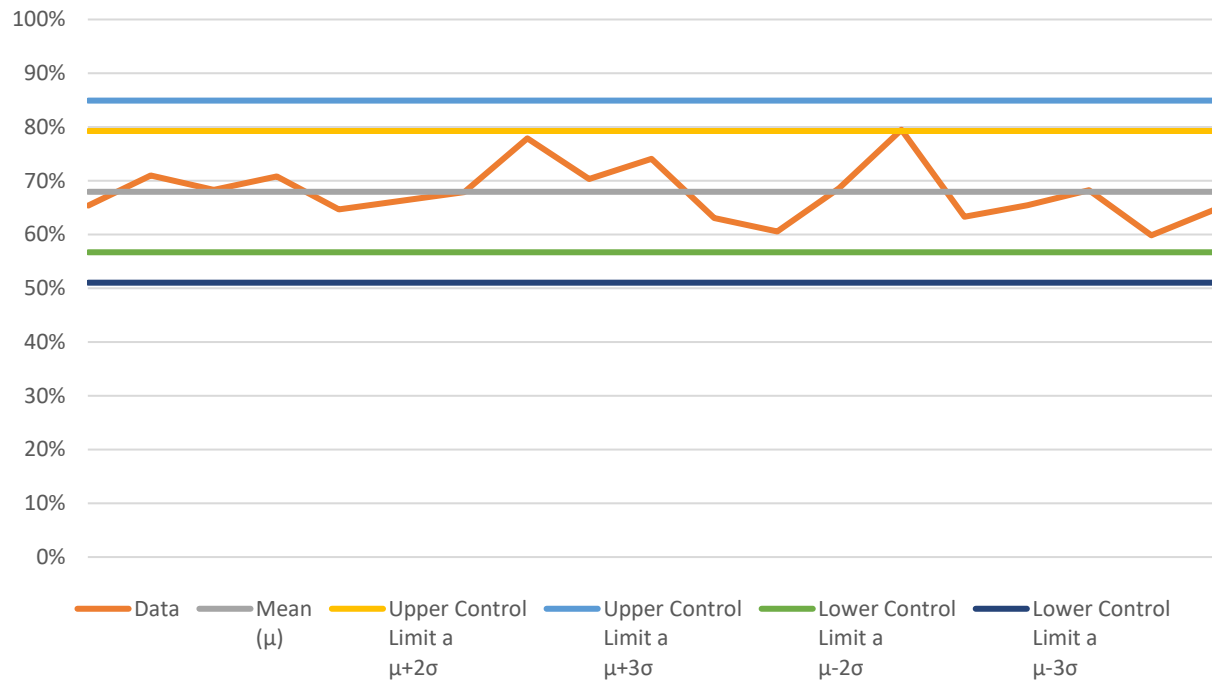
Management of Cardiac Arrest Arrest SPC Charts



Monthly Trend

	Jan-2022	Apr-2022	July 2022	October 2022	January 2023	April 2023	July 2023	October 2023
Care Bundle	60.55%	68.57%	79.49%	63.28%	65.44%	68.25%	59.82%	64.57%
12 Lead ECG	73.89%	80.95%	87.61%	82.81%	82.35%	86.51%	82.14%	85.83%
BM Recorded	89.91%	86.67%	93.81%	85.94%	87.50%	91.27%	86.61%	85.04%
BP Recorded	84.40%	94.29%	96.46%	88.28%	86.76%	91.27%	87.50%	84.25%
ETCO2 Recorded	97.25%	98.10%	96.46%	96.09%	96.32%	96.03%	98.21%	97.74%
O2 Administered	97.25%	99.02%	99.12%	96.88%	97.79%	99.21%	98.21%	99.21%
Saline Administration	85.32%	89.22%	94.69%	89.84%	83.82%	87.30%	85.71%	82.68%
National Care Bundle	77.37%	78.73%	76.93%	76.45%	75.68%	78.77%	72.26%	Not yet published

Post ROSC



Common Cause Discussion

The following actions have been in place for the management of cardiac arrest.

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

Special Cause Discussion

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

Management of Stroke Data Tables

Data Provided by SSNAP

Month	Time from call to hospital arrival			Time from arrival at hospital to CT scan			Time from arrival at hospital to thrombolysis		
	Mean	Median	90 th percentile	Mean	Median	90 th percentile	Mean	Median	90 th percentile
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
December 22	02:36	01:40	04:45	01:56	00:43	05:10	01:04	00:55	01:50
January 23	01:32	01:17	02:20	01:27	00:39	03:41	01:01	00:54	01:35
February 23	01:33	01:21	02:28	01:43	00:44	04:24	01:12	01:03	02:07
March 23	01:33	01:21	02:28	01:43	00:44	04:24	01:12	01:03	02:07
April 23	01:32	01:20	02:17	01:22	00:37	03:22	00:59	00:52	01:30
May 23	01:42	01:20	02:33	01:31	00:40	04:05	01:07	00:57	01:54
June 23	01:41	01:23	02:38	01:42	00:40	05:04	01:09	00:59	01:52
July 23	01:41	01:22	02:38	01:40	00:41	04:48	01:06	00:59	01:48

Management Stroke Care Bundle

Month	WMAS	National
February 23	98.04%	97.08%
March 23	99.40%	Not required
April 2023	98.84%	
May 2023	99.63%	97.58%
June 2023	99.55%	Not required
July 2023	99.48%	
August 2023	99.45%	Awaiting
September 2023	99.50%	Not required
October 2023	99.31%	
November 2023	99.07%	Awaiting
December 2023	99.63%	Not required

Management of STEMI Data Tables

Data Provided by MINAP

	Call to Catheter	
	Mean	90th percentile
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 22	02:28	03:38
October 2022	02:27	03:42
Nov-2022	02:25	03.16
Dec-2022	02:48	04:53
Jan 2023	02:14	03:01
Feb 2023	02:15	03:02
Mar 2023	02:24	03:33
Apr 2023	02:15	02:54
May 2023	02:16	02:58
June 2023	02:10	03:05
July 2023	02,22	03.17

Management STEMI Care Bundle

Month	WMAS %	National %
January 2023	73.86%	73.40%
February 23	92.12%	Not required
March 2023	91.89%	
April 2023	94.90%	75.10%
May 2023	97.47%	Not required
June 2023	98.09%	
July 2023	95.02%	76.39
August 2023	97.50%	Not required
September 2023	97.12%	
October 2023	94.68%	Awaiting
November 2023	95.09%	Not required
December 2023	94.01%	

Station Reporting

	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023
BASICS	100.00%	-	-	-	-	-	-	-	-	-	-	-
BROMSGROVE	97.65%	97.94%	100.00%	98.89%	100.00%	100.00%	99.14%	100.00%	100.00%	100.00%	100.00%	100.00%
CARE TEAM	-	-	-	-	-	100.00%	-	-	-	100.00%	100.00%	98.58%
COVENTRY	97.04%	99.21%	99.34%	97.20%	99.31%	99.32%	98.77%	97.92%	99.33%	100.00%	100.00%	98.48%
DONNINGTON	97.75%	100.00%	100.00%	96.30%	100.00%	100.00%	98.70%	100.00%	100.00%	99.30%	100.00%	99.30%
DUDLEY	97.46%	97.09%	100.00%	97.78%	100.00%	100.00%	100.00%	100.00%	99.28%	99.32%	100.00%	100.00%
ERDINGTON	97.84%	95.45%	100.00%	100.00%	100.00%	100.00%	99.28%	99.26%	99.29%	100.00%	100.00%	100.00%
HART	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	-	100.00%	100.00%	98.86%	100.00%	100.00%
HEREFORD	97.75%	96.30%	100.00%	98.13%	98.73%	98.67%	98.85%	100.00%	100.00%	66.67%	100.00%	100.00%
HOLLYMOOR	99.38%	95.74%	100.00%	99.33%	99.33%	100.00%	99.28%	99.35%	100.00%	99.22%	98.57%	100.00%
LICHFIELD	96.77%	96.15%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
SANDWELL	97.47%	99.24%	98.72%	100.00%	100.00%	99.28%	100.00%	100.00%	100.00%	99.28%	100.00%	100.00%
SHREWSBURY	96.30%	97.75%	98.88%	98.95%	99.07%	100.00%	100.00%	100.00%	100.00%	99.01%	98.77%	100.00%
STAFFORD	98.63%	100.00%	100.00%	98.77%	100.00%	98.77%	98.78%	98.84%	100.00%	100.00%	99.05%	100.00%
STOKE	96.67%	98.45%	99.21%	97.79%	99.34%	97.84%	99.33%	99.30%	99.07%	99.12%	100.00%	100.00%
WARWICK	93.10%	100.00%	98.46%	100.00%	100.00%	100.00%	100.00%	98.70%	100.00%	98.41%	100.00%	98.67%
WILLENHALL	98.11%	98.99%	97.20%	100.00%	100.00%	100.00%	100.00%	100.00%	98.95%	100.00%	99.09%	100.00%
WORCESTER	100.00%	99.02%	99.17%	100.00%	98.97%	100.00%	100.00%	99.06%	97.52%	97.89%	100.00%	99.07%
UNKNOWN	100.00%	100.00%	-	-	-	-	-	-	-	-	-	-
Grand Total	97.67%	98.04%	99.40%	98.84%	99.63%	99.55%	99.48%	99.45%	99.50%	99.31%	99.70%	99.63%

Station Reporting

	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	
BROMSGROVE	70.00%	100.00%	81.82%	100.00%	88.89%	80.00%	90.00%	100.00%	100.00%	88.89%	100.00%	91.67%
COVENTRY	79.41%	82.14%	71.43%	93.33%	100.00%	100.00%	95.00%	96.15%	100.00%	100.00%	95.45%	85.71%
DONNINGTON	85.71%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
DUDLEY	47.83%	91.67%	100.00%	94.12%	100.00%	95.45%	100.00%	91.30%	94.74%	94.74%	94.12%	83.33%
ERDINGTON	81.25%	88.24%	89.47%	93.33%	100.00%	100.00%	84.21%	100.00%	94.74%	95.65%	94.74%	100.00%
HART	-	-	100.00	-		100.00%	100.00%	-	-	-	-	100.00%
HEREFORD	57.14%	83.33%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	85.71%
HOLLYMOOR	78.13%	100.00%	100.00%	88.24%	95.83%	95.65%	91.30%	100.00%	100.00%	80.00%	88.89%	90.00%
LICHFIELD	90.91%	100.00%	92.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
SANDWELL	61.90%	89.47%	100.00%	88.89%	100.00%	100.00%	93.33%	96.15%	95.45%	100.00%	94.44%	100.00%
SHREWSBURY	72.73%	100.00%	100.00%	100.00%	100.00%	100.00%	92.86%	100.00%	100.00%	88.89%	100.00%	93.33%
STAFFORD	80.00%	88.89%	91.67%	93.75%	92.86%	100.00%	93.75%	100.00%	100.00%	100.00%	100.00%	90.00%
STOKE	68.42%	100.00%	100.00%	86.67%	86.67%	100.00%	100.00%	94.44%	88.89%	88.24%	94.44%	88.24%
WARWICK	80.00%	90.00%	85.71%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.86%	100.00%
WILLENHALL	86.67%	93.75%	100.00%	100.00%	100.00%	100.00%	95.00%	100.00%	95.24%	100.00%	90.91%	100.00%
WORCESTER	85.71%	91.67%	100.00%	100.00%	100.00%	100.00%	100.00%	92.86%	100.00%	100.00%	100.00%	100.00%
Unknown	66.67%	-	85.71%	-	-	-	-	-	-	-	-	-
Grand Total	73.86%	92.12%	91.89%	94.90%	97.46%	98.09%	95.02%	97.50%	97.12%	94.68%	95.09%	94.01%

3

**GOVERNANCE &
SECURITY**

KEY

**PERFORMANCE
INDICATORS**



NHS

West Midlands Ambulance Service
University NHS Foundation Trust

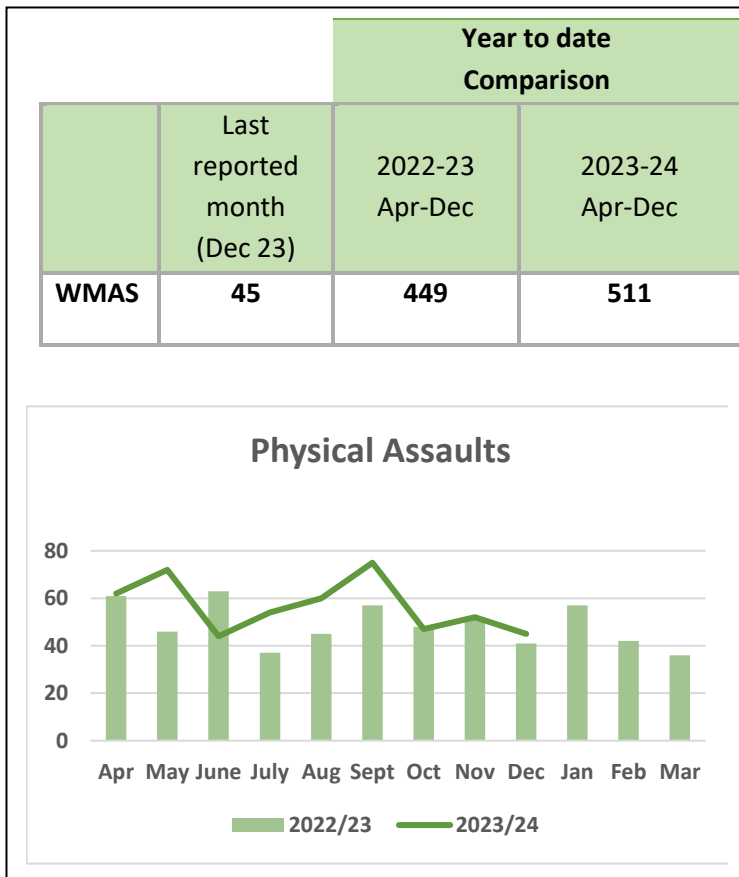
Trust Information Pack

December 2023

Governance and Security

Physical / Verbal Assaults, Near Misses and Security Incidents Report

Incident Category	2022/23	2023/24	Percentage change
	Apr-Dec	Apr-Dec	
Physical assaults against staff	449	511	14%
Verbal abuse	927	1304	41%
Security (Theft, Loss, Damage)	421	364	13%
Near Miss (Aggression, Threatening Behaviour)	274	340	24%
Total No. of Reported Incidents	2071	2519	22%



Physical Assaults

The quantity of physical assaults (45) for December 23 is slightly higher than the corresponding period in the previous year (41).

Of the 511 Physical assault incidents, 218 of those listed involved the use of alcohol and/or drugs.

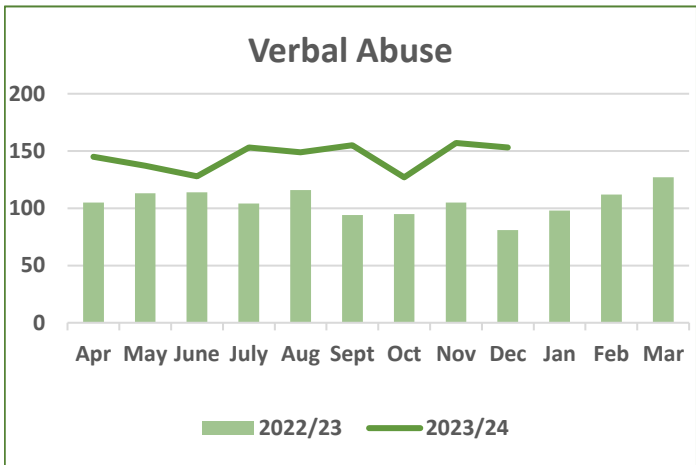
203 of the 511 physical assaults took place in the rear of the vehicle.

28 of the 511 physical assaults involved PTS staff.

41 of the 511 involved physical assaults on student paramedics.

Body Worn Cameras were activated 87 times during this period which equates to 17% of reported physical assaults against our staff.

		Year to date Comparison	
	Last reported month (Dec 23)	2022-23 Apr-Dec	2023-24 Apr-Dec
WMAS	153	927	1304



Verbal Abuse

The quantity of verbal abuse incidents (153) in December 23 is higher than the corresponding period in the previous year (81).

Of the 1504 verbal abuse incidents, 271 of those listed involved the use of alcohol and/or drugs.

345 of the 1304 verbal abuse incidents took place in the rear of the vehicle.

129 of the 1304 verbal abuse incidents involved PTS staff.

97 of the 1304 verbal abuse incidents were against student paramedics.

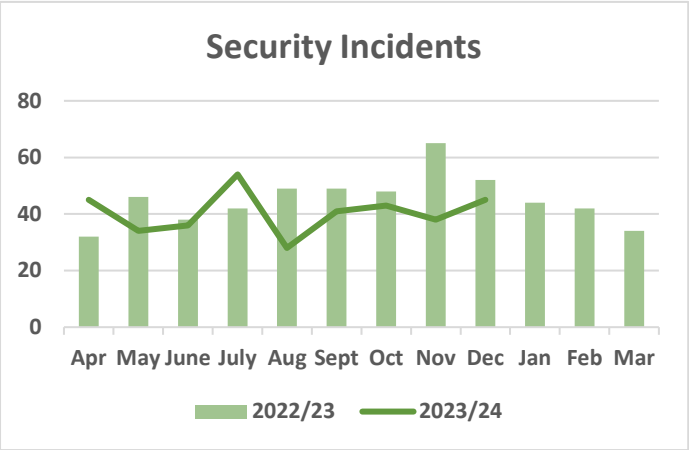
Body Worn Cameras have been activated on 160 occasions during this period which equates to 12% of reported verbal abuse incidents against our staff.

Security Incidents

The number of reported incidents (45) in December 23 is lower than the corresponding period in the previous year (52).

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

		Year to date Comparison	
	Last reported month (Dec 23)	2022-23 Apr-Dec	2023-24 Apr-Dec
WMAS	45	421	364



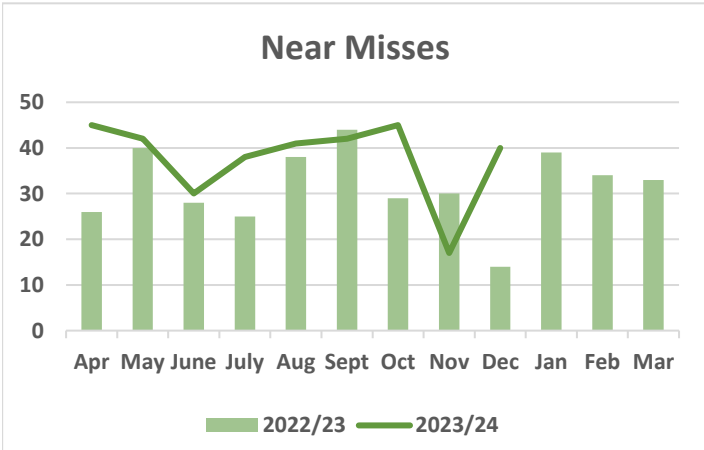
Near Miss

The number of near miss incidents (40) in November 23 is higher than the corresponding period in the previous year (14).

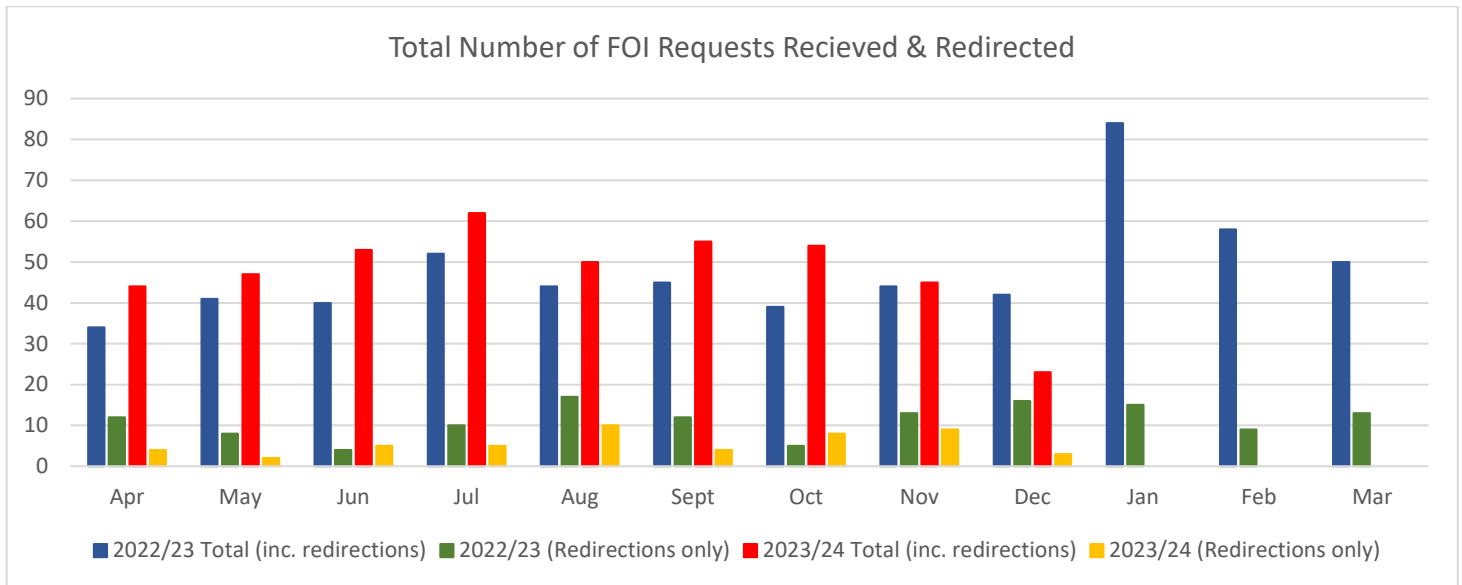
Body Worn Cameras have been activated on 37 occasions which equates to 11% of reported near miss incidents against our staff.

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

		Year to date Comparison	
	Last reported month (Dec 23)	2022-23 Apr-Dec	2023-24 Apr-Dec
WMAS	40	274	340



Freedom of Information (FOI)



Number of FOI Requests Received			
2020/21	2021/22	2022/23	2023/24
371	437	573	433

Number of FOI Breaches (Exceeding Statutory Time Limit to respond)			
2020/21	2021/22	2022/23	2023/24
4	5	19	22

Freedom of Information

The Information Commissioners Office has issued an advisory notice to all public authorities:

[Information Commissioner's Office - Advisory note to public authorities | ICO](#)

This follows the recent high profile and serious data breaches in the UK which have shown an impact of the personal information within original source spreadsheets being disclosed inadvertently on FOIA Requests.

WMAS have reviewed all attachments on our FOI previous responses page.

WMAS are following the ICO advisory notice to reduce the risk of a data breach using attachments.

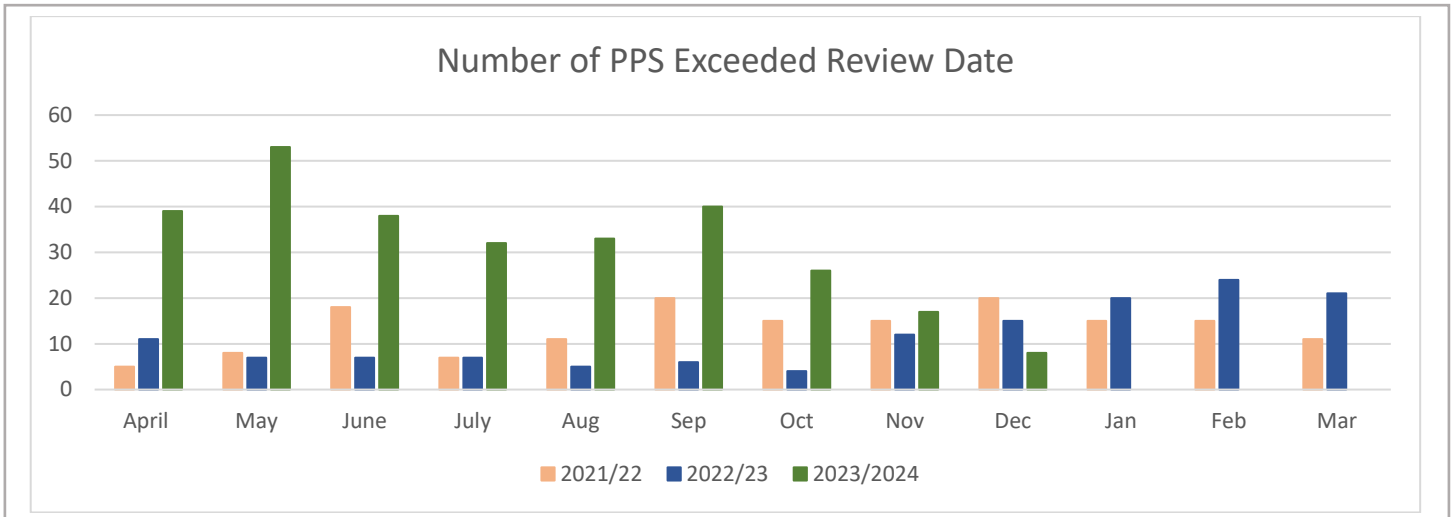
Records Management

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.

Policies, Procedures & Strategies (PPS)



Policies Procedures and Strategies

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

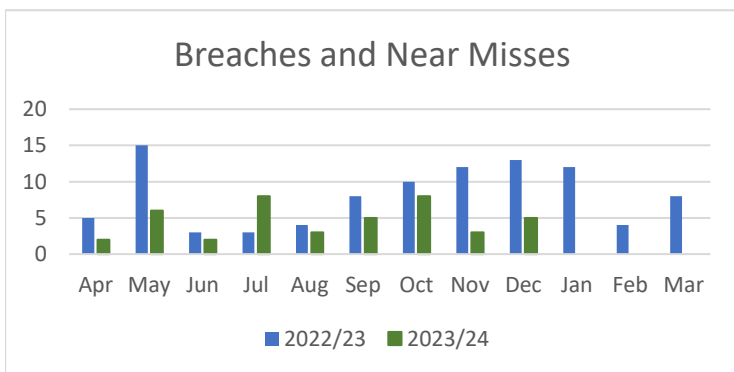
The Trust currently have 388 active documents.

8 documents are breaching the timeframe for review as of 19 January 2024.

Staff who have not started the review of their documents have been manually chased via email.

Data Protection Officer

Data Protection Breaches and Near Misses	Last reported month (Dec 2023)	Year to date Comparison	
		2022-23 April - Dec	2023-24 April - Dec
WMAS	8	48	34



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)

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

DP23241002 - Mental Health education, from Maudsley Learning and Virti.

Developing a range of educational VR videos as part of the wider mental health education work. Videos will be hosted within a VR platform for playback either through an embedded web player or within VR headsets.

The platform also include the ability to develop interactive scenarios using virtual humans, or further develop our own VR videos to enhance this.

DTAC, DPIA, SAFA received and agreed

DPO240101 - PreHOspital Triage for potential stroke patients: lessons from systems Implemented in response to COVID19 (PHOTONIC) is a mixed methods study, comprising interviews and routine data collection. Routine anonymised data is the workstream WMAS have been invited to participate in. by sharing anonymous data for all cases with the impression of stroke, with data covering a 40-month period (April 2019 to August 2022 inclusive).

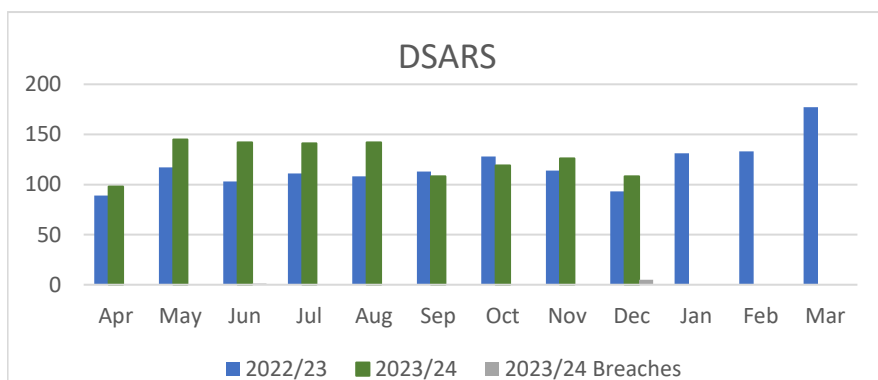
Data Sharing Agreements / Information Sharing Protocols (DSAs / ISPs)

New Data Sharing Agreement template released by NHS England in August 2023.

This will form the basis of WMAS Data Sharing Agreements. This has been discussed at the recently National Ambulance Information Governance Group chaired by WMAS.

DPO231203 - Perfect Week DSA. This agreement covers the sharing of West Midlands Ambulance Service University NHS Foundation Trust (WMAS) data with Birmingham Community Healthcare NHS Foundation Trust (BCHC).

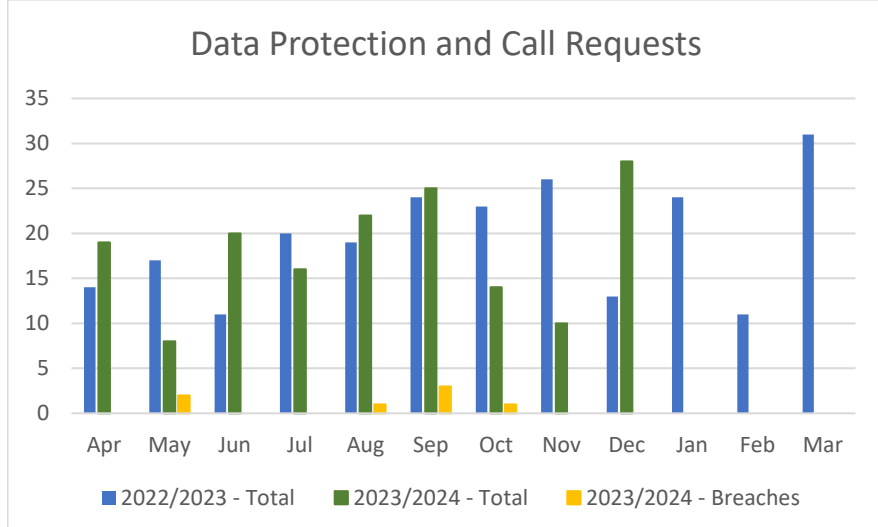
DSAR (Data Subject Access Requests)		Year to date Comparison		
	Last reported month (December 2023)	2022-23 April – Dec	2023-24 April – Dec	2023-24 Breaches April – Dec
WMAS	119	1000	1293	5



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 and now includes solicitor requests where Electronic Patient records are released under consent.

This section has been updated to fall in line with Corporate Benchmarking. Therefore, there is a significant increase in the figures due to this including all DSARS.

Call and Data Protection Requests		Year to date Comparison		
	Last reported month (December 2023)	2022-23 April - Dec	2023-24 April - Dec	2023-24 Breaches April – Dec
WMAS	28	167	162	11



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.

This section has been updated to fall in line with Corporate Benchmarking.

4

Clinical Directors Combined Report



West Midlands Ambulance Service
University NHS Foundation Trust



Trust Information Pack

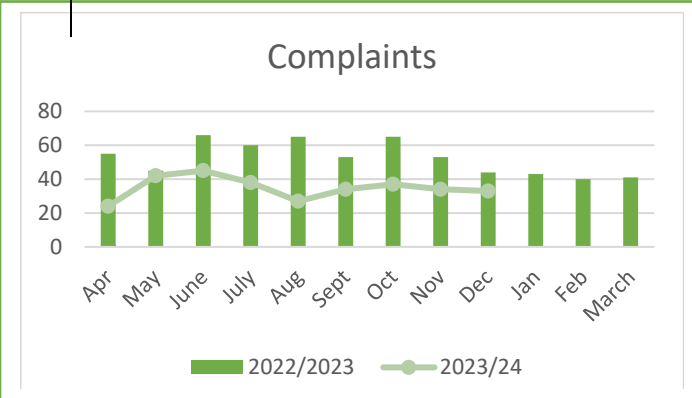
**Paramedic Practice & Patient Safety Directorate,
and Nursing Directorate**

Trust Board January 2024

Patient Experience

Formal Complaints

	Last reported month (Dec 23)	Year to date	
		2022-23 Total	2023-24 YTD
WMAS	32	506	313



Year to Date the Patient Experience Team has acknowledged 98.4% of its complaints within 3 working days. The Trust has responded to 96% of cases within 25 working days.

For the month of December, we saw 33 complaints received compared to 44 in December 2022 a decrease of 11. For the month of December, we saw 32 complaints received compared to 44 in December 2022 a decrease of 11. The main reason for a complaint was Response (12).

Of the cases closed to date: 4 Justified, 1 Part Justified, 4 Not Justified. Remaining cases are still under investigation and due for closure by 5 February 2024.

4 Information Requests were received in December 2023 by the Parliamentary Health Service Ombudsman (PHSO).

Month of December 2023: In December 2023, the Trust undertook:

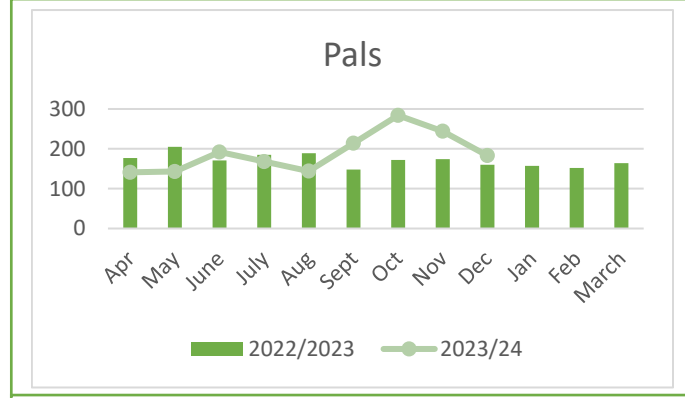
168, 369 Emergency Calls, which equates to 1 Complaint for every 10,523 calls received.

87,746 Emergency Incidents, which equates to 1 Complaint for every 8,775 Incidents.

68,031 Non-Emergency Patient Journeys, which equates to 1 Complaint for every 9,719 Journeys.

Informal (PALS)

	Last reported month (Dec 2023)	Year to date	
		2022-23 Total	2023-24 YTD
WMAS	184	1581	1714



The Trust has seen a 14.4% increase in pals concerns from 160 in 2022 to 183 in 2023. The Trust has seen a 14.4% increase in pals concerns from 160 in 2022 to 184 in 2023.

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

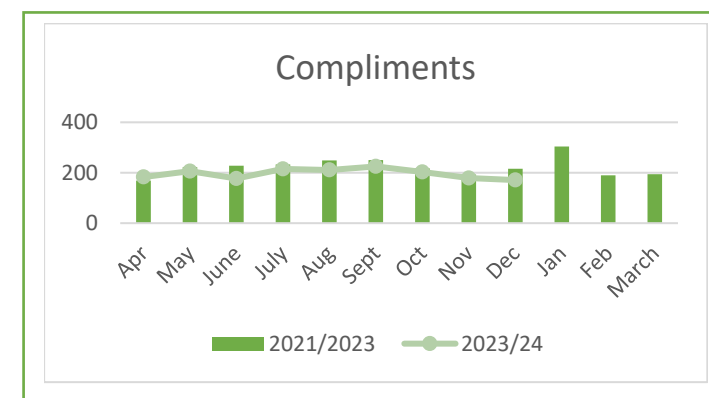
- 43 Eligibility
- 42 Response
- 22 Loss & Damage

Of the Cases closed to date (month) –

- 18= Justified,
- 10= Part Justified,
- 56= Not justified

Compliments

	Last reported month (Dec 23)	Year to date	
		2022-23 Total	2023-24 YTD
WMAS	171	1978	1770



Compliments: December 2023: There have been 171 compliments received compared to 216 the previous year, a decrease of 45.

Friends and Family Test (YTD)

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

Response (YTD)	Renal Survey	FFT Survey	PTS Survey
Very Good	27	17	38
Good	23	0	43
Neither Good or Poor	11	3	1
Poor	4	2	2
Very Poor	3	5	2
Don't Know	0	2	0
Total	68	29	86

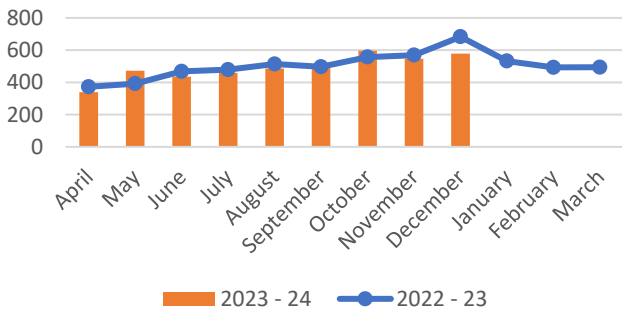
Total PTS Journeys in December 68031 – 20 responses

Discharge on Scene Results: 5 responses in December 2023

Patient Safety Incidents

Total Patient Safety Incidents

	Last reported month (Dec 23)	Year to date	
		2022-23	2023-24
WMAS	579	4532	4409



For the month of December, there were 579 patient safety incidents reported. This is a 15 % decrease on the same month last year.

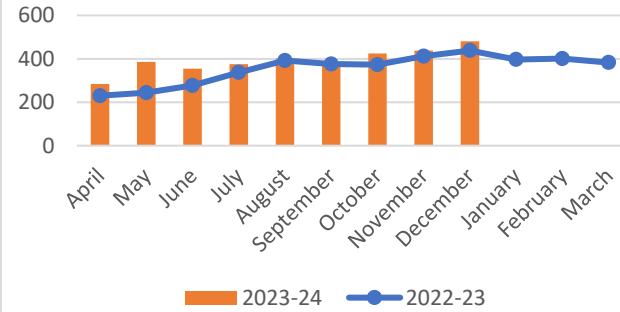
E&U accounted for 60% of the total patient safety incidents.

PTS accounted for 14% of the total patient safety incidents.

EOC accounted for 26% of the total patient safety incidents.

No Harm Incidents

	Last reported month (Dec 23)	Year to date	
		2022-23	2023-24
WMAS	481	3079	3527



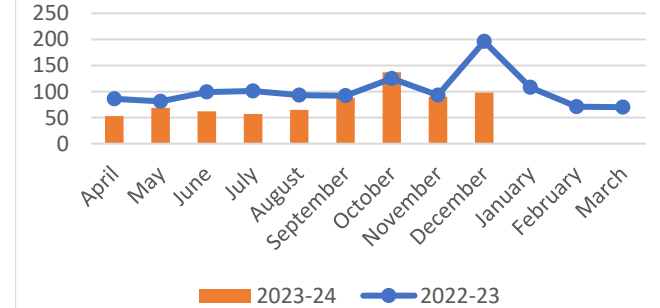
E&U accounted for 60% of the 'no harm' total patient safety incidents.

PTS accounted for 15% of the 'no harm' total patient safety incidents.

EOC accounted for 25% of the 'no harm' total patient safety incidents.

Harm Incidents

	Last reported month (Dec 23)	Year to date	
		2022-23	2023-24
WMAS	98	966	719



Area	Patient Harm		No Harm		Total
	Total	%	Total	%	
E&U	57	58%	288	60%	345
PTS	10	10%	73	15%	83
IEUC	31	32%	120	25%	151
Total	98	100%	481	100%	579

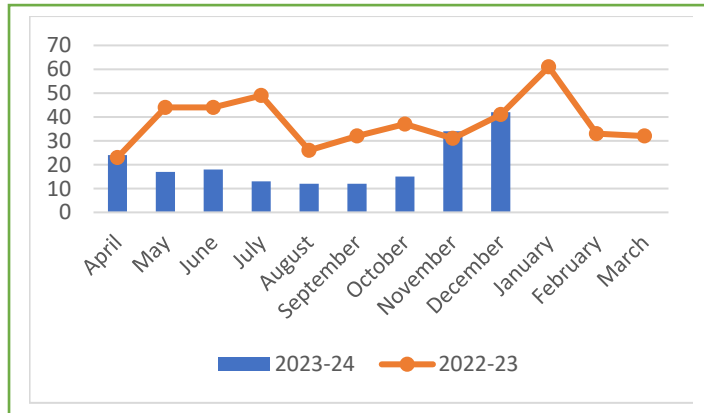
The top trend for low harm incidents, relates to harm caused due to avoidable injuries caused to patients. E.G., skin tears during moving and handling and injuries occurring during extrication.

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

Serious Incidents and Duty of Candour

Total number of serious incidents reported

	Last reported month (Dec 23)	Year to date	
		2022-2023	2023-2024
WMAS	42	327	187



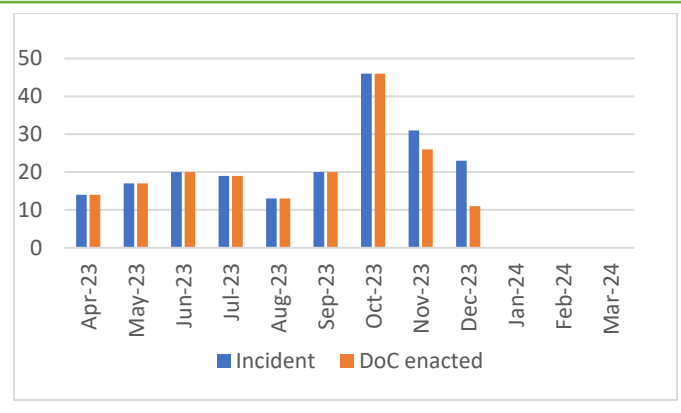
42 SI's were registered in December.
 25 SI's were reviewed for closure.
 The Lead ICB reviewed and closed 12.

The total so far for 2023/24 – 187 (96 solely related to delayed responses). There have been 199 recommendations completed that identifies learning for the Trust.

259 potential SIs have been reviewed since 01.04.23.

Moderate harm and above

	Last reported month (Dec 23)	Year to date	
		Total number of incidents	Number of incidents being open completed
WMAS	23	203	186

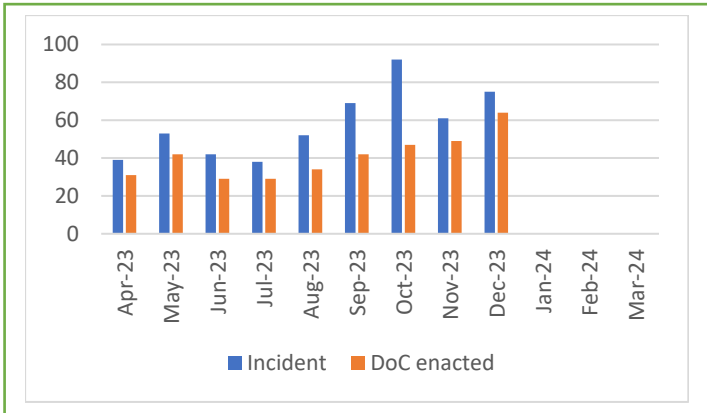


Duty of Candour has been enacted in 47.6% of cases where moderate harm or above has been caused during so far December, this will increase.

The year-to-date figure is 91.6%

Low harm

	Last reported month (Dec 23)	Year to date	
		Total number of incidents	Number of incidents being open completed
WMAS	75	521	367



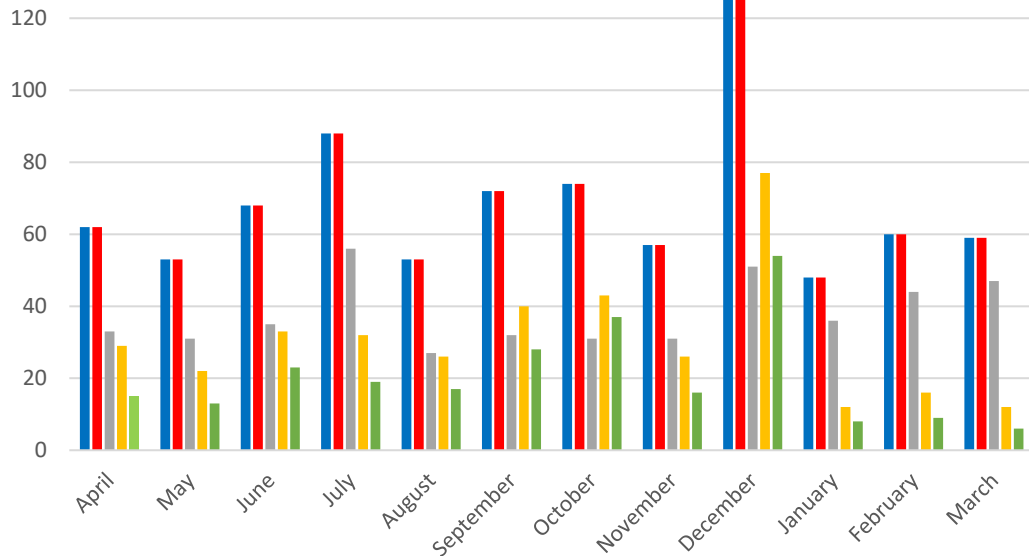
There have been 75 incidents where low harm has been caused to patients during December.

Out of these, evidence of 'Being Open' can currently be provided for 63 of the incidents (84.0%).

The year-to-date figure is 70.4%

Learning from Deaths (LFD)

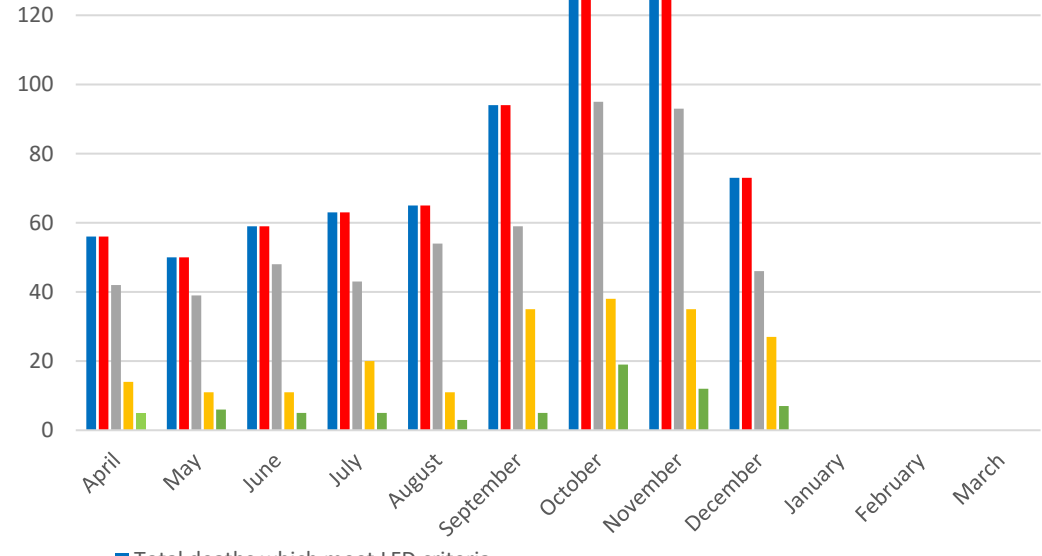
Learning from Deaths 2022/2023



- Total deaths which meet LFD criteria
- LFD Deaths - Where a Structured Judgement Review was completed
- LFD Deaths - Where further investigation was not indicated
- LFD Deaths - Where further investigation was indicated
- LFD Deaths - Where a contributory 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.

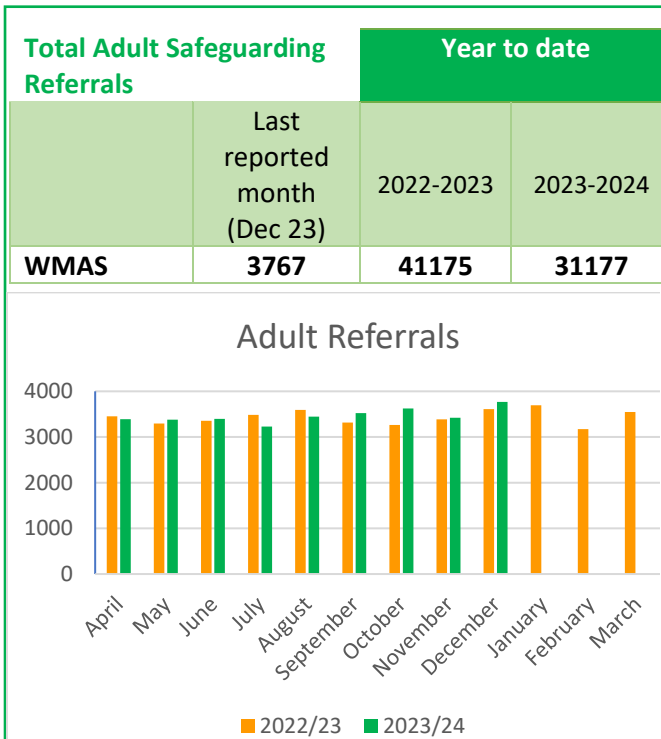
Learning from Deaths 2023/2024



- 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 contributory problem in care was identified (reported as an SI)

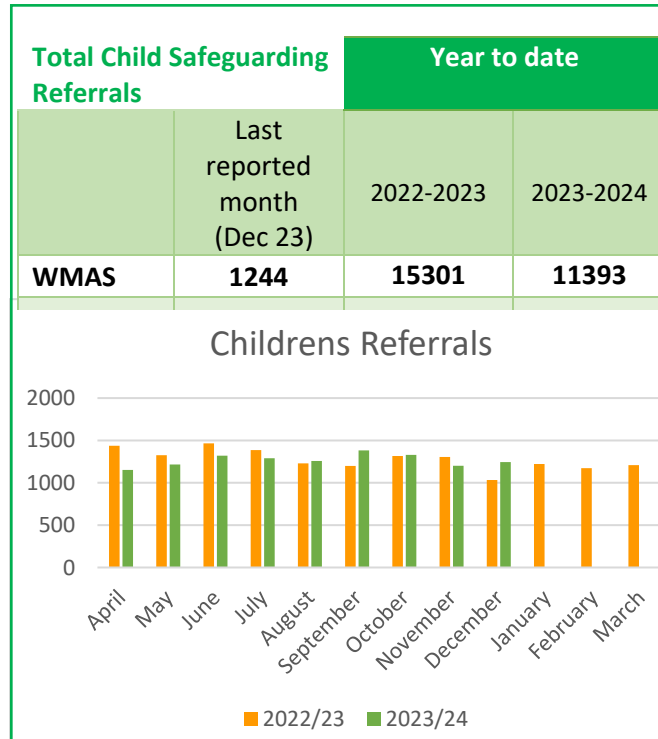
- It is important to note that the premise of the LFD agenda is not the quantitative data that this graph details, but the learning, themes and actions that may result from the structured judgement review of deaths within scope.
- In comparison with this month of the 2022/2023 LFD reporting period, there has been:
 - A 42.9% decrease in overall deaths meeting LFD criteria. (Note: due to demand and annual leave this figure is likely to increase significantly.)
 - 38.5% of cases required further investigation following a structured judgement review.
- During the current financial year, there have been 67 deaths investigated under the Serious Incident Framework following LFD review.
- Due to the nature of Learning from Deaths, the figures displayed are only correct on the date of the report being completed and are likely to increase.

Safeguarding Referrals



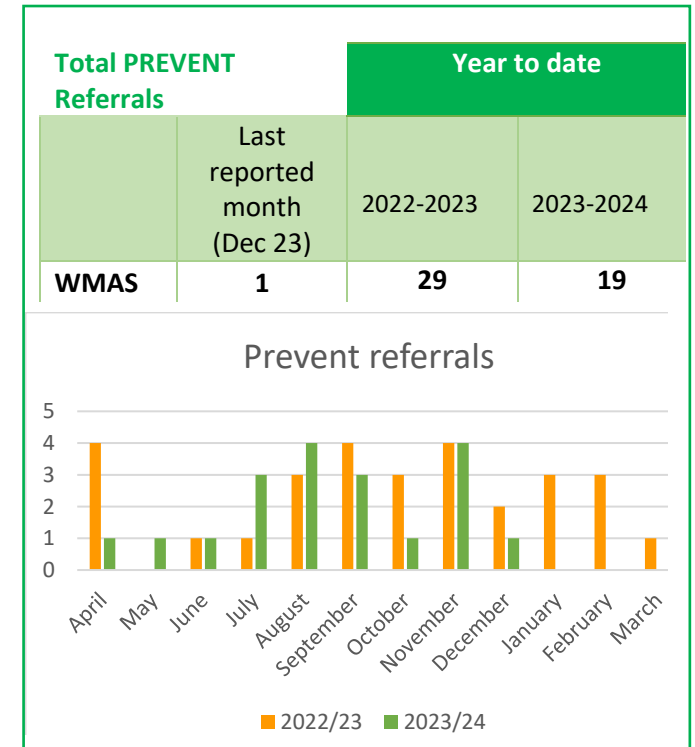
Adult Safeguarding- these figures are for referrals for 18 years and older and include adult care concerns. The referrals are received from E&U staff, PTS staff and all other departments within the organisation. Comparison to previous years for the same period.

There is a 4.2% increase in the number of adult care/welfare and adult safeguarding referrals sent in December 2023 compared to the previous year.



Child Safeguarding Referral- these figures are for referrals 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 period.

December 2023 saw an 20.4% increase in the number of referrals made compared to the same month last year.



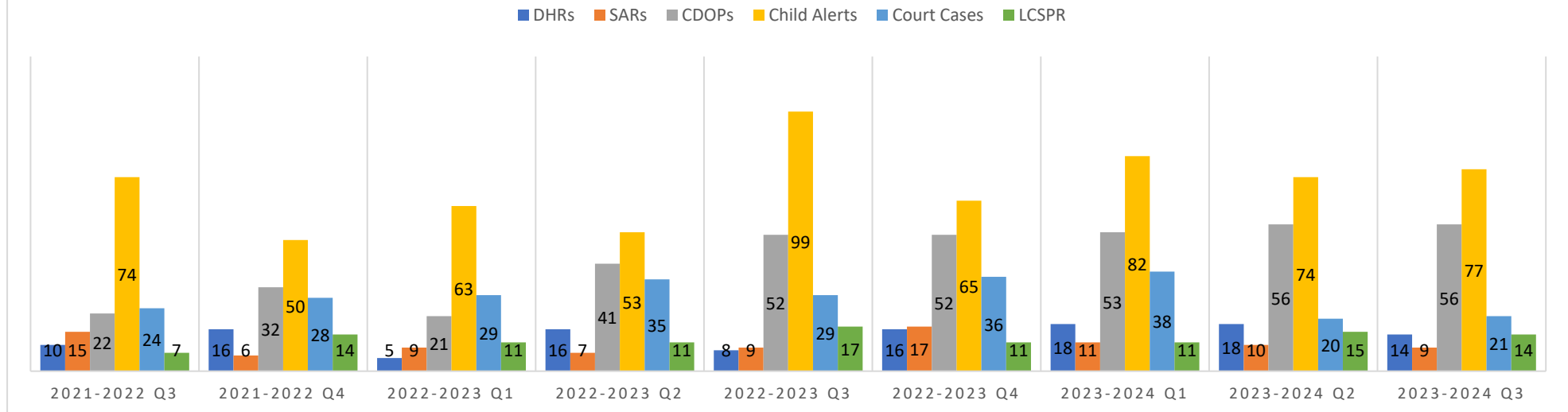
Prevent Referrals are made where there are concern an individual is being radicalised for extremism.

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 CASES AND REVIEWS



DHR's - Domestic Homicide Review

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

The number of DHRs in Q3 has risen by 6 against the same period last year with 14 being received in 2023/24.

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).

The number of SARs from Q3 against the same period last year has remained the same with 9 being received.

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.

There has been a decrease of 3 LCSPR's from Q3 against the same period last year.

CDOP's Child Death Overview Panel

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

In Q3 there has been an increase of 4 CDOPs against the same period last year.

Child Alerts – Internal WMAS named case

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

There has been a decrease of 22 Child Alerts from Q3 against the same period last year.

Court Cases

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

There has been a decrease of 8 court cases in Q3 against the same period last year.

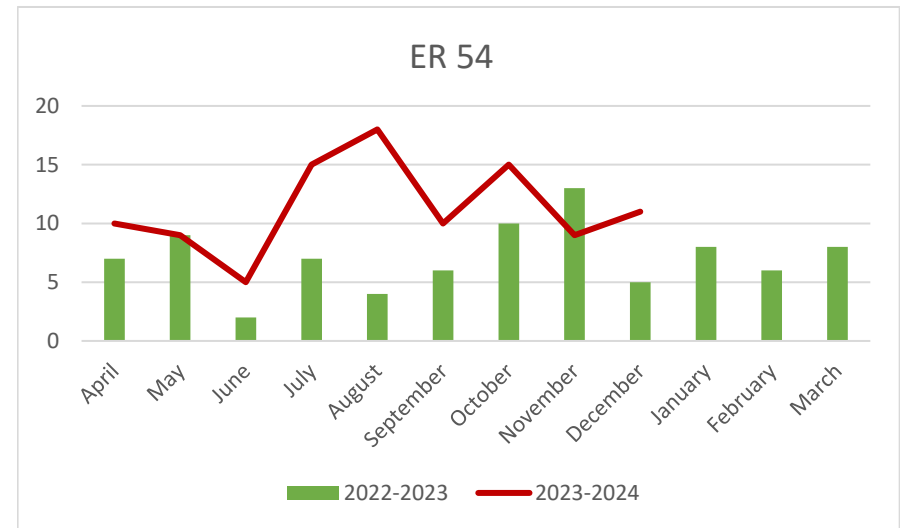
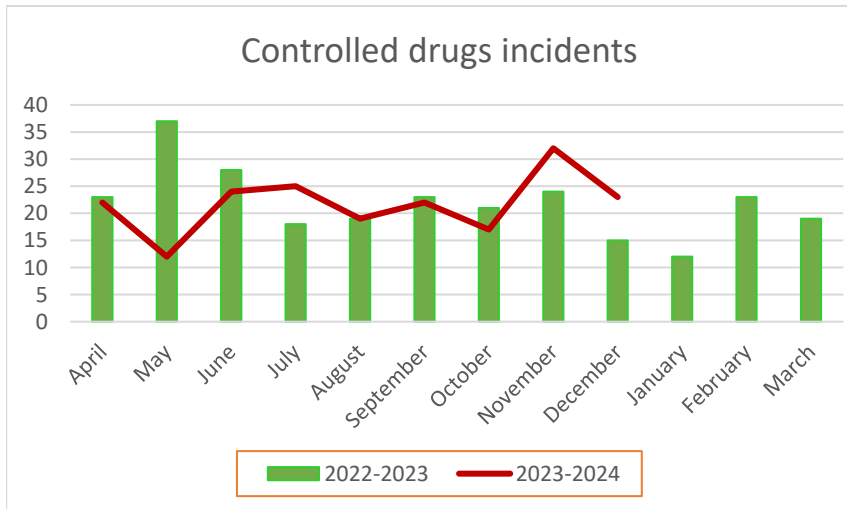
Medicines Management and Pharmacy

CONTROLLED DRUGS

Total Controlled Drugs Incidents (CDI's)		Year to date
Last reported month (Dec 23)	2022-2023 Apr - to date	2023-2024 YTD
23	208	196

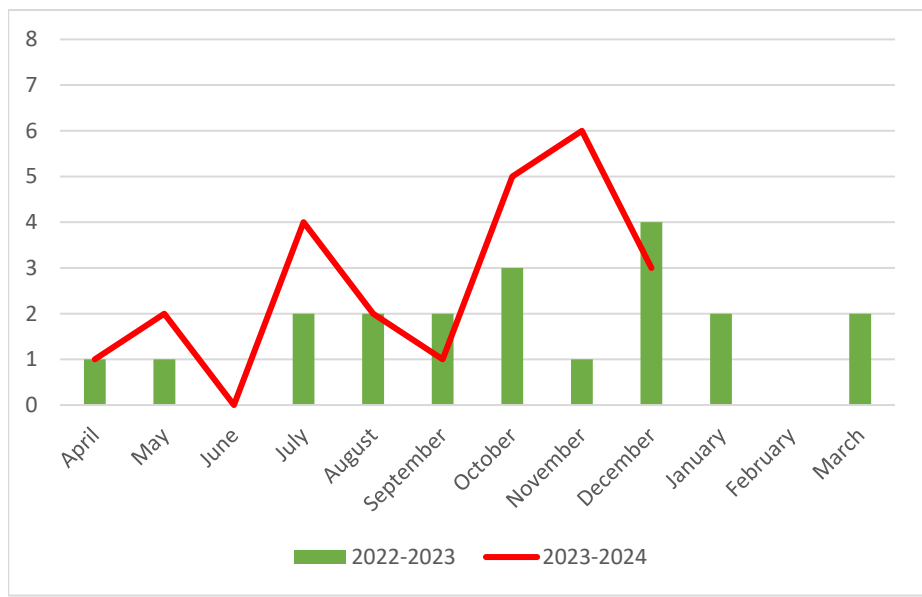
MEDICINES ER54

Total Medicines Management related ER54's		Year to date
Last reported month (Dec 23)	2022-2023 April - to date	2023-2024 YTD
11	63	102



Total Drug Errors, wrong route, wrong dose etc		Year to date
Last reported month (Dec 23)	2022-2023 April - to date	2023-2024 YTD
3	16	24

MHRA Alerts		Year to date
Last reported month (Dec 23)	2022-2023 April - to date	2023-2024 YTD
4	43	36



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

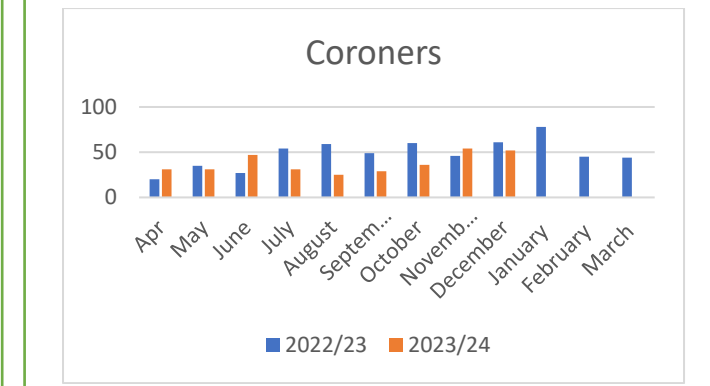
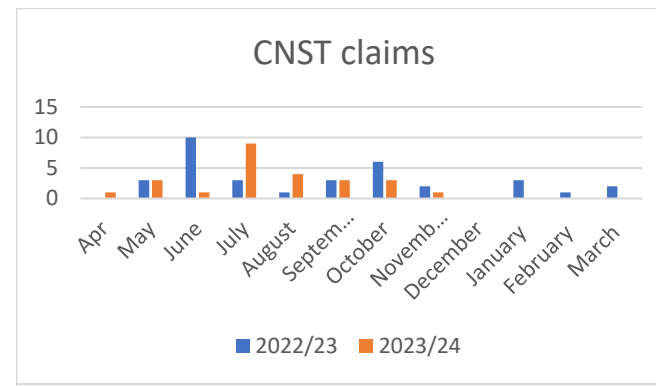
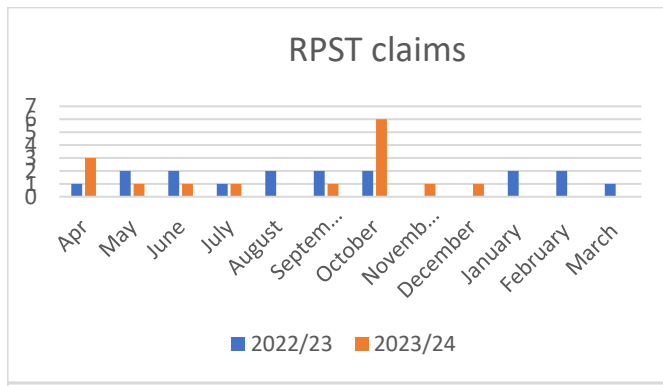
Actions (CAPA)		Year to date	
	Last reported month (Dec 23)	2022-2023 April - to date	2023-2024 YTD
WMAS	0	0	0

Claims and Coroners

RPST (Risk Pooling Schemes for Trusts)		Year to date	
	Last reported month Dec 23	2022-23	2023-24
WMAS	1	17	15

CNST (Clinical Negligence Scheme for Trusts)		Year to date	
	Last reported month Dec 23	2022-23	2023-24
WMAS	0	34	26

Coroners Requests		Year to date	
	Last reported month Dec 23	2022-23	2023-24
WMAS	52	578	336



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 1 RPST claim in December 2023. This is an increase of 1 compared to the previous year.

CNST (Clinical Negligence Scheme for Trusts)

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

- The Trust has received 0 CNST claim in December 2023. This is the same as the previous year.

Coroners Requests

West Midlands Ambulance Service covers the following areas for Coroners:

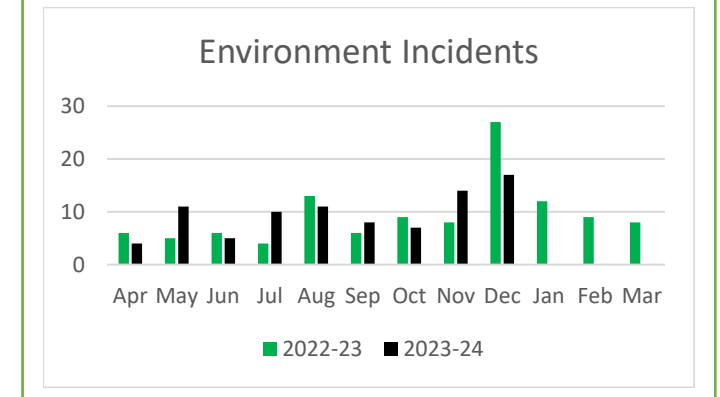
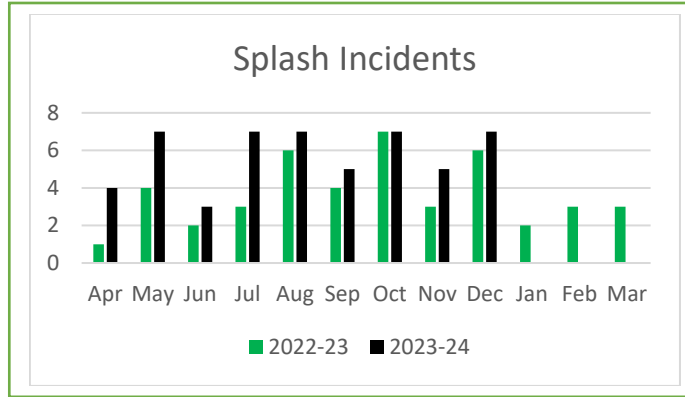
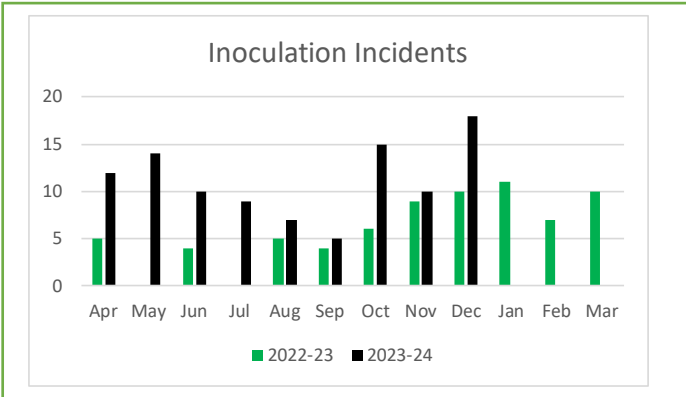
- Birmingham and Solihull
- Black Country
- Coventry
- Herefordshire
- Shropshire, Telford & Wrekin
- South Staffordshire
- Stoke on Trent & North Staffordshire
- Warwickshire
- Worcestershire

Infection Prevention and Control

Inoculation Incidents		Year to date Comparison	
	Last reported month Dec 23	2022-23	2023-24 Apr-Dec
WMAS	18	71	100

Splash Incidents		Year to date Comparison	
	Last reported month Dec 23	2022-23	2023-24 Apr-Dec
WMAS	7	44	52

Environment Incidents		Year to date Comparison	
	Last reported month Dec 23	2022-23	2023-24 Apr-Dec
WMAS	17	113	87



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 undertake 10 cannulation audits per month. These audits are completed at point of care and input using the EPR platform. Weekly Brief articles supported by clinical notices are published routinely to support the reduction of sharps related incidents.

December 2023 saw 18 inoculation incidents reported. This is the highest reported incidence of this type of injury in the history of IPC reporting within the Trust. 8 incidents relate to used cannula devices, others include clean and used intramuscular needles, sharp objects, and a patient's own drug paraphernalia. One bloodborne virus exposure incident has been reported to HSRE as a RIDDOR.

Risk RAG = Red risk – 1 | Amber risk – 12 | Green Risk – 5

2023/24 Q3 has seen a significant rise in sharps related incidents. In response, the Trust have released dedicated articles in the weekly briefing to raise awareness amongst staff and have also launched a dedicated clinical notice for all clinical and operational staff.

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.

December 2023 saw 7 splash incidents reported. These involved blood and body fluids entering the eye/mouth of the treating clinician, the spittle of a patient entering the eyes/mouth of a treating clinician (violence and aggression).

Risk RAG = Red risk – 0 | Amber risk – 6 | Green Risk – 1

2023/24 Q3 has seen a significant rise in splash related incidents. In response, the Trust have released dedicated articles in the weekly briefing to raise awareness amongst staff.

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, Measles and Pertussis.

December 2023 saw 17 environment related incidents reported. This notable surge in incidence relates to a regional increase in exposure to measles. The IPC team continue to work closely with UKHSA. 2 staff members were also treated with prophylactic antibiotics following a confirmed exposure to bacterial meningitis.

Risk RAG = Red risk – 0 | Amber risk – 2 | Green Risk – 13

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

Incident Reports

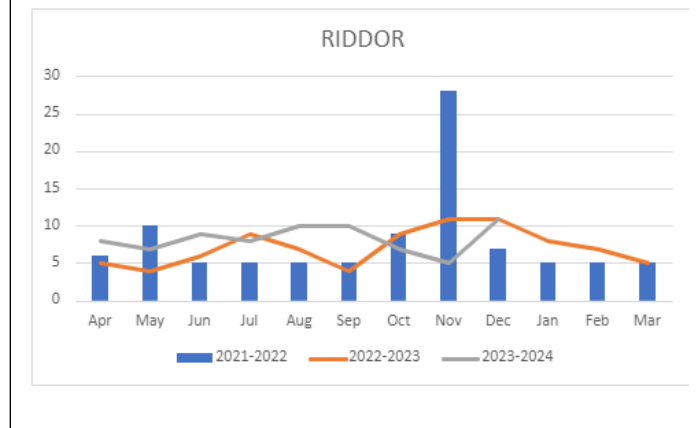
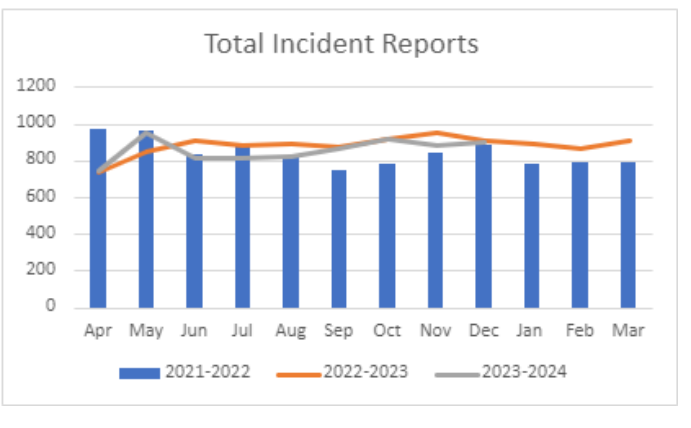
Total Incidents Reported	Last reported month (Dec 23)	Year to date	
		2022-2023 April –Mar	2023-2024 April-Dec
WMAS	906	10,645	7,531

RIDDOR	Last reported month (Dec 23)	Year to date	
		2022-2023 April - Mar	2023-2024 Apr-Dec
WMAS	11	86	65

Top 5 Incidents for Non-Patient Safety (December)

Trustwide Top 5 Types	Total
Violence / Aggression	186
Complaint	110
RTC	104
Injury	100
Communication	80

Trustwide Top 5 Categories	Total
V&A - Verbal - Intentional	88
Complaints – Other NHS	52
Manual Handling – Patient & Equipment	45
Equipment - Not Available or Suitable	41
Complaints - Non-NHS	36



Over 85,000 ER54's received since implementation.

Reporting continues with manager 24-hour acknowledgement, and this is reported to respective SMT's. The risk team continue to assist managers in investigation and completion of ER54's.

ER54 review continues to identify appropriate workstreams and inform certain actions for SMT's and the risk team. Work currently with the Patient Safety Team on improving reporting and management of equipment related issues, as well as another focus around non-frontline staff reporting and awareness.

Plans started to introduce a Human Factors faculty in 2024, which will aim to greater engage staff on improvements to the systems in place across the Trust to reduce risk and improve safety and efficiency – early ideas include dynamic risk assessment, personal accidents, communication and teamwork, bias and cognitive HF/E.

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.

RIDDOR Regulations PIR received on 9th October by HSE – will be reviewed by Head of Risk and findings reported to HSREG.

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 November –

1. V&A – Verbal - Intentional – Reviewed via Security.
2. Complaints – Other NHS – Majority relate to hospital delays.
3. Manual Handling – Patient and Equipment – All cases to be reviewed for specific concerns/trends.
4. Equipment – Not Available or Suitable – Work ongoing with Digital Make Ready, Logistics and Fleet.
5. Complaints – Non-NHS – Majority relate to Language Line – work ongoing.

5

**FINANCIAL
PERFORMANCE**

Financial Report - Month 9 (December 2023)

PERFORMANCE AGAINST TARGETS

Revenue surplus/(deficit)	£m
Month 9 – in month	Plan £0.179m deficit Actual £0.137m surplus £0.316m better than plan
Month 9 – year to date	Plan £0.616m surplus Actual £5.329m surplus £4.713m better than plan
FIP achieved against plan	£m
Variance against plan – in month	£2.527m
Variance against plan – year to date	£4.214m
Capital programme	£m
Variance against plan – in month	£2.652m
Variance against plan – year to date	£6.007m
Cash balance	
Balance at end of month	£46.6m
Public sector payment target	%
Month 9 (by value)	96.4%
Month 9 (by volume)	94.2%

Income & Expenditure

Variance against NHSE plan

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 £0.616m by the end of month 9.

The actual year-to-date position at month 9 is a surplus of £5.329m, so there is a positive variance against the NHSE plan of £4.713m.

Summary Dec-23	This Month			Year to date		
	Budget	Actual	+ / (-)	Budget	Actual	+ / (-)
	£000s	£000s	£000s	£000s	£000s	£000s
Income	34,336	34,009	(327)	310,180	302,272	(7,908)
Expenditure	34,515	33,872	643	309,564	296,943	12,621
Surplus / (deficit)	(179)	137	316	616	5,329	4,713

Income

Income for the month was £0.327m behind plan, this comprised: -

- A £0.233m PTS income gap in month in respect of contracts where agreements have yet to made.
- The Trust continues to report shortfalls against the Coventry & Warwickshire ICB contract as the ICB have not agreed to fund two of the uplifts included in planning guidance, these being covid 1.2% and capacity 0.9% (a shortfall of £0.080m in month against the ICB plan) and due to a shortfall against the handover delay income as at present no ICBs have confirmed additional funding (a shortfall of £0.595m in month against the ICB plan)
- £0.4m additional income has been recognised in month above plan; £0.2m in relation to the HCRT scheme and £0.2m in relation to Category 2 performance. Both income streams will continue until the end of the financial year.
- £0.647m over performance on FT's Trusts income in month is driven by additional call handling income which has been received from SCAS, EMAS and YAS of which we recognised £0.734m in month. The NHSE actual figure in month is showing as a negative as an adjustment has been processed between NHSE and FT trusts in month now that WMAS has received clarification on the billing arrangements for the additional call handling. The year-to-date underperformance on NHSE is driven by an adjustment in previous periods relating to pay award income and below plan training income.
- Other income continues to over perform as a result of above plan interest receivable due to a higher than plan cash balance and favourable interest rates. This has been validated as a CIP scheme in month (see section below).

Income (by organisation) Dec-23	This Month			Year to date		
	Budget	Actual	+ / (-)	Budget	Actual	+ / (-)
	£000s	£000s	£000s	£000s	£000s	£000s
ICBs	32,188	31,986	(202)	290,069	281,712	(8,357)
FT's Trusts	767	1,414	647	7,688	9,500	1,812
NHS England	652	(183)	(835)	5,757	3,217	(2,540)
HEE/ESFA	449	449	0	4,039	4,037	(1)
Other	280	343	63	2,627	3,805	1,178
Totals	34,336	34,009	(327)	310,180	302,272	(7,908)

See Appendix A for detail of income by commissioner / source.

Expenditure

Expenditure budgets in month 9 were £0.643m underspent against plan, comprising:

- £0.559m pay underspend, largely driven by underspends across the trust due to overtime reduction and recruitment restrictions
- £0.084m non pay under spend

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

Pay Costs Dec-23	This Month			Year to date		
	Budget	Actual	+ / (-)	Budget	Actual	+ / (-)
	£000s	£000s	£000s	£000s	£000s	£000s
Budget Reserves	394	0	394	3,703	(714)	4,417
Commercial Services	3,483	3,200	282	32,955	30,216	2,739
Corporate Services	1,595	1,516	79	13,382	11,188	2,194
Estates Facilities & Fleet	378	318	60	3,423	2,807	617
E&U	16,497	16,481	16	149,554	147,206	2,348
Integrated Urgent Care	3,195	2,991	203	29,023	27,513	1,510
HCRT	0	476	(476)	0	1,447	(1,447)
Surplus / (deficit)	25,541	24,982	559	232,040	219,663	12,377

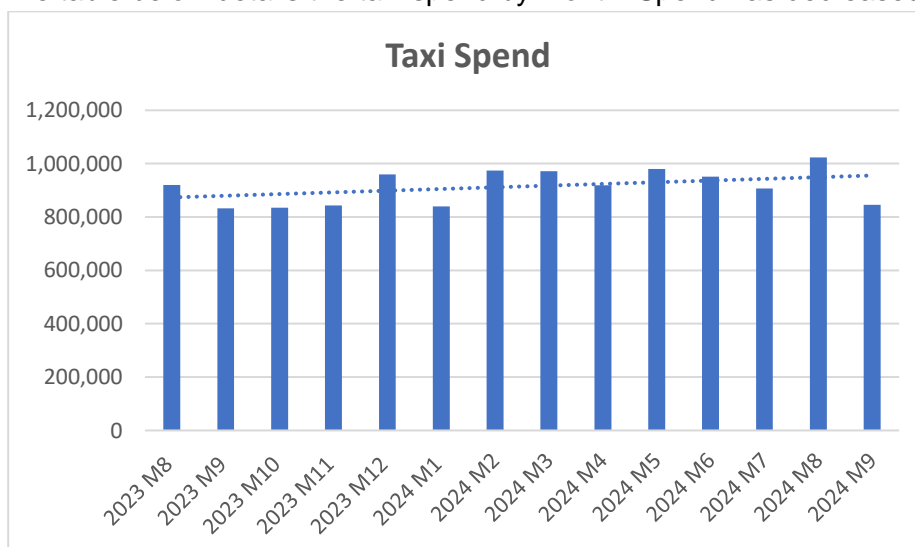
- Budget reserves position in month is driven by underspend against the budget that was moved from the EOC pay position earlier in the year.
- Commercial, Corporate and Estates, Fleet & Facilities are underspent due to the number of vacancies currently held.
- E&U is showing a small underspend due to a decrease in planned overtime compared to the previous months although the new student and graduate cohorts who have commenced employment have reduced the underspend seen in early months of the year. Overtime costs have been included in respect of incidental overtime, shows & events, and planned overtime worked in December.
- Integrated Urgent care is reporting an underspend in month due to a number of vacancies offsetting the over establishment on call takers.
- The HCRT scheme has been shown separately this month and although there is no budget noted against this spend, the Trust has received some income against this scheme.

Non-pay Costs Dec-23	This Month			Year to date		
	Budget	Actual	+ / (-)	Budget	Actual	+ / (-)
	£000s	£000s	£000s	£000s	£000s	£000s
Budget Reserves	15	(438)	453	100	(1,171)	1,272
Commercial Services	1,177	1,257	(79)	10,366	11,753	(1,387)
Corporate Services	2,512	2,982	(470)	22,190	23,715	(1,525)
Estates Facilities & Fleet	1,428	1,420	9	11,248	11,295	(48)
E&U	1,540	1,540	0	13,862	12,759	1,103
Integrated Urgent Care	39	19	20	382	274	108
HCRT	0	101	(101)	0	391	(391)
Depreciation	2,262	2,010	252	19,376	18,264	1,112
Surplus / (deficit)	8,974	8,890	84	77,524	77,280	244

- The budget reserves credit in month relates to the release of a previously held provision against the student pause allowance for those staff who were impacted as a result of the pandemic.
- Commercial overspend relates primarily to an overspend on taxi costs.
- Corporate services over spend in month is primarily driven by computer hardware purchases and an adjustment to the permanent injury benefit expense.
- The HCRT spend in month is primarily driven by vehicle hire and fuel costs. As noted above, the HCRT costs are partly covered by additional income.
- Depreciation underspend in month continues to be driven by the in month and year to date capital slippage (see section below).

Taxi Spend

The table below details the taxi spend by month. Spend has decreased in month 9.



Financial / Cost Improvement Programme

In month 9, the Trust delivered £3.589m savings against a plan of £1.060m. This high over performance is driven by the validation of three new CIP schemes in month for gas, electricity (both within Estates, Facilities and Fleet) and interest receivable (within Corporate Services). Whilst these savings have been contributing to the overall financial performance each month of the financial year to date, they have only been included in the CIP position for the first time this month now that they have been validated in full.

The trust has met it's CIP target year to date, albeit £7.4m of the savings to date are non-recurrent; driven by the overtime reduction and additional call handling income.

Integrated Urgent Care over delivery against plan is due to the additional call handling income that has been recognised (non-recurrent scheme) along with savings against vacancies (a further non-recurrent scheme).

FIP By Division Dec-23	This month			Year to date			Full Year		
	Plan	Actual	+ / (-)	Plan	Actual	+ / (-)	Target	FYF	+ / (-)
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Commercial Services	153	253	100	1,377	1,507	130	1,836	2,107	271
Corporate Services	83	1,014	931	746	1,407	661	995	1,874	879
Estates Facilities & Fleet	57	822	765	513	1,033	520	684	1,374	690
E&U	642	625	(17)	5,778	6,073	295	7,704	7,319	(385)
Integrated Urgent Care	125	875	749	1,125	3,735	2,609	1,500	4,615	3,115
Totals	1,060	3,589	2,527	9,539	13,755	4,214	12,719	17,289	4,570

Capital

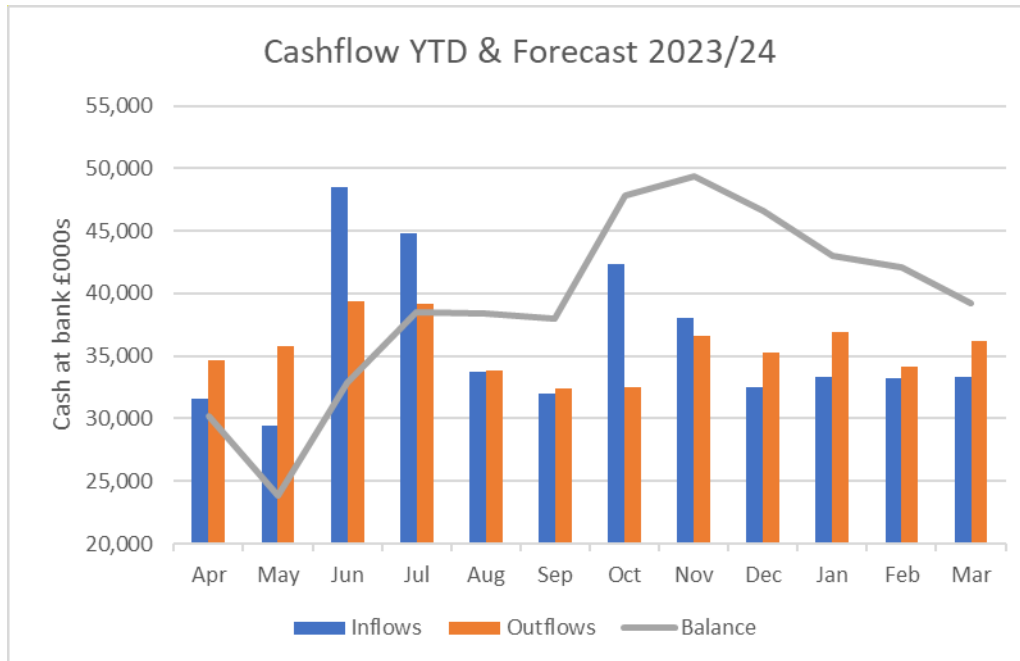
Capital funding for the year was originally £14.592m comprising £13.705m operational capital and £887k additional allocation for DCAs. Additional PDC funding has since been awarded for mental health cars as part of the improving mental health business case (£0.595m) and for the sustainability capital grant project at Hereford hub (£0.913m).

Capital expenditure is under spent against plan in month 9 due to a low value of fleet purchases in month in part driven by the issues with VCS. The in month NBV of disposals figure relates to the sale of the premises at West Brom. Year to date, the capital spend is still behind plan although it is expected that this slippage will be recovered in later months of the financial year.

Whilst the table below is showing a £76k potential overspend against the capital allocation by year end, there are some items within the below that are likely to slip or have contingency amounts factored in. WMAS are continuing to manage and monitor this position closely to ensure that these risks are managed, and the trust can achieve a capital spend equal to, or marginally less than plan by year end.

Capital Summary Dec-23	This Month			Year to date			Full Year		
	Plan	Actual	+ / (-)	Plan	Actual	+ / (-)	Plan	FYF	+ / (-)
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Capital Funding									
Operational allocation	1,142	1,142	0	10,279	10,279	0	13,705	13,705	0
Additional allocation DCAs (TI)	74	74	0	665	665	0	887	887	0
Additional PDC - MH Cars	0	0	0	0	0	0	0	595	595
Additional PDC - IT	0	0	0	0	0	0	0	25	25
Salix Funding	0	0	0	0	0	0	0	913	913
DOH Medtronic Donated Devi	0	0	0	0	314	314	0	314	314
NBV of Disposals	0	619	619	0	935	935	0	935	935
Total capital funding	1,216	1,835	619	10,944	12,193	1,249	14,592	17,374	2,782
Capital Expenditure									
Fleet	2,484	664	1,820	9,265	4,556	4,709	10,555	12,839	(2,284)
Information technology	342	235	107	422	296	126	1,621	1,531	90
Estates	152	32	120	390	129	261	795	2,125	(1,330)
Clinical equipment	12	26	(14)	322	660	(338)	1,000	955	45
Contingency	0	0	0	0	0	0	621	0	621
Total capital expenditure	2,990	957	2,033	10,399	5,641	4,758	14,592	17,450	(2,858)
Net under / (over) spend	(1,774)	878	2,652	545	6,552	6,007	0	(76)	(76)

Cash



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Inflows	31,596	29,480	48,468	44,775	33,698	32,028	42,348	38,094	32,543	33,308	33,254	33,378
Outflows	34,650	35,838	39,383	39,137	33,867	32,364	32,519	36,618	35,317	36,888	34,184	36,217
Balance	30,169	23,811	32,896	38,534	38,365	38,029	47,858	49,334	46,560	42,980	42,050	39,211

At the end of month 9 the cash balance was £46.6m with a forecast year-end cash balance of £39.2m.

The cash balance has decreased this month compared to last month as last month we received a total of £2.4m income in respect of the HCRT scheme & category 2 performance as well as payment of previously outstanding PTS invoices none of which have been noted in this month.

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	20,580	146,427
Target to pay (95%)	19,551	139,105
Actually paid	19,396	141,135
Percentage achieved	94.2%	96.4%

NHS invoices	Year to date	
	Number	£000s
Invoices paid	891	15,613
Target to pay (95%)	846	14,832
Actually paid	855	15,385
Percentage achieved	96.0%	98.5%

Non-NHS invoices	Year to date	
	Number	£000s
Invoices paid	19,689	130,814
Target to pay (95%)	18,705	124,273
Actually paid	18,541	125,750
Percentage achieved	94.2%	96.1%

- ⇒ The year-to-date figure for the BPPC invoice number has increased from 93.7% to 94.2%.
- ⇒ Whilst the issue regrading NARU GRN's is still affecting numbers slightly, there is a plan in place to increase the BPPC percentage which has been evidenced in month.

Recent improvements in prompt payment performance

A number of process changes were recently made to improve performance in this area. Because the KPI is reported on a cumulative basis, these changes don't yet show up in the stats however, the in-month performance has improved and the stat for "All invoices paid (by number of invoice)" rose to **WMAS 99.62%** in December.

Statement of Financial Position (SOFP)

Statement of Financial Position	2022/23	2023/24		
	Outturn	Last month	Dec-23	Forecast
	£000s	£000s	£000s	£000s
<u>Non-current assets</u>				
Intangible	1,170	888	902	629
Tangible non-lease	78,443	71,011	70,410	76,956
Tangible lease (note 1)	44,344	40,755	40,302	42,316
Debtors	702	702	702	702
Subtotal	124,659	113,356	112,316	120,603
<u>Current assets</u>				
Stock	3,169	3,310	3,124	2,811
Debtors (NHS)	19,777	3,744	10,693	5,611
Debtors (Non-NHS)	9,171	7,310	5,133	9,498
Other Assets Held for sale	619	619	0	0
Bank	33,190	49,302	46,528	39,211
Cash	33	33	33	10
Subtotal	65,959	64,318	65,511	57,141
<u>Current liabilities</u>				
Trade creditors (capital)	636	0	0	1,261
Trade creditors (non-capital)	54,596	38,690	39,608	40,285
Lease creditor (IFRS16)	5,023	4,740	4,531	6,168
Provisions	3,060	3,021	2,930	3,024
Deferred income	306	218	109	0
Subtotal	63,621	46,669	47,178	50,738
Net current assets	2,338	17,649	18,333	6,403
<u>Non-current liabilities</u>				
Borrowings (lease creditor)	36,840	34,768	34,367	33,622
Provisions	1,650	1,629	1,584	897
Subtotal	38,490	36,397	35,951	34,519
Net Assets	88,507	94,608	94,698	92,487
<u>Financed by</u>				
PDC	43,856	44,451	44,451	44,451
Revaluation reserve	9,908	9,908	9,496	9,496
I&E reserve	29,348	34,854	35,356	33,145
Other reserve	5,395	5,395	5,395	5,395
Financed by	88,507	94,608	94,698	92,487

DEBTORS

The over 90-day balance is primarily driven by £2.1m due from UHB due for ADAs.

Conversations are on-going with UHB regarding shift fill rate year to date with an aim to resolve this as soon as possible. NHS debtors increase from prior month is driven by NARUS sales ledger.

CREDITORS

The creditors balance is mainly made up of those due for payment in less than 30 days and will be on the payment run to pay within agreed terms.

Appendix A – Income Analysis

Income (by category) Dec-23	This Month			Year to date		
	Budget	Actual	+ / (-)	Budget	Actual	+ / (-)
	£000s	£000s	£000s	£000s	£000s	£000s
Commercial Services	4,844	4,624	(220)	43,638	39,385	(4,253)
Communications	0	0	0	0	15	15
E&U Income	28,376	28,305	(70)	256,432	251,751	(4,680)
Facilities	0	1	1	0	4	4
Finance	29	26	(3)	259	575	316
Fleet Management	0	0	0	0	12	12
Internal Audit	47	35	(12)	424	259	(165)
It Service Delivery	0	0	0	1	11	10
Logistics	0	0	0	0	84	84
Other Items Income	69	232	163	618	1,683	1,065
Pay Recharges	149	196	48	1,398	1,806	408
R&D Income	39	29	(10)	354	265	(90)
Training Income	784	561	(223)	7,056	6,422	(635)
Totals	34,336	34,009	(327)	310,180	302,272	(7,908)

Income (by organisation) Dec-23	This Month			Year to date		
	Budget	Actual	+ / (-)	Budget	Actual	+ / (-)
	£000s	£000s	£000s	£000s	£000s	£000s
CCG's / ICBs						
Nhs Birmingham & Solihull ICB	7,206	7,596	390	65,146	62,875	(2,271)
Nhs Black Country ICB	8,500	8,422	(79)	76,736	74,530	(2,206)
Nhs Cheshire & Merseyside ICB	824	942	118	7,435	8,475	1,040
Nhs Coventry And Warks ICB	4,335	4,136	(199)	38,850	37,137	(1,713)
Nhs Hereford & Worcester ICB	3,940	3,748	(192)	35,804	34,577	(1,226)
Nhs Shropshire Telford ICB	2,479	2,377	(102)	22,138	21,351	(787)
Nhs Staffordshire ICB	4,885	4,701	(184)	43,791	42,582	(1,209)
Other ICB's	19	63	45	170	184	14
Sub total	32,188	31,986	(202)	290,069	281,712	(8,357)
FT's/Trusts						
Birmingham & Solihull Mental H	70	30	(40)	497	457	(40)
Black Country Healthcare Nhs F	84	56	(28)	664	672	8
Midlands Partnership Nhs Ft	53	53	0	476	476	1
University Hosp Birmingham Ft	384	628	244	3,457	3,421	(36)
Walsall Healthcare Nhs	139	156	18	1,196	1,196	(0)
Royal Wolverhampton Nhs	18	0	(18)	165	119	(46)
Shrewsbury & Telford Hospital	0	0	0	1,062	1,062	0
NHS England	652	(183)	(835)	5,757	3,217	(2,540)
Other FT/Trusts	19	491	472	172	2,097	1,925
Sub total	1,419	1,231	(188)	13,445	12,717	(728)
Non NHS						
HEE/ESFA	449	449	0	4,039	4,037	(1)
Other	280	343	64	2,627	3,803	1,177
Sub total	729	792	64	6,665	7,840	1,176
Totals	34,336	34,009	(327)	310,180	302,270	(7,908)

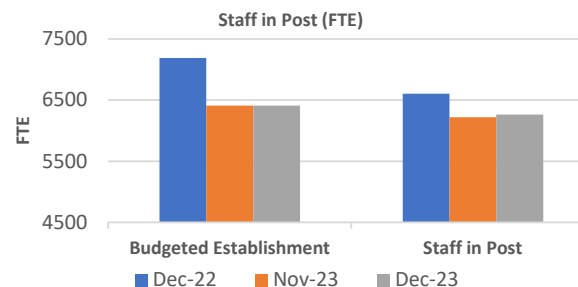
6

WORKFORCE INDICATORS

WORKFORCE PERFORMANCE SCORECARD DECEMBER 2023

Establishment & Staff in Post (FTE)

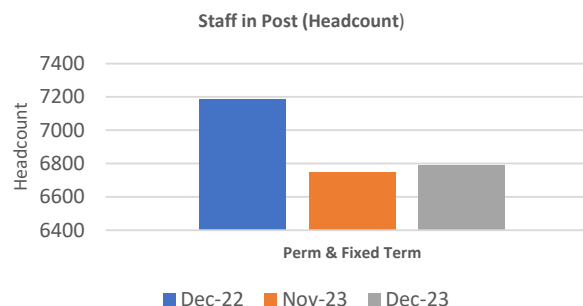
FTE	Dec-22	Nov-23	Dec-23
Budgeted Establishment	7188.76	6410.94	6411.00
Staff in Post	6606.76	6221.82	6262.70
NARU, NEDs	30.64	34.69	34.69
Total FTE	6637.40	6256.52	6297.40



The budgeted establishment for December 2023 is still reflective of the workforce plan. Ongoing recruitment throughout Jan 2024 to March 2024, will result in a steady increase in the workforce in line with agreed establishments.

Staff in Post (Headcount)

Headcount	Dec-22	Nov-23	Dec-23
Perm & Fixed Term	7186	6751	6789
Naru, NEDs	33	35	35
Bank	320	43	43
Total Headcount	7541	6829	6867

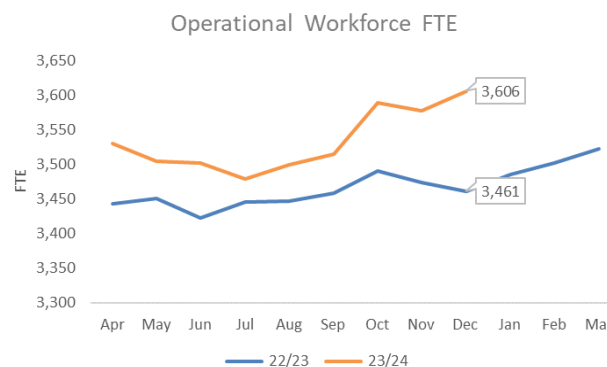


39 Student Paramedics commenced in early December 2023, increasing the overall headcount.

The remaining bank contracts are within the Medical Emergency Response Intervention Team (MERIT) made up of Critical Care Paramedics and Doctors.

Operational Workforce

	Dec-22	Nov-23	Dec-23
Budgeted Ops Establishment	3689.00	3622.09	3622.16
Staff in Post FTE	3444.51	3577.39	3606.52
Paramedic Skill Mix	59.28%	57.90%	57.32%
Skill Mix (exc St Paramedics)	84.18%	85.07%	85.10%
Recruitment	270	108	147
Students YEAR TO DATE	0	104	104
Recruitment HCRT	0	86	103
Graduates YEAR TO DATE	0	86	103

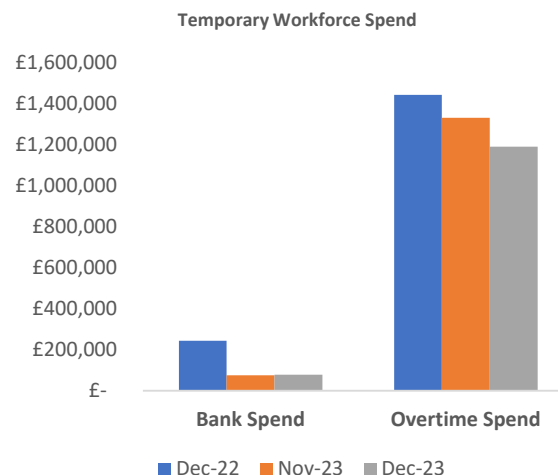


The budgeted operational establishment for 2023-24 was capped by Black Country ICB. The workforce and recruitment plan therefore needed to be adjusted. The current plan is 180 Paramedics and 140 Graduate Paramedics by 31st March 2023, with flexibility and movement according to attrition levels.

TEMPORARY WORKFORCE COSTS & STAFF MOVEMENTS

Temporary Workforce

	Dec-22	Nov-23	Dec-23
Agency Spend £	-	-	-
Agency spend as a % of turnover	0.00%	0.00%	0.00%
Bank Spend £	244,206	75,308	77,990
Bank spend as a % of total wage bill	0.79%	0.30%	0.32%
Overtime Spend £	1,444,557	1,332,793	1,190,926
Overtime spend as a % of total wage bill	4.65%	5.35%	4.77%



Bank Spend

Bank spend in month remains low due to a number of PTS staff who were converted to substantive contracts earlier in the year.

Overtime Spend

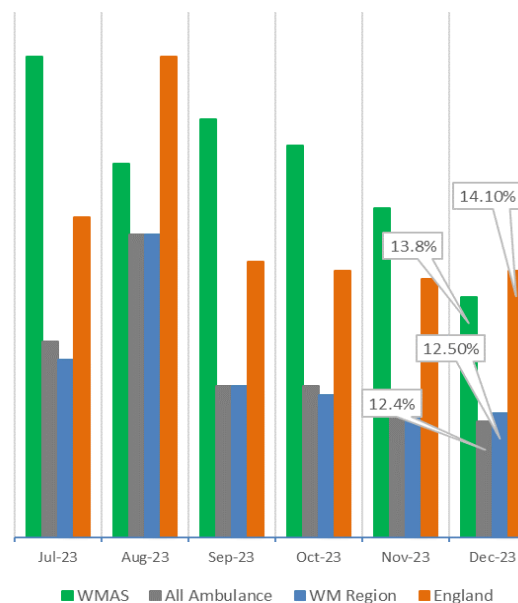
Overtime spend has increased in month due to an increase in front line DCA overtime hours.

Data provided by Finance Department 06/01/2024

Staff Movements

	Dec-22	Nov-23	Dec-23
Average Headcount (12m)	7610	7184	7191
Average FTE (12m)	6,661.57	6477.69	6465.27
Starters Headcount	76	29	62
Starters FTE	69.60	24.28	61
Leavers Headcount	107	42	30
Leavers FTE	88.64	32.78	24.11
Leavers Headcount (12m)	1390	1287	1206
Turnover Rate FTE (12m) %	15.23%	14.59%	13.51%
Maternity	135	128	112

BENCHMARKING - TURNOVER % FTE (ROLLING 12 MONTHS) SHOWING JULY 23 TO DEC 23



Benchmarking - Turnover % FTE

	WMAS	All Ambulance	WM Region	England
Jul-23	16.5%	13.3%	13.1%	14.7%
Aug-23	15.3%	14.5%	14.5%	16.5%
Sep-23	15.8%	12.8%	12.8%	14.2%
Oct-23	15.5%	12.8%	12.7%	14.1%
Nov-23	14.8%	12.6%	12.6%	14.0%
Dec-23	13.8%	12.4%	12.5%	14.1%

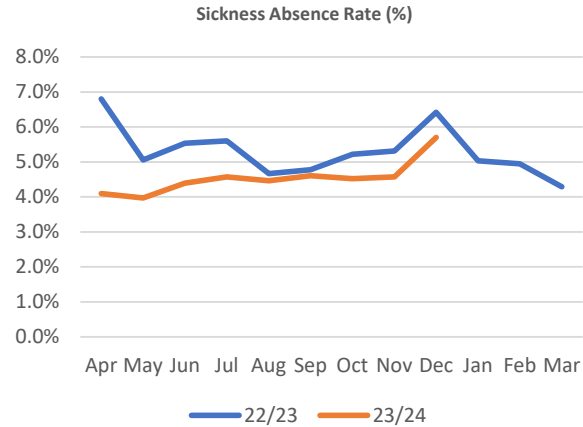
Leavers by Staff Group

Staff Group	Leavers Count	Leavers FTE	Avg FTE	FTE %
Add Prof Scientific and Technic	0		2.53	
Additional Clinical Services	16	11.61	1,721.61	0.67%
Administrative and Clerical	4	3.20	553.93	0.58%
Allied Health Professionals	5	4.30	2,524.99	0.17%
Estates and Ancillary	2	2.00	268.28	0.75%
Medical and Dental	0		4.11	
Nursing and Midwifery Registered	0		49.34	
Students	3	3.00	1,177.40	0.25%
Grand Total	30	24.11		

SICKNESS ABSENCE

Sickness Absence Rate (%)

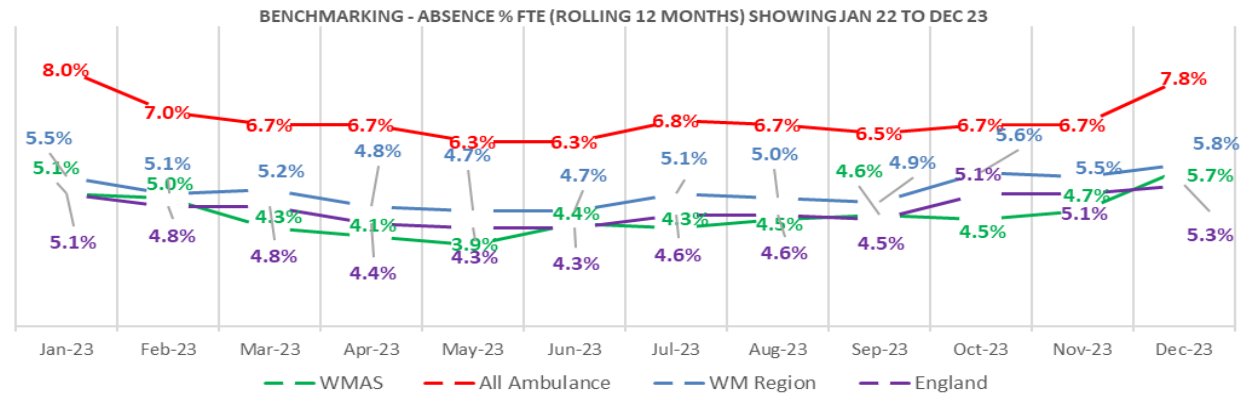
	Dec-22	Nov-23	Dec-23
Sickness %	6.42%	4.57%	5.70%
WMAS excluding Covid-19	6.04%	4.48%	4.61%
Covid-19	0.38%	0.09%	0.09%
Short Term	3.41%	2.13%	2.71%
Long Term	3.01%	2.44%	2.99%



Sickness figures continued to increase in December 2023, but current initiatives into staff health and wellbeing are supporting staff. The new HWB website provides easier access to information and support available. The Trust continues to perform significantly better for sickness absence when compared to the wider ambulance sector.

Sickness Absence Rate by Area (%)

	Dec-22	Nov-23	Dec-23
Service Delivery	-	3.84%	4.89%
IEUC	-	7.41%	9.26%
Non Emergency Services	-	6.28%	7.54%
Central Functions	-	2.21%	2.78%



Sickness Absence Cost

	Dec-22	Nov-23	Dec-23
Cost £	1,123,992	856,331	1,128,001
WMAS excluding Covid-19	1,057,742	839,074	1,111,158
Covid-19	66,250	17,257	16,843

Top 5 Absence Reasons

	Headcount	Abs Days	%
Anxiety/stress/depression/other psychiatric illnesses	157	160	27
Other musculoskeletal problems	69	71	11
Gastrointestinal problems	185	190	8
Cold, Cough, Flu - Influenza	201	202	7
Other known causes - not elsewhere classified	44	44	7

APPRAISALS & MANDATORY TRAINING

Appraisals

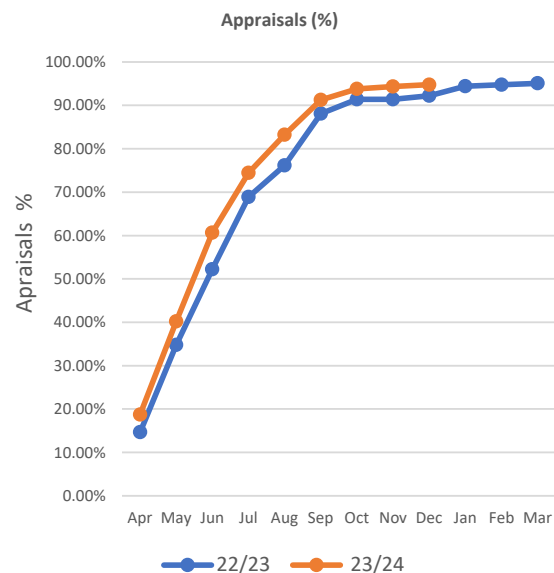
	Dec-22	Nov-23	Dec-23
Year to Date	92.21%	94.34%	94.78%
Rolling 12 months	93.17%	94.80%	96.58%

Mandatory Training

	Dec-22	Nov-23	Dec-23
Clinical Update	63.08%	71.28%	74.12%
Clinical E-Learning	73.20%	83.35%	84.83%
PTS Update	70.90%	76.45%	76.84%

Virtual Statutory & Mandatory workbook

	Dec-22	Nov-23	Dec-23
All Staff	-	83.85%	84.96%



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.

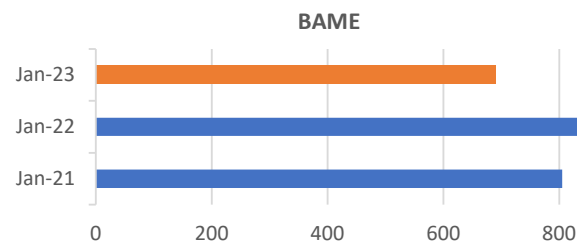
Mandatory Training

2023-24 Clinical update for staff consists of a face to face (Day 1) and an e-learning course (Day 2). Both days cover statutory requirements such as a driving session, the Oliver McGowan course (e-learning) and safeguarding. The 2023-24 PTS update consists of one day, face to face. Topics include: life support, moving and handling, oxygen therapy, and roles and responsibilities. For 2023-2024, The Trust created a new workbook with brand-new modules on menopause and freedom to speak up. The package also includes the Oliver McGowan and Patient Safety (Level 1) e-learning courses for non-clinical and PTS employees.

ETHNICITY & DISABILITY

BAME

	Dec-21	Dec-22	Dec-23
Headcount	805	831	690
%	10.47%	11.02%	10.05%
FTE	651.67	686.44	533.54

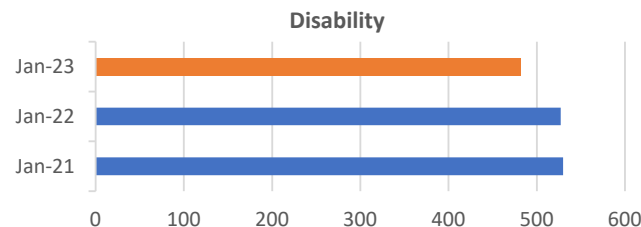


In February 2023, 400 employees were transferred to DHU, changing the organisation's demographics by reducing over 200 BAME employees and over 60 employees who self-identify as disabled.

The WDES and WRES action plans for 23/24 outline specific steps to enhance these metrics, assisting current employees and fostering candidate interest.

DISABILITY

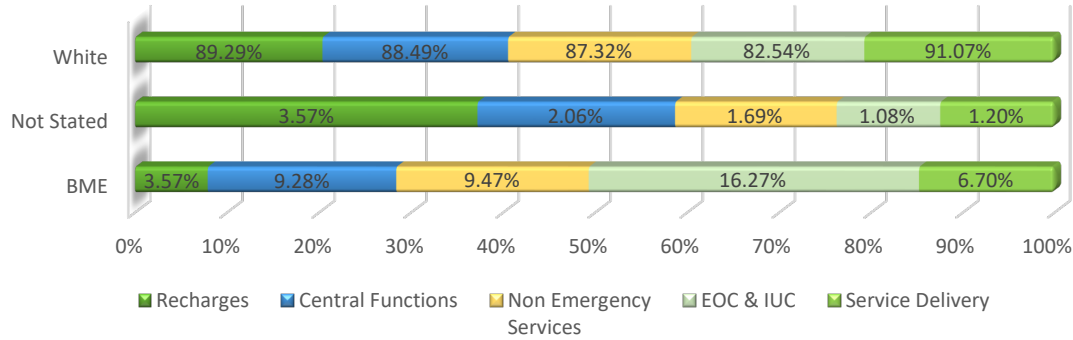
	Dec-21	Dec-22	Dec-23
Headcount	530	527	482
%	6.90%	6.99%	7.02%
FTE	454.03	457.86	441.10



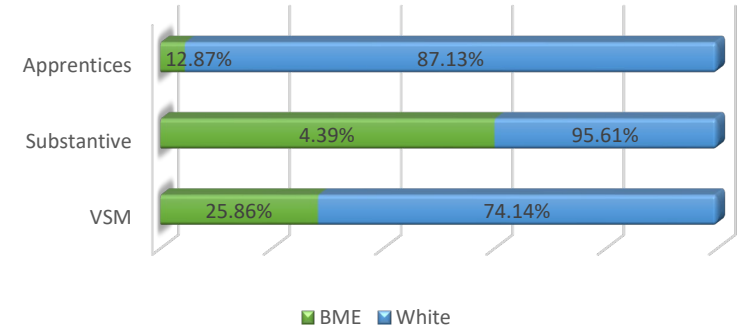
The Trust is committed to reach the long term goal of 23.7% of staff being from a BME background by achieving a 2% year on year increase. Working with the Networks, recruitment engagement activities and events will be targeted in diverse communities across the year.

ETHNICITY PROFILE & BANDING

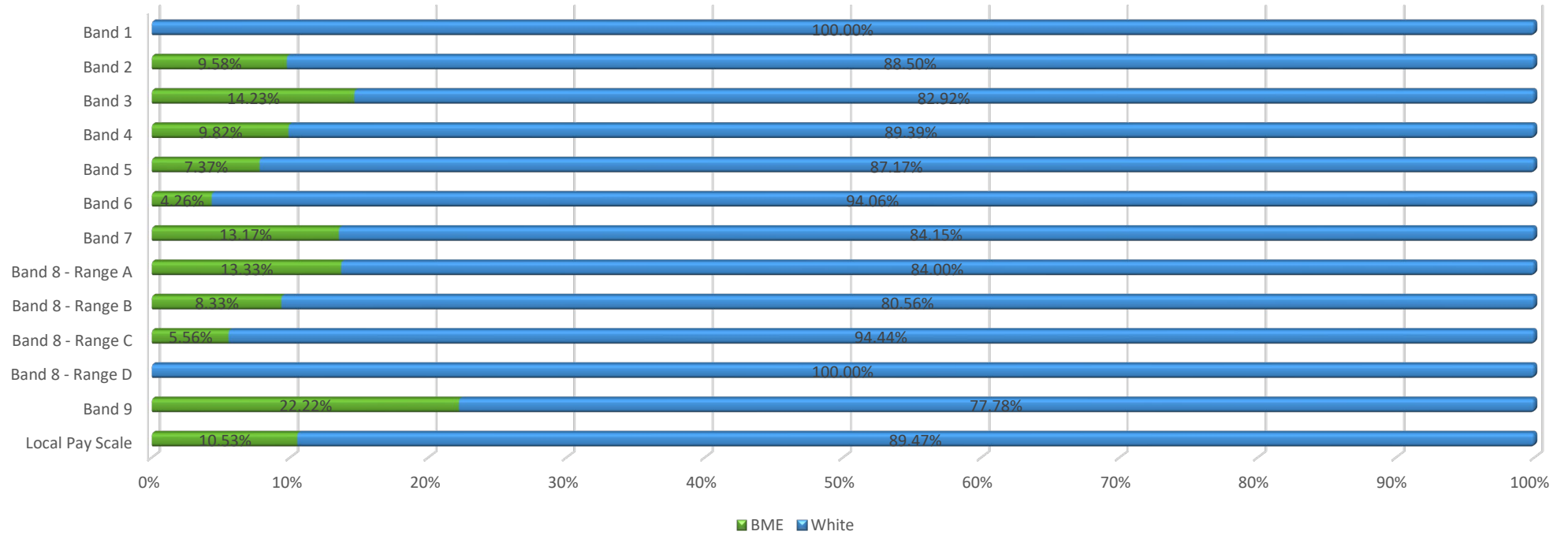
WMAS ETHNICITY PROFILE BY DIRECTORATE



WMAS LOCAL PAYSCALE ETHNICITY PROFILE



WMAS ETHNICITY PROFILE BY PAY BAND



7

**PUBLIC
MEMBERSHIP**

Membership Breakdown Report - January 2024

	Members	Population
Public Members	8940	5,955,554
Staff Member	7805	
Total	16745	
Catchment Areas	Members	
Birmingham	2065	1,374,458
Black Country	2809	1,205,296
Coventry and Warwickshire	1087	944,902
Staffordshire	1359	1,136,828
West Mercia	1588	1,136,828
Out of Trust Area	32	
Total	8940	5,955,554
Gender	Actual	
Male	3777	2,953,156
Female	4897	3,002,398
Transgender	1	
Unknown	265	
Total	8940	5,955,554
Monitor Ethnicity	Actual	Population
Asian	1918	604357
Black	293	182109
Mixed	140	131669
Other	99	31821
Unknown	443	0
White	6047	4491926
Total	8940	5407622
General Ethnicity	Actual	Population
Asian Bangladeshi	156	52,477
Asian Chinese	16	31,263
Asian Indian	841	218,397
Asian Other	295	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	67	68,518
Other Ethnic Group	99	31,821
Unknown	443	0
White British	5882	4,427,289
White Gypsy and Irish Traveller	0	4,726
White Irish	58	55,185

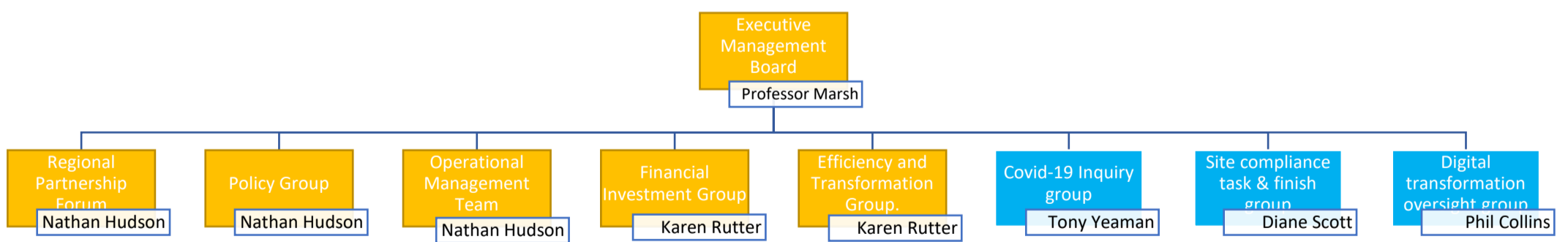
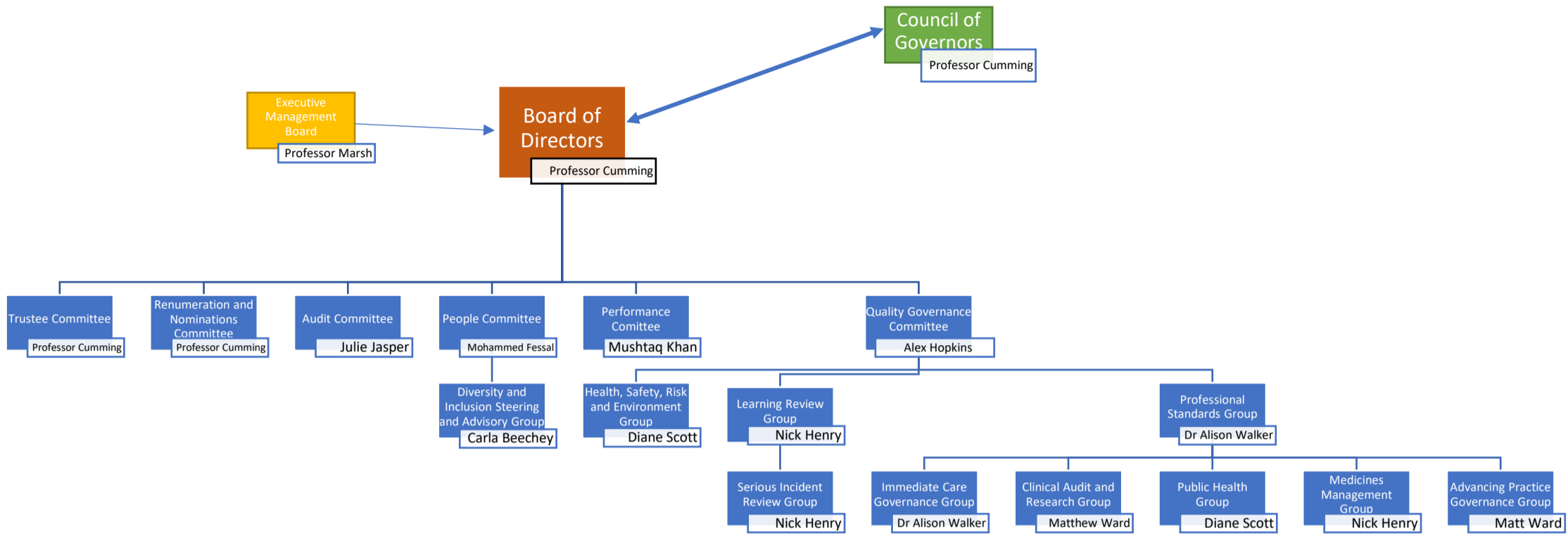
White Other	106	4,726
Other Arab	0	18,079
Total	8940	5,595,494
Monitor Age Range	Actual	Population
Age 0-16	0	1,238,370
Age 17-21	12	358,826
Age 22+	6408	4,358,358
Unknown	2520	
Total	8940	5595494
Age	Actual	Population
Age 0 - 16	0	1,238,370
Age 17-21	12	358,826
Age 22-29	554	640,123
Age 30-39	1026	764,955
Age 40-49	1211	716,615
Age 50-59	1249	792,680
Age 60-74	1304	914,089
Age 75 +	1064	529,896
Unknown	2520	0
Total	8940	5595494
NRS Classification	Actual	Population
AB	2000	464,168
C1	2496	700,672
C2	1820	539,612
DE	2529	711,263
Unknown	95	0
Total	8940	5595494

8

GOVERNANCE STRUCTURE



Trust Committee Structure v2.8 October 2023



Terms of References for all committees and groups can be found on [Policy Stat](#).

Board Committee	Chair	Deputy Chair	Secretarial support provided by
Board of Directors	Professor Cumming	Wendy Farrington-Chad	Phil Higgins
Council of Governors	Professor Cumming	Wendy Farrington-Chad	Suzie Wheaton
Trustee Committee	Professor Cumming	Wendy Farrington-Chad	Philip Higgins
Remuneration and Nominations Committee	Professor Cumming	Wendy Farrington-Chad	Philip Higgins
Audit Committee	Julie Jasper	TBC	Donna Stevenson
People Committee	Mohammed Fessal	TBC	Dawn John
Performance Committee	Mushtaq Khan	Narinder Kooner	Donna Stevenson
Quality Governance Committee	Alexandra Hopkins	Mohammed Fessal	Nicky Shaw
Diversity and Inclusion Steering and Advisory Group	Carla Beechey	Mohammed Ramzan	Dawn John
Health, Safety, Risk and Environment Group	Diane Scott	Matt Brown	Nicky Shaw
Learning Review Group	Nick Henry	Dr Alison Walker	Janine Mobbs / Carrie Summers
Serious Incident Review Group	Nick Henry	Christina Clinton	Janine Mobbs / Carrie Summers
Professional Standards Group	Dr Alison Walker	Nick Henry	Nicky Shaw
Immediate Care Governance Group	Dr Alison Walker	Aidan Brown	Nicky Shaw
Advancing Practice Governance Group	Matt Ward	Jim Hancox	Within group
Clinical Audit and Research Programme Group	Matt Ward	Andrew Rosser	Within group
Medicines management group	Nick Henry	Jason Wiles	Janine Mobbs / Carrie Summers
Senior Clinical Leads Group	Alison Walker	Matthew Ward	Janine Mobbs / Carrie Summers

EMB Committee	Chair	Deputy Chair	Secretarial support provided by
Executive Management Board	Professor Marsh	Diane Scott	Karen Freeman
Regional Partnership Forum	Nathan Hudson	Carla Beechey	Dawn John
Policy Group	Nathan Hudson	Jeremy Brown	Aimee Dicken
Operational Management Team	Nathan Hudson	Michelle Brotherton	Sharon Hooper
Financial Investment Group	Karen Rutter	Paul Jarvis	Donna Stevenson
Efficiency and Transformation group	Karen Rutter	Craig Cooke	Donna Stevenson
Covid 19 Inquiry task & finish group	Tony Yeaman	TBC	TBC
WMAS Site compliance task and finish group	Diane Scott	Nick Pavard	Sharon Hooper
Digital transformation oversight group	Nick Pavard	TBC	TBC

Key

Group	Colour
Board committee	
Executive committee	
Task & finish group	

9

MEETING SCHEDULE

West Midlands Ambulance Service University NHS Foundation Trust
Committee Dates April 2024 to March 2025

				2024										2025			
Title of Meeting	Chair	Secretariat	Staff side Reps	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Board of Directors	Ian Cumming	Phil Higgins	Staff side rep x 1														
Board Strategy and Development Days	Ian Cumming	Phil Higgins															
Non Executive Director Meetings	Ian Cumming	Phil Higgins															
Board of Directors Committees	Executive Management Board (EMB) (merged with Strategic Planning Group)	Anthony Marsh	Karen Freeman		2,16,30	14,28	11,25	9,23	6,20	3,17	1,15,29	12,26	10	14,28	11,25	11,25	
	Trustee Committee - (As and when required)	Ian Cumming	Phil Higgins														
	Remuneration and Nominations Committee - (As and when required)	Ian Cumming	Phil Higgins														
	Audit Committee	Julie Jasper	Donna Stevenson				4	16				12					
	People Committee	Mohammed Fessal	Dawn John			13				30			9		24		
	Performance Committee	Mushtaq Khan	Donna Stevenson		23												
	Quality Governance Committee (QGC)	Alexandra Hopkins	Nicky Shaw	Staff side reps x 2		22		24				23			22		19
EMB Sub Committees	Operational Management Team	Nathan Hudson	Sharon Hooper														
	Efficiency and Productivity Group	Karen Rutter	Donna Stevenson														
	Financial Investment Group	Karen Rutter	Donna Stevenson		8	7	5	2	13	10	8	5	3				
	Policy Group	Nathan Hudson	Aimee Dicken		4	2	6	4	1	12	3	7	5	9	6	6	
	Covid 19 Inquiry Task & Finish Group	Tony Yeaman															
	Digital Transformation Oversight Group	Nick Pavard															
	Regional Partnership Forum	Nathan Hudson	Dawn John	Staff side Reps x 15	8	22		8	12	23			11	16	27		10
Quality Governance Sub Committees	Health, Safety, Risk and Environmental Group	Caron Eyre	Nicky Shaw	Staff side reps x 2		13		15		9		18		13		11	
	Learning Review Group	Nick Henry	Janine Mobbs	Staff side reps x 2	18	16	20	18		26	24	21		23	20	27	
	Professional Standards Group	Alison Walker/ Richard Steyn	Nicky Shaw	Staff side reps x 2	22	20	24	22		30	28	25		27	24	31	
	Clinical Audit and Research Programme Group (Reports to PSG)	Matthew Ward		Staff side rep x 1	2	7	4	2		3	1	5			4	4	
	Immediate Care Governance Group (Reports to PSG)	Alison Walker/ Richard Steyn	Nicky Shaw			7		2		10		5		14		11	
	Medicines Management Group (Reports to PSG)	Nick Henry	Janine Mobbs			13		8		5		4		6		3	
	Senior Clinical Leads Group (Reports to PSG)	Matthew Ward	Nicky Shaw		15 & 29	13	10 & 24	8 & 22	5 & 19	2 & 16 & 30	14 & 28	11 & 25	9	6 & 20	3 & 17	3 & 17 & 31	
	Advancing Clinical Practice Group (Reports to PSG)	Matthew Ward															
	Serious Incident Review Group		Janine Mobbs														
People Sub Committee	Diversity and Inclusion: Steering and Advisory Group	Carla Beechey	Dawn John	Staff Side Reps x 2			19				7			14		24	
RPF Sub Meetings	Executive Partnership Group	Nathan Hudson	Carla Beechey	Staff Reps x 6		9	27	29		11	31		2	16	27		
	BBC Locality Partnership Forum	Senior Ops Manager	Samantha Walton	Staff Side Reps x 11	18	23	20	18		19	24	21					
	EOC Partnership Forum	Jeremy Brown	Louise Bowater	Staff Side Reps x 4	25	30	27	25	29	26	31	28		30	27	27	
	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	25	30	27	25		26	31	28		30	27	27	
	Coventry and Warwickshire Locality Partnership Forum	Senior Ops Manager	Suman Bhambra-Thor	Staff Side Reps x 7	26	25	28	26	23	27	25	22					
	Non Emergency Services Locality Partnership Forum	Michelle Brotherton	Sharon Davies	Staff Side Reps x 7	16	21	18	16		17	15	19		21	18	18	
Council of Governors	Council Of Governors Meeting	Ian Cumming	Suzie Wheaton			9		31				6					
	Council of Governors Development Day (As required)	Ian Cumming	Suzie Wheaton							5							
	Annual Council of Governors and Annual Member Meetings	Ian Cumming	Suzie Wheaton				31										
	Remuneration Terms of Service and Nominations Panel (as required)	Ian Cumming	Suzie Wheaton														

10 GLOSSARY OF TERMS



GLOSSARY OF TERMS

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



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



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



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



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



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