



Trust Strategy 2021 – 2026

Trust us to Care



Trust Strategy

Trust us to care.

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Who are we?

West Midlands Ambulance Service University NHS Foundation Trust (WMAS) is an incredibly ambitious organisation, it has been at the forefront of quality and safety, performance and innovation for a number of years, not only within the ambulance sector but more broadly across all types of NHS Trusts.

Some of the most notable achievements over the last five years which we are proud about include the following:

- Rated “outstanding” by the CQC in consecutive assessments - the only ambulance service to be ever rated “outstanding” by the CQC
- Awarded University Teaching status, the only ambulance Trust to receive such recognition.
- Have consistently maintained a zero-vacancy rate and have not used any private sector capacity to deliver response time performance.
- Pioneered the innovative make ready system now adopted across the country (fewer, larger new ambulance hubs with onsite vehicle preparation and support to reduce the time our clinicians spend on non-clinical tasks)
- The first and only ambulance Trust to ensure there is a paramedic on every ambulance
- The only Trust who continues to consistently achieve all of its response time standards for patients (call assessing, 999 response times and patient transport)
- Ensured all of its fleet remains no older than five years and is now trialling zero emission vehicles in both front line and operational support roles such as IT - the first Trust to do so in the U.K and Europe
- Delivered a fully Integrated Urgent and Emergency care service with NHS 111 now fully integrated into our service offer with 999.
- Whilst achieving for patients and our staff, maintaining the lowest cost base of all English Ambulance Trusts, delivering balanced budgets every year.

The ambition which has driven this level of success remains undiminished, working with our partners across health and social care, WMAS is determined to be at the forefront of the delivery of integrated Urgent and Emergency Care.

WMAS is determined to set the direction for the future of care delivery, both regionally and nationally and indeed internationally – within the Ambulance sector, but also more broadly as an NHS provider of care.

We were formed in 2006 bringing four previous ambulance services together and in January 2013, WMAS was authorised to become an NHS Foundation Trust. WMAS in 2018 also began providing Patient Transport services across Cheshire and Mersey side too. Then in 2019, WMAS started to provide NHS 111 across the region, with the exception of Staffordshire and Stoke on Trent.

We look after the people who require care across Shropshire, Herefordshire, Worcestershire, Coventry and Warwickshire, Staffordshire and the Birmingham and Black Country conurbation. All added together, we are responsible for the immediate care needs of more than 5.5 million people, or roughly 10% of the English population.

The West Midlands is the second most ethnically diverse part of the United Kingdom after London and includes the second largest urban area in the country, the Birmingham, Solihull and the Black Country conurbation, where 43 per cent of our population live.

WMAS is an anchor organisation within the West Midlands

- We employ 7,500 local people, providing good quality work, terms and conditions that support those we employ and their dependents.
- We support local supply chains and industry, most of what we buy is through UK based suppliers and employers
- We have buildings across the whole region, supporting the communities we serve
- Ambulance Trusts are anchors within the NHS – connecting patients to a whole variety of other care outcomes - we are unique in the way that we touch every single part of health and care across such a large area
- This year we will put close to £400m of taxpayers' money back into the local economy



What are our services? - supporting the needs of people within the West Midlands and beyond.

The Trust provides a range of services in a comprehensive, increasingly integrated offer, they include:

1. 999 Emergency Response
2. 999 and NHS 111 “non-emergency line” - Integrated Urgent and Emergency Care
3. Non Emergency Patient Transport
4. Specialist Operations to include Hazardous Area Response Teams and critical care infrastructure such as our “Merit Teams” - Critical Care Practitioners and Doctors, attending the most critically injured and unwell
5. Hosting the National Ambulance Resilience Unit – the coordinating body supporting resilience planning, training, incident management delivery across the country
6. In house student paramedic training program
7. Research and practice development

The seven service lines in detail

999 Emergency Response

WMAS deploys up to 450 ambulances per day at peak levels of demand, operating out of fifteen major hubs across the West Midlands, each one with a paramedic on board, so any ambulance can attend any patient, anywhere, we are the only service in England to have a paramedic on board every vehicle.

The 999 service continues to have a fleet which is no more than five years of age and is now also trialling zero emission vehicles, the first service in Europe to do so – the journey to “zero net carbon” being a strategic priority for WMAS.

Over the last five years we have steadily been replacing Rapid Response Vehicles (RRVs), with ambulances, whilst maintaining our nationally leading response times. This has ensured the resource that attends a patient can still meet the immediate patient need, but can also convey to hospital if required, rather than tying up an RRV and ambulance together, which is clearly less efficient.

Despite annual growth of more than four percent, our 999 Emergency Service has consistently met all its response times for years, something we are immensely proud of, we do this by continually investing in our front line each year, with 95% of all our staff working in front line roles

Aligned to the in-house student paramedic course, WMAS uniquely carries a zero-vacancy rate when it comes to paramedics and has maintained ‘NHS only’ provision for some years now, with zero use of private ambulance sector capacity or agency staff.

No vacancies and zero use of the private sector, supports efficient care, as we do not lose money to the private sector to deliver costly capacity - a standard of care and efficiency we are committed to maintaining.

Whilst investing in our workforce, we have been investing in technology to support them in practice too. For example, our staff are now able to see the GP health record for the patients they attend, they access the record in half of the cases they now go to. This supports high quality decisions and nationally leading non-conveyance rates – again, something we are committed to improving on further.

During 2021/22 all of our front-line staff will also be issued with data enabled iPads, this will facilitate use of a range of apps to support decision making and care. One such example could be a live interpreting service, so the patient and clinician can see and interact with the interpreter. Indeed, Artificial Intelligence, whilst available now, in the future may support decision making when it comes to diagnosis and treatment – WMAS is preparing for that now.

Our 999 service remains at the heart of what we do, as a provider of immediate care, but WMAS also recognises the evolving needs of our patients, partners and staff, hence the recent integration with 111.

999 and NHS 111 – Integrated Urgent and Emergency Care

In November 2019 WMAS took on board the provision of the non-urgent help line NHS 111 across the whole West Midlands (except for Staffordshire). At this time, we were planning to receive 1.2 million calls per year, just eighteen months later, for 2021/22 we are now set to receive approximately 1.8 million calls.

NHS 111 provides a comprehensive patient offer, with experienced clinicians from a variety of backgrounds, such as general practice, advanced paramedic practice, pharmacy, minor illness and injury, mental health and maternity care amongst other things.

Taking on board NHS111 enabled WMAS to take a significant step forwards on integrating care across the whole region, in line with the NHS long term plan 'ask' and our own vision to deliver the right care, to the right patient, at the right time, which could not be achieved through providing 999 services alone.

We now can assess patients' needs and book them directly into slots with primary care, dental clinics, Emergency Departments, community-based services, or indeed bring a 999-emergency response to them, should that be needed - all things not possible just 2 years ago.

NHS 111 also formed a significant part of the regional and national COVID-19 pandemic response, as patients were asked to call 111 with symptoms first and also to call 111 with non-emergency needs when presenting to Emergency Departments. Furthermore, our 111 teams also provided support to the critical infrastructure of 999 at times of peak pressure, by assisting with taking calls. Through 2020/21 we fully integrated the 999 and 111 call taking services, with call assessors able to receive and manage both types of calls, providing a truly integrated and resilient offer, again in line with our vision – we believe this will stand us in good stead going forwards.

The pandemic has seen a significant change in how patients access healthcare. Virtual, online consultations with timely access have become normalised across all providers of care. NHS 111 is now increasingly seen by patients as the 'first port of call' to access urgent care, moving away from the traditional GP / Emergency Department face to face offer.

NHS 111 is also increasingly seen as the primary means of connecting patients to the correct care, whether that be in General Practice, community-based teams or indeed an Emergency Department – one phone number which can access a whole variety of different types of care – again, in line with our vision, right care, in the right place at the right time.

WMAS wishes to build this service offer much further, by building the service increasingly around where patients are choosing to access healthcare, but to also offer a much more front-loaded clinical model of care, supported by increasing levels of technology.

WMAS is already exploring how Artificial Intelligence can support NHS 111 more, for example through interactive 'chat bots' and interpreting services. The technology already exists to monitor basic physiology remotely to, in a way which can be shared with our clinicians.

Taking our integrated Urgent and Emergency Care offer forwards through expanding the skills our clinical teams have, but the bringing the latest technology also available to them, will be a central part of achieving our vision and the ambitions of our partners to.

Non-Emergency Patient Transport

WMAS has a long history of providing patient transport (PTS) across much of the West Midlands and more recently the Cheshire and Merseyside region too, with around 900 staff operating 350 vehicles across the two regions, 24 hours per day, seven days per week - our service will expect to complete approximately one million journeys this year.

Our PTS teams consistently meet all their response times standards, ensuring patients who need transport can get to appointments, clinics and back home, including following discharge from hospital.

PTS played a vital part in the NHS covid response, ensuring patients were discharged in timely fashion from hospitals and that lifesaving treatments such as chemotherapy and renal dialysis continued uninterrupted all the way through the last year, into this year.

Our PTS team also provides a “high dependency team” to support the timely transfer of stable GP referred patients to hospital, ensuring they got there quickly, whilst not waiting for a 999 ambulance to arrive - in many other parts of the country, these patients can wait far longer, as they rely solely on 999 ambulances.

PTS for WMAS is an integral part of what we do and supports us again in providing a comprehensive, integrated offer to our patients, in line with our vision – right care, in the right place at the right time.

Specialist Operations Teams

In addition to core 999, 111 and PTS services, WMAS also provides 24/7 specialist medical and critical care paramedic cover to the West Midlands' region, working closely with the Midlands Air Ambulance Charity. Our teams are sent to the most critically unwell and injured patients across the region, 24/7, bringing specialist lifesaving care to the patient.

Within this portfolio of specialist teams, we also have a dedicated ‘Hazardous Area Response Team’ (HART) consisting of approximately 50 paramedics, providing seven teams of six paramedics, who provide rolling 24/7 cover.

This team focuses on providing dedicated 24/7 care in hazardous environments, normally beyond the reach of the NHS, for example in collapsed buildings, at height, in contaminated environments or waterways. They are also trained and equipped to treat and extricate patients within the warm zone of firearms incidents.

The HART teams are solely dedicated to the types of cases and incidents they have been trained and equipped to deal with. This is to ensure they are always available to immediately respond to such incidents should the need arise, 24/7, both regionally and should the need arise, nationally to.

Annually, HART teams from all ambulance trusts attended 5,035 incidents, from patients in trapped cars, through to responding to terrorism attacks and everything in-between.

National Ambulance Resilience Unit “NARU”

“Preparing for the future, protecting lives today – ensuring that the NHS Ambulance Service is effectively trained and fully equipped to provide the best front-line healthcare during the most complex incidents”

NARU is funded by NHS England and hosted by WMAS. It provides central support to all Ambulance Trusts nationally, to ensure the service can respond to a variety of hazardous and challenging environments. NARU achieves this through education and training, compliance and quality assurance and assisting with capability for all ambulance trusts.

In recent times, our HART teams were tested in responding to large scale incidents, such as the Alton Towers incident, the fire and evacuation at University Hospital North Midlands, the Bullring contamination incident and more recently, the floods in early 2020 which cut off portions of Shropshire and Worcestershire from transport links.

Linked to our hosting of the NARU team, Professor Anthony Marsh, the Chief Executive Officer of WMAS is also the national lead for ambulance service emergency planning and preparedness, working alongside the national leads from Police, Fire and Rescue.

Our leadership support to NARU alongside our significant investment in our HART and MERIT teams signifies our absolutely commitment to keep the people of the West Midlands and the Country itself as safe as it can be where immediate healthcare is needed in the most challenging of situations and circumstances.

In house Student Paramedic Programmes

WMAS has been at the forefront of training and development for more than a decade now, primarily through setting up its own in-house student paramedic course.

The student course first began in 2010, by the end of 2021, it will have successfully recruited close to 2,000 paramedics into WMAS and further afield, such as other ambulance services or other providers of care.

The in-house programme has been a cornerstone behind how WMAS has eliminated vacancies and become self-reliant in workforce terms - which for an NHS provider of any kind is unique. The course itself has become increasingly popular, receiving hundreds of applications each time a course is advertised.

Whilst our student paramedic course has been a cornerstone of our success, its value to the organisation and beyond continues to grow. The paramedic workforce is in demand across the healthcare spectrum, not only amongst fellow ambulance trusts, but also increasingly within hospitals and primary care.

WMAS has started to engage with primary care networks on how we may be able to support them with their workforce needs, as an example of how we can support not only our own objectives directly, but also our objectives indirectly, through supporting other providers of healthcare. We believe WMAS can not only remain self-reliant in workforce terms but can also support the needs of our partners too, this represents a significant opportunity for WMAS and our partners going forwards.

Research and Practice Development

Research is most often associated with large university teaching hospitals, WMAS has been active in research since 2010, with a dedicated team leading on several research projects related to paramedic practice, pre-hospital and shared care.

Research is vitally important, it informs our future practice and therefore directly effects patient outcomes, some of our recent research projects have looked into the following:

- The Pre-Hospital Evaluation of Sensitive Troponin (PRESTO) study – a joint project with University Hospitals Coventry and Warwickshire and South Warwickshire Acute Hospitals, this looked trailing a blood test for paramedics to use to diagnose heart attacks
- The Major Trauma Triage Tool Study (MATTS) - this was a project which reviewed how we could better identify potential victims of major trauma, so the right care could be brought to the patient
- The Purines for Rapid Identification of Stroke Mimics (PRISM) study – this study tested a device to distinguish patients who have a condition that mimics a stroke. the aim was to help identify these patients and minimise the numbers of them conveyed to hyper acute stroke centres.

There are a number of live research projects, for example we are looking into diagnostic accuracy of diagnosing respiratory failure in the prehospital environment, jointly with the university of Sheffield.

Another live project, jointly with university of Swansea, is reviewing the triage method methods employed by ambulance services when receiving 999 calls.

We are also a participant in the COPE study in the West Midlands, with the University of Birmingham, which is looking into the contribution of occupational exposures to risk of covid-19 and approaches to control amongst healthcare workers.

Our activity in research, education and development led to WMAS receiving University Teaching status, with the University of Wolverhampton. We are incredibly proud of this, as it recognises our efforts and future intent to develop research, practice and process much further.

WMAS remains the only University Teaching Ambulance Trust in the country, which means WMAS has a responsibility to push the boundaries on research and education much further.

Why are we Producing a Five-Year Strategy?

Success for West Midlands Ambulance Service is when a person turns to us for help and we deliver the right care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies.

As outlined within the “who are we” section at the beginning of this document, WMAS has met or exceeded our obligations as a provider of care, but also pushed boundaries on innovation, development and quality - not just locally, but on a national and indeed international level when it comes to our fleet and zero emissions work.

The achievements came about because of a vision, a set of values and a set of strategic objectives and priorities which have been driven by the Board and embraced by our staff.

WMAS is determined to be the forefront of quality, safety and performance for today, but also wants to set the direction of travel for the next five years to keep being the leading ambulance service nationally, so our patients receive the best care locally. To do this, we must redefine our vision, objectives and priorities for the environment we are in now but for also for the future to come.

The context for the next five years will be very different than what has gone on before.

However, if we fail to adapt to the changing needs of our patients, the outlook on workforce and health policy together with the prevailing economic conditions post pandemic, failure to adapt could look something like this:

- 1 A lack of capacity in workforce, infrastructure and technology terms to meet the immediate and urgent needs of our patients
- 2 We expand our current model of care to such an extent that we miss opportunities with partners to adapt to future needs of our patients around ageing, chronic disease management and long-term conditions
- 3 We are not engaged with the needs of our six new Integrated Care Systems across the region, but also locally within each one at 'place level'

This strategy is intended to act as a reference point for WMAS, our staff, partners and patients to set out how we have assessed our future challenges and identified solutions, ensuring we always remain focused on our staff and patients, it will:

- Guide the decisions we make in the short term, such as our annual plan and the priorities within it
- Inform our longer-term work programme
- Enable our board, our staff and patients to assess our actions against our expected strategic objectives and priorities, and to challenge us if we are off course
- Provide the basis for engagement with our partners and stakeholders about the future challenges and opportunities that lie ahead.

Ultimately, we are accountable to the people we serve, our patients, taxpayers and our 7,500 colleagues. All need to know about our plans for success going forwards and be able to hold us to account for achieving them. However, to create a new strategy for the next five years, we also need to be clear on what are the drivers for change.

The Drivers for Change

In understanding the drivers for change, the Board explored the following:

- What have we achieved over the previous five years and what didn't we achieve from our previous strategy and why?
- What do our staff think of us and what is WMAS like to work for?
- What do our partners (other Trusts, Commissioners, regulators such as the CQC and NHSE/I) think of working with us from a care and partnership perspective?
- Current and immediate operational challenges facing us across our emergency and non-emergency services (999 and patient transport) and Integrated Urgent and Emergency Care portfolio (111 and 999 call assessing)
- What are the strategic drivers for change happening around us? In areas such as workforce, demography, technology, care innovation, the economy, learning from COVID-19 and national policy development.

What have we achieved over the previous 5 years, what did we also not deliver and why?

In reviewing this area, it was clear that WMAS had achieved or surpassed expectations of NHS Trusts in several areas, for example in improving upon its CQC rating of "outstanding" being the first Trust in the country to get to a 100% paramedic skill mix, having the youngest fleet in the country and also having the lowest cost base and achieving all of our response times amongst many others.

However, this level of achievement has also come from a considerable amount of transformation, for example through the focus on our culture as an organization, the innovative make ready program and the relentless focus on investing in our front-line services and reducing our cost base in other areas to do so.

The focus on continual improvement, our culture of high achievement and on-going transformation has been and will remain a key determinant for future success.

What do our staff think of us and what is WMAS like to work for?

The board reviewed our latest staff survey results and other workforce information available to us, such as sickness, turnover, attrition, equality and diversity plus demographic data. WMAS has improved year on year in-terms of staff survey results, it also maintains the lowest sickness and attrition levels of all ambulance services.

Our staff are proud to work for us and for the NHS, however, the board recognises the need to change and not take this for granted, the shape of our workforce in terms of age is changing, with a greater proportion of new, younger colleagues choosing a career with WMAS. Those new colleagues are also seeking different career paths, involving advanced practice and alternative roles, we also want it to be more diverse than it is at all levels, with 10.71 per cent of our workforce currently identifying as coming from an ethnic minority background.

Other areas of feedback and suggestions going forwards included the following:

- Wanting to engage on service improvement and community engagement
- Seeking a greater focus on mental health and wellbeing
- Opportunities to use skills and develop them further
- Opportunities for greater levels of flexible working

What do our partners (other Trusts, Commissioners, regulators such as the CQC and NHS England / Improvement) think of working with us from a care and partnership perspective?

Whilst developing this strategy, we contacted our partners for the first time and surveyed their views on the following:

- Operational and clinical effectiveness
- Working relationships
- System working
- Collaboration
- Outcomes for patients
- Trust priorities

Our partners expressed clear appreciation for our patient facing services, however, they sought closer working between us on integration and collaboration, outcomes, workforce and investment. It is on the latter point, collaboration and what can come from it, that our partners have feedback they believe we need to build this further into our organisational strategy.

This has been fed back which the board has embraced as we move into a new world of Integrated Care systems (ICSs), which requires organisations across the health and care spectrum to integrate their services and to collaborate in the delivery seamless care.

Current and immediate operational challenges facing us across our emergency and non-emergency services (999 and patient transport) and Integrated Urgent and Emergency Care portfolio (111 and 999 call assessing / IUEC)

Covid has represented some unique challenges to WMAS, both short term and more medium term, for our patient transport teams, who deliver around 1 million journeys per year, they have had to operate a social distancing policy, which has reduced productivity (reduced seat utilisation between 12% - 36%), but they are still delivering close to 100% of the activity now.

Despite this unique challenge, all response standards have been met, this gives our partners and patients confidence, that WMAS can respond to and adapt to challenges. Things like social distancing have been in place for a year now, they are very likely to continue for the year to come.

For IUEC, 999 call assessing has delivered the best performance of all ambulance Trusts nationally on speed of taking calls, the lowest sickness levels of all Emergency Operations Centres, the lowest attrition whilst having to integrate a 111 service.

The IUEC team have had to deal with huge variability in call demand, especially with 111, which has risen considerably, infection control measures, not normally required in non-clinical environments and complex dispatch pathways with reconfigured hospital services. However, through change has come innovation, with clinicians working remotely from home, truly integrated 999 and 111 call assessing, more virtual consultations and the ability to access a whole range of services through one call.

In addition to the full integration of 111 and 999 the IUEC team has moved from three sites to two, have migrated onto a single system for 111 and 999 and are increasing the clinical input into category 3 and 4 calls.

Our 999 service has faced significant challenges, whilst overall demand this year due to lockdowns reduced, going forwards, that trend will reverse, with growth in work resuming.

However, whilst we may get busier, we will do so with the complexity of PPE, ongoing testing of staff, the growth in job opportunities for paramedics in other sectors, such as primary care and the need to create a career path that meets the aspirations of a changing workforce, which is younger and more diverse than it ever has been.

What are the strategic drivers for change happening around us? In areas such as workforce, demography, technology, care innovation, the economy, learning from COVID-19 and policy development.

There are several drivers for change, some local to the West Midlands, some of national or indeed international significance, for WMAS, we have reflected on the following:

- Demographic change within the West Midlands, with an aging population
- The spectrum of wealth and deprivation across the West Midlands region.
- The increasing diversity within the population of the West Midlands
- NHS national policy, specifically the NHS Long Term Plan, published in 2019/20
- University Teaching Status and the value in research and education
- Improved data connectivity with the transition from 4G to 5G
- Pressures on hospitals with patient flow and occupancy in Emergency Departments
- The impact that the pandemic will have on the UK economy and subsequent investment in public services.
- Covid 19 itself, our response to it and its on-going impact and opportunities
- The global climate emergency

The ten strategic drivers for change noted above have informed our thinking on how we should respond to them by way of developing our future strategy.

How did we develop the strategy?

WMAS has taken five steps to develop our vision, values, strategic objectives and priorities, this process began in September 2020. The process has involved both internal and external stakeholders, such as staff, our unions, our council of governors, commissioners, Integrated Care Systems, regulators, universities, our foundation trust membership, local authorities and primary care.



The feedback from both internal and external stakeholders has been helpful in refining the initial work of the Board. Whilst the overall feedback has been positive, there have been some specific items of feedback which have shaped things further.

The specific feedback which has led to change or further review:

- Respecting the needs of rural populations and the difference between them and urban areas
- The inclusion of mental health and wellbeing as a strategic priority under objective 2 “A great place to work”
- The need to engage with partners, particularly our ICSs
- The importance of staff engagement

- Embedding of values and culture and inclusivity further
- How we reflect changes relating to staff demographics and COVID-19
- Strategic priorities viewed as being aligned to that of our ICSs
- The inclusion of a strategic priority around equality, diversity and inclusion
- Affirmation of the value of research and our role in supporting younger people in employment.
- Our ability to do more on community engagement, particularly with schools
- The need to focus patient engagement and participation
- Strategic partnership forums with Higher Education Institutes for students and academic work

The Next Five Years

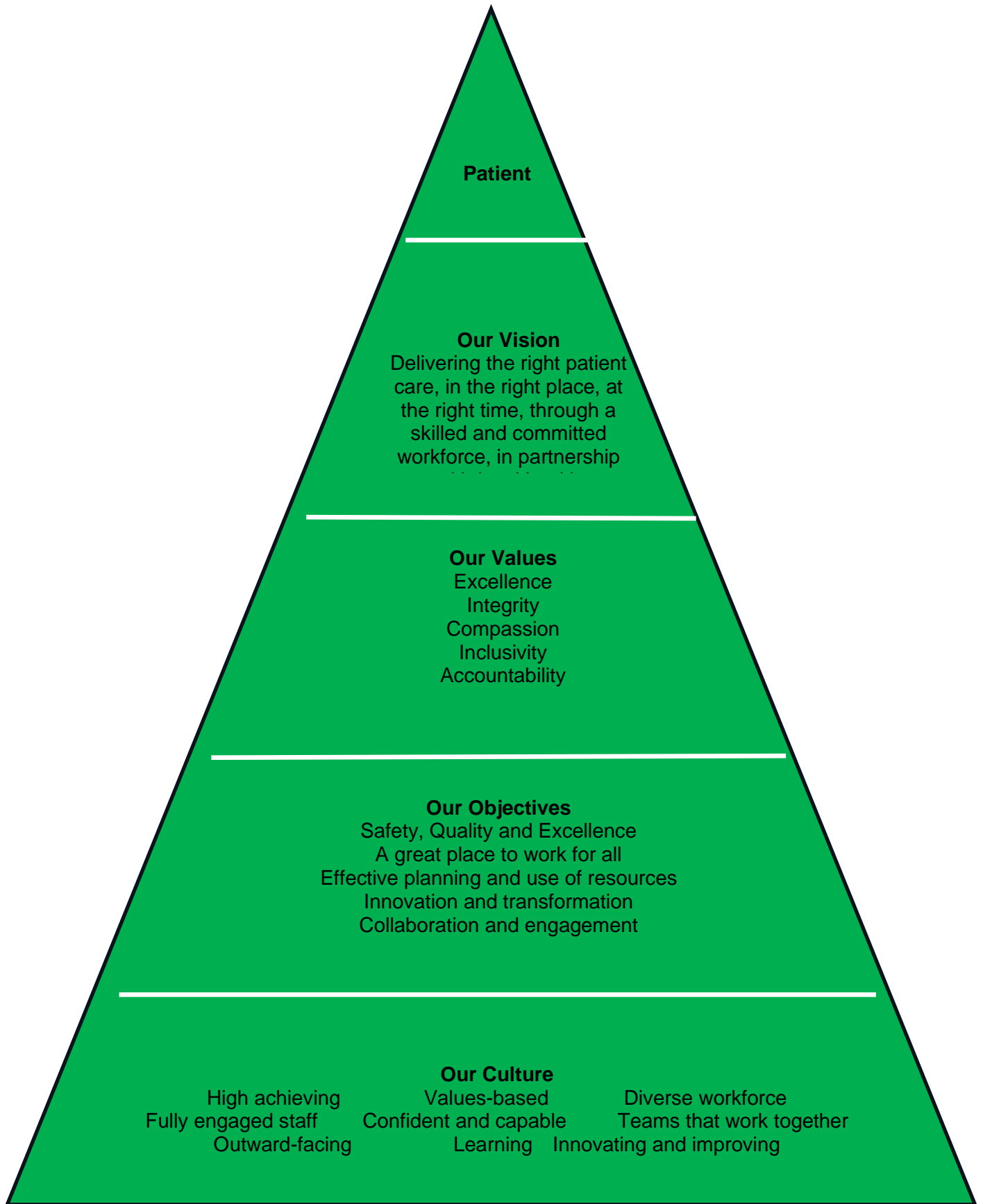
Our Values, Vision, Strategic Objectives and Strategic Priorities

Having reviewed the five drivers for change, the board re-affirmed our vision, the vision from 5 years ago is more relevant now than ever, as bringing the right care to our patients, in the right place at the right time has never been more important – it is the core tenant of the Urgent and Emergency Care section of the current NHS Long Term Plan and a central part of why ICSs have developed.

In addition to reaffirming our vision, the board reviewed our values, to respect the need to tackle the climate emergency, we introduced an additional value of environmental sustainability, this value has been endorsed by our staff and partners.

The Strategic Objectives were signed off earlier in 2020, however the board reviewed them again and they absolutely remain the right strategic objectives for WMAS to align individual strategic priorities against.

Our Strategic Framework On a Page
Vision, Values, Objectives and Organisational Culture



Our Vision

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

EXCELLENCE	INTEGRITY	COMPASSION	INCLUSIVITY	ACCOUNTABILITY
				
<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

Alongside our vision, values, strategic objectives and culture, the board with our staff and partners have developed a new set of strategic priorities, this reflects the work to plan against what we believe our five strategic drivers of change to be, to ensure continued high quality, efficient and safe care over the coming years.

Underneath each of our five strategic objectives are our strategic priorities for the next five years, they are set out below:



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

Over the next 5 years, we will:

Focus on safety quality and excellence, ensuring our all of our patients receive the best care possible, this will be enabled by bringing the array of services patients may need to them in an integrated offer, by remaining best in class on how quickly we respond to patients, continually improving practice through research, by working with our partners to support improved public health and finally to build our own capabilities further in areas such as mental health, frailty and long term conditions.

Create a great place to work so our staff can flourish. We will focus on the wellbeing and mental health of our staff as a priority, we also want to reflect the population we serve in terms of diversity within our own workforce, so we can better meet the needs of patients and provide great career opportunities for all. With a younger and increasingly gender balanced workforce we want to create career paths that can better meet their needs and aspirations, both within the ambulance service and beyond in other sectors too. Finally, to diversify the roles we have, to better meet the needs of our patients.

Effectively plan and use our resources in the most efficient manner possible. Doing this will enable us to continually invest in our front line of the future, but also the technology they will need to use to bring the safest, highest quality care possible. We can do this by engaging with our staff for ideas on improving efficiency and productivity, to work with our partners on where resources can be best deployed and to reduce inefficiency in time – the most valuable resource we have.

Continually Innovate and Transform we have begun the journey already with a cleaner fleet, the environment will continue to be something we care about, as we move to net carbon zero. Through using our resources effectively, we will continue to invest in technology, such as improved connectivity for our staff with data and other clinical services (e.g. health records, or sharing of diagnostic data with hospital teams), to bring care to the home or street. Artificial Intelligence will play a greater role in what we do, by providing an immediate and efficient means for patients to access healthcare and reduce the workload of our staff.

We will pro-actively engage and collaborate with our partners, this will be a must if we are to realise our vision of delivering the right care, in the right place at the right time. Currently our Directory of Services has over 10,000 entries of services our patients can access. We want to be locally engaged with our towns and cities, but also seamless in our offer is a regional provider of care across a population. Collaboration and engagement will extend to community engagement, regeneration, and employment too, something that COVID has really brought to the top of the agenda for all public sector bodies.

To deliver upon our strategic objectives and the strategic priorities within them, work has begun on the underpinning strategies required to drive success. Each underpinning strategy will be aligned to the relevant strategic objectives and priorities.

Whilst the Trust's overall strategy is still subject to further consultation with external stakeholders and final sign off by our Board, work has begun in several areas in advance, to ensure the Trust is moving in a coherent direction, immediately and seamlessly from the moment the five-year strategy is signed off.

For example, WMAS has recently signed off or has live / underpinning strategies in the following areas which map to our new vision, strategic objectives and priorities, they are:

- Communications and Engagement
- Environmental sustainability strategy including estates.
- Fleet Strategy
- Operational Strategy (Emergency Services)
- Equality, Diversity and Inclusion strategy

Work by lead directors has commenced to refresh our strategies in the following areas, for completion by September 2021, which will ensure they are aligned to our new five-year strategic plan:

- Clinical Strategy
- Commercial Services Strategy
- Commissioning Strategy
- Finance and Procurement Strategy
- IM&T Strategy
- People Strategy, including mental health and wellbeing
- Risk Management Strategy

How will we know we have been successful?

As we move through the forthcoming five-year period, it is important for WMAS to understand what success will look like in achieving our vision and strategic objectives:

Objective 1 – Safety Quality and Excellence

- Retain CQC rating of Outstanding, but improve from ‘Good’ to ‘Outstanding’ for the domain of “Safe”
- Continually deliver upon national access standards across all services
- Improve clinical outcomes through changing clinical practice, driven by research and development
- Improve the outcomes for patients from a public and population health perspective, with greater integration of services, sharing of public health data with partners and embedding different roles within WMAS, which can meet the needs of patients

Objective 2 – A great place to work

- Improve staff survey results year on year
- Improve performance on Workforce Race Equality Standard gender pay gap and workforce disability equality standards.
- Increase the representation of ethnic minority colleagues at all levels with the organisation, 10.7% of the WMAS workforce is from an ethnic minority background, whilst approximately 17% of the West Midlands population identifies as coming from an ethnic minority group.
- Retain our staff for longer, with roles which attract and retain new and existing colleagues which are aligned to the need of our patients and the aspirations of our staff.

Objective 3 – Effective planning and use of resources

- WMAS continues to deliver a balanced budget each year, by continually improving our efficiency and reducing lost clinical time.
- We co-design with partners the emerging commissioning model for our service, as the NHS moves to Integrated Care Systems.
- Lessons are learned from the pandemic, which have supported efficiency, such as remote working, use of technology and reduce building use.
- Our staff feel engaged in our investment decisions, our financial performance and ideas for efficiency and productivity.

Objective 4 – Innovation and Transformation

- We deliver on the NHS ambition of an 80% reduction in carbon emissions by 2028-2030 and move to carbon neutral by 2040.
- We provide the technological capability to our front line so clinical teams can connect remotely the services our patients require, from interpreting to specialist advice.
- We can measure how much activity automated technology can now take up, e.g. through chat bot use in 111 as an example

Objective 5 - Collaboration and Engagement

- We continue to appropriately improve upon non-conveyance rates to Emergency Departments, through better co-ordination of services between primary, secondary and community base services
- We continue to provide regional services such as 111 and patient transport, beyond our statutory 999 responsibilities
- We build our relationships at 'place level' through our regional ambulance hubs
- We contribute to reducing health inequalities and social value
- Where possible, we support new workforce models which require collaboration across organisations and sectors.

Conclusion

Since 2015 the WMAS vision, its objectives, values and culture alongside its strategic priorities has led to WMAS being the most successful ambulance trust in the country by any objective measure, this matters to our patients, staff and partners.

In order to keep delivering the very best services for our patients, to be a great employer as judged by our staff and to be a key partner in delivering services, we must keep adapting and transforming what we do.

The five key drivers for change, if not responded to proactively, will result in an ambulance service which will begin to struggle to meet the needs of its patients, staff members, and partners alike. However, by working through them systematically, by engaging with our staff and our partners, we believe that WMAS can continue to be the successful organisation that it is today and going forwards for the long term.

We believe that our patients will continue to be able to “Trust us to Care”

Further Information

Further information and action plans on all projects can be obtained by contacting our Strategy Team:

Vivek Khashu, Strategy and Engagement Director
Pippa Wall, Head of Strategic Planning

Further information on performance for local areas is available as an Information Request from our Freedom of Information Officer or from the leads for the individual projects.

Progress reports will be available within the Trust Board papers every three months with the end of year progress being given at the Trust's Annual General Meeting.

If you require a copy in another language, or in a format such as large print, Braille or audio tape, please call West Midlands Ambulance Service on 01384 215 555 or write to:

West Midlands Ambulance Service University NHS Foundation Trust
Ambulance Headquarters
Millennium Point
Waterfront Business Park
Brierley Hill
West Midlands
DY5 1LX

You can also find out more information by visiting our website: www.wmas.nhs.uk

If you have any comments, feedback or complaints about the service you have received from the Trust, please contact the **Patient Advice and Liaison Service (PALS)** in the first instance; **01384 246370**.

