

# West Midlands Ambulance Service University NHS Foundation Trust

## Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

The trust serves a population of 5.6 million people covering an area of more than 5,000 square miles made up of Shropshire, Herefordshire, Worcestershire, Staffordshire, Warwickshire, Coventry, Birmingham and Black Country conurbation.

The emergency and urgent care services respond to '999' emergency calls, 24 hours a day, seven days a week. As the region's emergency ambulance service, the trust responds to around 4,000 '999' calls each day. They employ approximately 5,000 staff and operate from 15 new fleet preparation hubs across the region.

The trust's fleet has over 460 ambulances, of those, 15 ambulances have 4x4 capability and all response cars are 4x4 capable. They have access to five air ambulances and there are over 750 community first responders (CFRs) as well as the trust's Hazardous Area Response Team.

West Midlands Ambulance Service also plays a key role in transporting thousands of patients to their out-patient appointments. Every year, staff at the trust complete in the region of one million non-emergency Patient Transport Service (PTS) journeys.

The trust employs 982 PTS staff who ensure patients get to and from their hospital appointments throughout the region and beyond, 24 hours a day, seven days a week.

Staffing figures comprise 700 ambulance care assistants, 40 operations managers, 62 control room staff and 90 delivery and logistics staff.

The journeys are booked and coordinated by dedicated control rooms based in Stafford, Coventry, Brierley Hill, Warrington and Frankley. Sixty-two call handlers and controllers work in the control centres, dispatching 348 vehicles a day.

The trust uses 12 taxi firms as third-party providers to support their PTS function. Four of these companies operate across Birmingham, Dudley and Wolverhampton; one operates within Coventry and Warwickshire and seven operate in Cheshire.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Outstanding**   

## What this trust does

The trust's primary role is to respond to emergency 999 calls, 24 hours a day, 365 days a year. 999 calls are received in one of two emergency operation centres (EOC), based at: Millennium Point, Brierley Hill (Trust HQ) and Tollgate Drive, Stafford where clinical advice is provided and from where emergency vehicles are dispatched if required.

In addition, the trust provides a patient transport services, employing 400 staff, a Hazardous Area Response Team of 49 staff and provides clinical teams to three air ambulances. Air Ambulance services in the region were provided by the Midlands Air Ambulance Charity. Paramedics and doctors on the service are funded by the charity but are provided by WMAS. The Air ambulance service was not included as part of this inspection.

### Locations at the trust

West Midlands Ambulance service has 58 locations across West Midlands, Birmingham, Coventry and Warwickshire and surrounding areas. The trust's headquarters, as well as one of the two emergency operating centres, are based at Millennium Point in Brierley Hill. The second emergency operating centre is based in Stafford.

# Summary of findings

A breakdown of services at the trust is below:

- Community Ambulance Sites 25
- Ambulance hubs 14
- Patient transport service 13
- Other 3
- Emergency operations centres 2
- Headquarters 1
- Total 58

*(Source: – Sites)*

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Between 23 – 25 April 2019 we inspected the core services of urgent and emergency care and patient transport services.

We carried out the well led review from 25 to 27 June 2019.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well led key question at trust level. Our findings are in the section headed 'Is this organisation well led?'

## What we found

### Overall trust

Our rating of the trust stayed the same. We rated it as outstanding because:

- Emergency and urgent care services and resilience were rated as outstanding.
- Emergency operations centre and patient transport services were rated as good.
- We rated well-led at the trust as outstanding.

### Are services safe?

Our rating of safe stayed the same. We rated it as good because:

# Summary of findings

- All core services of emergency and urgent care, emergency operation centres, patient transport and resilience were all rated as good.

## Are services effective?

Our rating of effective stayed the same. We rated it as outstanding because:

- Emergency and urgent care services and resilience were rated as outstanding
- Emergency operations centre and patient transport services were rated as good.

## Are services caring?

Our rating of caring stayed the same. We rated it as outstanding because:

- Emergency and urgent care services were rated as outstanding.
- Emergency operations centres and patient transport service were rated as good.
- Resilience is not rated for caring.

## Are services responsive?

Our rating of responsive improved. We rated it as outstanding because:

- Emergency and urgent care services and resilience were rated as outstanding
- Emergency operations centre and patient transport services were rated as good.

## Are services well-led?

Our rating of well-led improved. We rated it as outstanding because:

- Emergency operations centre, emergency and urgent care services and resilience were rated as outstanding
- Patient transport services were rated as good.
- We rated well-led at the trust as requires improvement outstanding.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice in urgent and emergency care services and in patient transport services.

For more information, see the Outstanding practice section of this report.

## Areas for improvement

We did not find any breaches of regulations at this inspection.

We also found 15 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve the quality of its services.

# Summary of findings

## Action we have taken

There were no breaches of regulations however we have highlighted to the trust recommended areas for improvement. For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

In urgent and emergency care services:

- Trust provided training for childbirth emergencies in community 'Baby Lifeline training', training was first held and developed by frontline midwives and paramedics in 2018 with over 400 members in attendance. This training will be available again for September 2019.
- Since 2018, West Midlands Ambulance Service have become the first ambulance trust to be known as a 'University Foundation Trust'. The trust works closely with four universities in the education of paramedics. The trust also undertakes a great deal of research with a range of institutions, as well as other health organisations.
- We saw evidence of Innovation around medicine formularies. One example being an addition of a new treatment for epileptic seizures had been introduced following multidisciplinary evaluation, risk assessment and governance frameworks. These changes had been made to treatment choices which was in line with available evidence.

In patient transport services:

- We saw that the service strove to provide adequate vehicles, equipment and staff for patients. For example, the trust identified a 22% increase in the number of patients using stretchers to transport. This meant patient demand exceeded the equipment of the trust. However, the trust reviewed this and engaged additional vehicles, equipment and staff to manage this.
- By the end of April 2019, contracts had met their overall key performance indicators ensuring they were delivering an effective service that responded to patient needs.
- The service employed porters who worked on NHS sites with ambulance liaison assistants. The porters, along with ambulance liaison assistants, supported patients who were waiting for transport, either in waiting areas or on vehicles. This promoted a supportive approach for patients and minimised distress.
- Staff working at the service could undertake a range of developmental courses including functional skills, national vocational qualifications (NVQs) and apprenticeships.

## Areas for improvement

There were no breaches in regulations so no actions the trust must take.

### Action the trust SHOULD take to improve:

In urgent and emergency care services:

- The trust should ensure medicine recording documentation is accurate and up to date.

# Summary of findings

- The trust should ensure storage temperatures for medicines are safe.
- The trust should ensure investigations to some incidents were not always investigated thoroughly and robustly.
- The trust should consider the overall managerial responsibilities of operations managers.
- The trust should consider ways in which to increase staff attendance at team meetings.

In patient transport services:

- The service should consider how to alert staff that safeguarding reports to the central contact point have been actioned.
- The service should ensure that equipment servicing administration is up to date and correct. This should be regularly monitored.
- The service should ensure that they continue to monitor vehicle cleanliness consistently post inspection.
- The service should ensure that risk assessments completed at the booking stage contain all relevant information to enable staff to safely transport patients.
- The service should ensure that all taxi firms and their drivers are fully aware of when and how to report an incident; and ensure that these staff are aware of what may constitute an incident.
- The trust should ensure their guidance to staff regarding 'do not attempt cardio pulmonary resuscitation' is compliant to national best practice guidelines.
- The service should ensure that all relevant staff are confident to identify signs of a deteriorating patient.
- The service should consider teams where culture could be developed and identify actions to do so.
- The service should record team meetings consistently and consider how to best disseminate information to all staff. In addition, where attendance at team meetings is consistency low; the service should consider alternative ways to generate attendance.
- The service should ensure all identified risks are recorded and monitored through the risk register.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well led at the trust as outstanding. This stayed the same from the previous inspection. We rated as outstanding because:

Board members at the trust had the right skills and abilities to run a service providing high-quality sustainable care. There was strong, clear leadership in place, led by a chief executive who was regarded as inspirational by every staff member and service trust wide.

There was a programme of board visits to services and staff fed back that leaders were approachable.

# Summary of findings

The trust had effective structures, systems and processes in place to support the delivery of its strategy including sub-board committees, divisional committees, team meetings and senior managers. Leaders regularly reviewed these structures.

There were processes at every level to provide staff with the development they needed.

Leaders were highly visible and approachable.

Fit and Proper Person checks were in place.

The trust had a clear vision and set of values with quality and sustainability as the top priorities. The vision and values were widely known with a focus on delivering high-quality sustainable care to people who use services, and robust plans to deliver. However, the strategy had not kept pace with the ambitions of the trust. Plans were in place to ensure its refresh.

The trust aligned its strategy to local plans in the wider health and social care economy and had developed it with external stakeholders. This included targeted involvement in sustainability and transformation plans.

Every level of the trust had sustained a highly positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff felt supported, respected and valued and were exceptionally proud to work for and represent the trust. There was a strong and deeply embedded cultural focus on continuous improvement, striving to offer best quality services.

The trust applied Duty of Candour robustly and appropriately. There were patient/family liaison officers who worked with patients and families offering a single point of contact.

The trust had appointed a Freedom to Speak Up Guardian and provided them with sufficient resources and support to help staff to raise concerns.

Staff networks were in place to promote the diversity of staff. Diversity in the workplace was positively embraced for protected and some non-protected characteristic groups.

Where staff were sick there was a positive range of strategies to support them back to work.

The trust had an effective system for identifying strategic risks and planning to eliminate or reduce them. Overall the strategic risks identified were very well managed.

Finances at the trust were very well managed, with opportunities and risks well understood.

The trust had some effective systems for identifying operational risks, and planning to eliminate or reduce them. However, this was not always consistent and some risks were not managed in a timely manner.

The trust robustly collected, analysed, managed and used information innovatively to support all its activities, using secure electronic systems with security safeguards. Information management was highly developed, and the trust supported other trusts with improvement.

The trust was assured of the quality of its data.

The trust had a consistent and comprehensive approach to engaging staff and patients and hearing their views and experiences.

Staff had access to support for their own physical and emotional health needs. The trust positively promoted the well-being of staff. The trust valued the well-being of its staff. There was wide range of well-being options and resources available

Appropriate governance arrangements were in place in relation to Mental Health Act compliance.

# Summary of findings

The trust had proactive systems, so it could learn from deaths, complaints or safety incidents.

The service managed patient safety incidents well. Systems were robust with high quality investigations.

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Changes were made to practice as a result of learning from complaints.

There were many areas of innovation where staff were proud of changes being made and the trust were leading the way in methods of working.



## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good →←	Outstanding →←	Outstanding →←	Outstanding ↑	Outstanding ↑↑	Outstanding ↑
Patient transport services	Good ↑	Good ↑	Good →←	Good →←	Good ↑	Good ↑
Emergency operations centre	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Outstanding Jan 2017	Good Jan 2017
Resilience	Good	Outstanding Jan 2017	Not rated	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017
<b>Overall</b>	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding

Overall ratings are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Patient transport services

Good  

## Key facts and figures

West Midlands Ambulance Service plays a key role in transporting thousands of patients to their out-patient appointments. Every year, staff at the trust complete in the region of one million non-emergency Patient Transport Service (PTS) journeys.

The trust employs 982 PTS staff who ensure patients get to and from their hospital appointments throughout the region and beyond, 24 hours a day, seven days a week.

Staffing figures comprise 700 ambulance care assistants, 40 operations managers, 62 control room staff and 90 delivery and logistics staff.

The journeys are booked and coordinated by dedicated control rooms based in Stafford, Coventry, Brierley Hill, Warrington and Frankley. Sixty-two call handlers and controllers work in the control centres, dispatching 348 vehicles a day.

The trust uses 12 taxi firms as third-party providers to support their PTS function. Four of these companies operate across Birmingham, Dudley and Wolverhampton; one operates within Coventry and Warwickshire and seven operate in Cheshire.

The trust currently fulfils contracts with seven clinical commissioning groups:

- Wolverhampton & Dudley
- Walsall
- Black County Partnership
- Pan Birmingham
- Coventry and Warwickshire
- Worcestershire
- Cheshire, Warrington and The Wirral

*(Source: Routine Provider Information Request (RPIR) – Sites tab; trust website)*

During our inspection we checked 25 vehicles, observed six patient journeys and reviewed 23 patient records. We spoke with eight patients and 76 staff members. Staff members included control room staff, ambulance care assistants, ambulance liaison assistants, porters, supervisors, operations managers, senior operations managers and the non-emergency services operations delivery director. We also spoke with two staff from third party providers about the service.

We visited 10 sites including the control room at Stafford. We also visited four NHS locations to speak with PTS staff based there.

From February 2018 to January 2019, the trust undertook 1,022,860 patient journeys. Volunteer drivers undertook a total of 44,260 journeys which equated to 4.3%. Taxi firms undertook 266,610 journeys which equated to just over 26%.

# Patient transport services

In the same time-frame, the service undertook 5,064 journeys for patients under the age of 18. This was 0.5% of the total journeys taken in this time.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- During our last inspection we found that mandatory training compliance was in breach of the Health and Social Care Act regulations. During this inspection we found that the service provided mandatory training in key skills to all staff and made sure everyone completed it.
- During our last inspection we found the storage of medicines was in breach of the Health and Social Care Act regulations. Systems and processes to safely administer, record and store medicines were in place. During this inspection we found that the service used medical gases only.
- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service mostly controlled infection risk well. Staff used equipment to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. However not all vehicles we saw during inspection were visibly clean and this was not consistently monitored. This was rectified post inspection.
- The design and use of facilities, premises, vehicles and equipment kept people safe. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix.
- Staff kept records of patients' care and treatment. Records were clear, up-to-date, stored securely and available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service mostly provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- The service did not routinely carry or use any pain-relieving medication. However, some high dependency vehicles were equipped with medical gases used to relieve pain.
- The service monitored response times. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staffs' work performance. This was an improvement noted since our last inspection.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

# Patient transport services

- Staff supported patients to lead healthier lives. Staff encouraged patients to attend important medical appointments.
- Staff supported patients to make informed decisions about their transport. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff supported and involved patients, families and carers to decisions about their care during transport.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.
- People could access the service when they needed it, in line with key performance indicators.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.
- Managers at all levels in the service had the right skills and abilities to run a service providing sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in care would flourish.
- The service had good systems to identify risks, plan to eliminate or reduce them.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well or wrong, promoting training and better ways of working.
- Following our inspection, we highlighted areas of improvement to the trust. The trust responded positively and developed action plans to rectify concerns.

However, we also found areas for improvement:

- We found that staff did not receive any feedback or confirmation following the report of a safeguarding concern.
- We found some equipment had incorrect servicing dates on it. This was rectified post inspection.
- Not all vehicles we saw during inspection were visibly clean and this was not consistently monitored. This was rectified post inspection.

# Patient transport services

- Staff told us risk assessments undertaken by booking staff did not always provide sufficient information to keep patients safe. We saw this was a concern raised in the previous inspection; particularly in relation to working with patients who had mental health diagnoses.
- New trust guidance issued to staff regarding patients with an active 'do not attempt cardio pulmonary resuscitation' was not fully compliant to national best practice guidelines.
- A small number of staff told us they had received some training on sepsis, but they would not know how to identify this in a patient.
- Following our inspection, we found that the trust had recorded five incidents involving taxi drivers. Only one of these had been directly reported by the taxi driver or firm involved. A protocol was in place for taxi firms to use to report incidents; however, we were concerned that not all drivers and firms were adhering to this. However, we did see some shared learning following one incident about ensuring all incidents are reported to WMAS. In addition, we noted an incident that occurred post our inspection was directly reported by the taxi driver; and was investigated thoroughly.
- A small number of staff within a specific team did not feel supported.
- We saw team meetings were recorded and information was disseminated inconsistently between teams.
- Not all identified risks were formally recorded on the risk register.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service mostly controlled infection risk well. Staff used equipment to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix.
- Staff kept records of patients' care and treatment. Records were clear, up-to-date, stored securely and available to all staff providing care.
- The service used medical gases only. Systems and processes to safely administer, record and store medicines were in place.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

# Patient transport services

However, we also found areas for improvement:

- We found that staff did not receive any feedback or confirmation following the report of a safeguarding concern.
- We found a small number of non-clinical equipment had incorrect servicing dates on it. This was rectified post inspection.
- Not all vehicles we saw during inspection were visibly clean and this was not consistently monitored. This was rectified post inspection.
- Staff told us risk assessments undertaken by booking staff did not always provide sufficient information to keep patients safe. We saw this was a concern raised in the previous inspection; particularly in relation to working with patients who had mental health diagnoses.
- A small number of staff told us they had received some training on sepsis, but they would not know how to identify this in a patient.
- Following our inspection, we found that the trust had recorded five incidents involving taxi drivers. Only one of these had been directly reported by the taxi driver or firm involved. A protocol was in place for taxi firms to use to report incidents; however, we were concerned that not all drivers and firms were adhering to this. However, we did see some shared learning following one incident about ensuring all incidents are reported to WMAS. In addition, we noted an incident that occurred post our inspection was directly reported by the taxi driver; and was investigated thoroughly.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- The service mostly provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- The service did not routinely carry or use any pain-relieving medication. However, some high dependency vehicles were equipped with medical gases used to relieve pain.
- The service monitored response times. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staffs' work performance. This was an improvement noted since our last inspection.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff supported patients to lead healthier lives. Staff encouraged patients to attend important medical appointments.
- Staff supported patients to make informed decisions about their transport. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However, we also found areas for improvement:

- New trust guidance issued to staff regarding patients with an active 'do not attempt cardio pulmonary resuscitation' was not fully compliant to national best practice guidelines.

# Patient transport services

## Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff supported and involved patients, families and carers with decisions about their care during transport.

## Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.
- People could access the service when they needed it, in line with key performance indicators.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.

## Is the service well-led?

Good ● ↑

Our rating of well-led improved. We rated it as good because:

- Managers at all levels in the service had the right skills and abilities to run a service providing sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in care would flourish.
- The service had good systems to identify risks, plan to eliminate or reduce them.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.



# Patient transport services

- The service engaged well with patients, staff and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well or wrong, promoting training and better ways of working.

However, we also found areas for improvement:

- A small number of staff within a specific team did not feel supported.
- We saw team meetings were recorded and information was disseminated inconsistently between teams.
- Not all identified risks were formally recorded on the risk register.

## Outstanding practice

- We saw that the service strove to provide adequate vehicles, equipment and staff for patients. For example, the trust identified a 22% increase in the number of patients using stretchers to transport. This meant patient demand exceeded the equipment of the trust. However, the trust reviewed this and engaged additional vehicles, equipment and staff to manage this.
- By the end of April 2019, contracts had met their overall key performance indicators ensuring they were delivering an effective service that responded to patient needs.
- The service employed porters who worked on NHS sites with ambulance liaison assistants. The porters, along with ambulance liaison assistants, supported patients who were waiting for transport, either in waiting areas or on vehicles. This promoted a supportive approach for patients and minimised distress.
- Staff working at the service could undertake a range of developmental courses including functional skills, national vocational qualifications (NVQs) and apprenticeships.

## Areas for improvement

- The service should consider how to alert staff that safeguarding reports to the central contact point have been actioned.
- The service should ensure that equipment servicing administration is up to date and correct. This should be regularly monitored.
- The service should ensure that they continue to monitor vehicle cleanliness consistently post inspection.
- The service should ensure that risk assessments completed at the booking stage contain all relevant information to enable staff to safely transport patients.
- The service should ensure that all taxi firms and their drivers are fully aware of when and how to report an incident; and ensure that these staff are aware of what may constitute an incident.
- The trust should ensure their guidance to staff regarding 'do not attempt cardio pulmonary resuscitation' is compliant to national best practice guidelines.
- The service should ensure that all relevant staff are confident to identify signs of a deteriorating patient.
- The service should consider teams where culture could be developed and identify actions to do so.

# Patient transport services

- The service should record team meetings consistently and consider how to best disseminate information to all staff. In addition, where attendance at team meetings is consistency low; the service should consider alternative ways to generate attendance.
- The service should ensure all identified risks are recorded and monitored through the risk register.

# Emergency and urgent care

Outstanding  

## Key facts and figures

The trust's fleet and front-line staff respond from 15 ambulance hubs across the region. The trust has over 460 ambulances in its fleet, of those, 15 ambulances have 4x4 capability and all response cars are 4x4 capable. The trust report they are the only ambulance service to have a paramedic on every vehicle.

*(Source: Routine Provider Information Request (RPIR) – Trust website)*

The trust serves a population of 5.6 million people covering an area of more than 5,000 square miles made up of Shropshire, Herefordshire, Worcestershire, Staffordshire, Warwickshire, Coventry, Birmingham and Black Country. The emergency and urgent care services respond to '999' emergency calls, 24 hours a day, seven days a week.

The Trust is the region's emergency ambulance service and they respond to around 4,000 '999' calls each day. To manage the level of demand, the trust employs approximately 5,000 staff and operate from 15 hubs across the region.

We conducted focus groups with staff in each division prior to and during this inspection to hear staff views about the service, this included frontline ambulance staff, managers and support staff.

During the inspection we visited number of hubs and community ambulance stations across all divisions, in rural and urban areas. We spoke with over 50 members of staff within the emergency and urgent care service, including student paramedics, paramedics, operational managers (OM), operational assistant manager (OAM), vehicle preparation officers (VPO) and members of first responders. We observed ambulance crews treating patients, we spoke with over 25 patients where appropriate to do so including their relatives.

We inspected ambulance vehicles and patients' electronic patients reporting form (EPRF). We visited hospitals, where we observed the interaction between West Midlands Ambulance crews and emergency department staff. We spoke with staff in the emergency departments and other areas of hospitals and care homes, including minor injury units, outpatients' departments and mental health trusts, about their experience working with West Midlands Ambulance Services (WMAS).

We visited the following areas:

- Herefordshire
- Worcestershire
- Shropshire
- Telford
- Staffordshire
- Birmingham
- Black Country
- Warwickshire
- Coventry

# Emergency and urgent care

## Summary of this service

Our rating of this service improved. We rated it as outstanding because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The trust target for mandatory training compliance was met for all clinical staff in all subjects. The trust had set a target of 85% for completion of mandatory training courses.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Electronic patient record forms (EPRF) were clear, up-to-date, and easily available to all staff providing care.
- The service used systems and processes to safely prescribe and administer medicines.
- The service used monitoring results well to improve safety. Staff collected safety information and made it publicly available.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients' subject to the Mental Health Act 1983.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.
- The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

# Emergency and urgent care

- Staff gave patients practical support and advice to lead healthier lives. Health promotion materials were available throughout the services and staff knew which services to signpost patients to. Health promotion was available and suitable for both patients and staff.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used to agree personalised measures that limit patients' liberty.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.
- People could access the service when they needed it, in line with national standards, and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.
- Managers of all levels within the ambulance services had the right skills and abilities to run a service providing quality and sustainable care.
- The service had a vision of what it wanted to achieve and plans to turn it to action. Not all staff were able to recite trust values but staff we spoke with were able to demonstrate the values within their role.
- Managers across the service promoted a positive culture that supported and valued their staff with shared values on patient care and improving the quality of care within the trust and their own hubs.
- The governance arrangements within the ambulance service, were clear and operated effectively and staff understood their roles and accountabilities. However, investigations to some incidents raised were not always investigated thoroughly and robustly.
- The service had a system in place for identifying risks, planning to eliminate and reduce risks and the ability to cope with expected and unexpected challenges within the ambulance services
- Management collected, analysed, managed, and used information to support individual hubs activities using secure systems with security to safeguard all processes in use.
- Staff engaged well with patients, staff, and the public and local organisations to plan and manage appropriate services and collaborated with partners' organisations effectively.

# Emergency and urgent care

- Ambulance service was committed in improving services by learning from things that have gone well and when things go wrong, promoting training, research, and innovation.

## However:

- Documentation around medications was variable and temperatures for the storage of medicines was inconsistent at some hubs. The trust was aware of the concerns and plans to address these issues were being actioned.
- In some instances, investigations into incidents relating to staff misconduct were not investigated thoroughly.

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The trust target for mandatory training compliance was met for all clinical staff in all subjects. The trust had set a target of 85% for completion of mandatory training courses.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Electronic patient record forms (EPRF) were clear, up-to-date, and easily available to all staff providing care.
- The service used systems and processes to safely prescribe and administer medicines.
- The service used monitoring results well to improve safety. Staff collected safety information and made it publicly available.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately.

## However,

- Medicine recording documentation and storage temperatures at some hubs was variable. The trust were aware of the concerns and plans for improvements were already underway.

# Emergency and urgent care

## Is the service effective?

**Outstanding** ☆ → ←

Our rating of effective stayed the same. We rated it as outstanding because:

- There was a holistic approach to assessing, planning and delivering care and treatment to people who used services. The service used innovative and pioneering approaches to provide care and its delivery was actively encouraged. New evidence-based techniques and technologies were used to support the delivery of high-quality care. Managers checked to make sure staff followed guidance. Staff protected the rights of patients' subject to the Mental Health Act 1983.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Agreed response times were consistently better than the required standards and the England average. The service monitored their response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.
- Outcomes for people who use services were consistently better than other similar services. All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review, accreditation and research were proactively pursued. High performance was recognised by credible external bodies.
- The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. Staff were proactively supported to acquire new skills and share best practice. The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff, teams and services were committed to working collaboratively and found innovative and efficient ways to deliver more joined-up care to people who used services.
- Staff gave patients practical support and advice to lead healthier lives. Health promotion materials were available, and staff knew which services to signpost patients to. Health promotion advice was available and suitable for both patients and staff.
- Consent practices and records were actively monitored and reviewed to improve how people were involved in making decisions about their care and treatment. Engagement with stakeholders, including people who used services and those close to them, informs the development of tools and support to aid informed consent. Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

## Is the service caring?

**Outstanding** ☆ → ←

Our rating of caring stayed the same. We rated it as outstanding because:

- People were valued as individuals and were empowered as partners in their care. Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

# Emergency and urgent care

- Feedback from people who used the service, those who were close to them and stakeholders was continually positive about the way staff treat people. Staff went the extra mile and the care people received exceeded their expectations.
- People's emotional and social needs were highly valued by staff and were embedded in their care and treatment. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- People who used the service were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each person. Staff always empowered people who used the service to have a voice and to realise their potential. Staff showed determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs were always reflected in how care was delivered. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Outstanding**  

Our rating of responsive improved. We rated it as outstanding because:

- The service was tailored to meet the needs of individual people and was delivered in a way to ensure flexibility, choice and continuity of care. The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The involvement of other organisations and the local community was integral to how services were planned and ensured that services met people's needs. There were innovative approaches to providing integrated person-centered pathways of care that involved other service providers, particularly for people with multiple and complex needs.
- People's individual needs and preferences were central to the planning and delivery of tailored services. The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services. People could access the service when they needed it, in line with national standards, and received the right care in a timely way. People could access the service when they needed it, in line with national standards, and received the right care in a timely way.
- There was active review of complaints and how they were managed and responded to, and improvements were made as a result across the services. People who used services were involved in the review. It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.

## Is the service well-led?

**Outstanding**   

Our rating of well-led improved. We rated it as outstanding because:

- Managers of all levels within the service had the right skills and abilities to run a service providing quality and sustainable care.
- The service had a vision of what it wanted to achieve and plans to turn it to action. Not all staff were able to recite trust values but staff we spoke with were able to demonstrate the values within their role.



# Emergency and urgent care

- Managers across the service promoted a positive culture that supported and valued their staff with shared values on patient care and improving the quality of care within the trust and their own hubs.
- The governance arrangements were clear and operated effectively. Staff understood their roles and accountabilities.
- The service had a system in place for identifying risks, planning to eliminate and reduce risks and the ability to cope with expected and unexpected challenges within the ambulance services
- Managers collected, analysed, managed, and used information to support individual hubs activities using secure systems with security to safeguard all processes in use.
- Staff engaged well with patients, staff, and the public and local organisations to plan and manage appropriate services and collaborated with partners' organisations effectively.
- The service was committed in improving services by learning from things that have gone well and when things go wrong, promoting training, research, and innovation.

However;

- Managerial responsibilities at some hubs for operations managers was unsustainable.
- Investigations to some incidents were not always investigated thoroughly and robustly.

## Outstanding practice

- The service provided training for childbirth emergencies in community 'Baby Lifeline training'. Training was first held and developed by frontline midwives and paramedics in 2018 with over 400 members in attendance. This training will be available again for September 2019.
- West Midlands Ambulance Service became the first ambulance trust to be known as a 'University Foundation Trust' in 2018. The trust worked closely with four universities in the education of paramedics. The trust also undertook a great deal of research with a range of institutions, as well as other health organisations.
- We saw evidence of innovation around medicine formularies. One example being an addition of a new treatment for epileptic seizures had been introduced following multidisciplinary evaluation, risk assessment and governance frameworks. These changes had been made to treatment choices which was in line with available evidence.

Areas for improvement

Emergency and Urgent Care Services:

- The trust should ensure medicine recording documentation is accurate and up to date.
- The trust should ensure storage temperatures for medicines are safe.
- The trust should ensure investigations to some incidents were not always investigated thoroughly and robustly.
- The trust should consider the overall managerial responsibilities of operations managers.
- The trust should consider ways in which to increase staff attendance at team meetings.

# Our inspection team

Victoria Watkins, Head of Hospitals Inspection led the inspection. A range of highly experienced specialist advisers supported our inspection of well-led for the trust overall.

The team included two inspection managers, a CQC Independent Health Implementation Manager for Ambulances, a CQC pharmacist, six inspectors, one executive reviewers, and a range of specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.