West Midlands Ambulance Service NHS Foundation Trust

Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust	Outstanding ☆
Are services at this trust safe?	Good ●
Are services at this trust effective?	Outstanding ☆
Are services at this trust caring?	Outstanding ☆
Are services at this trust responsive?	Good ●
Are services at this trust well-led?	Good ●

Summary of findings

Letter from the Chief Inspector of Hospitals

West Midlands Ambulance Service NHS Foundation Trust (WMASFT) is one of 10 ambulance trusts in England and provides services to the following six counties:

- Herefordshire
- Shropshire
- Staffordshire
- Warwickshire
- West Midlands
- Worcestershire

WMASFT serves a population of approximately 5.6 million, covers 5,000 square miles and provides services to 26 NHS trusts.

The services employs over 4,500 staff including Paramedics, Emergency Care Practitioners, Advanced Technicians, Ambulance Care Assistants and Nurse Practitioners) and is supported by approximately 1,000 volunteers, over 63 sites and responds to around 3,000 '999' calls each day. WMAS operate from 16 fleet preparation hubs across the region and a network of over 90 Community Ambulance Stations.

The trusts 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.

We carried out this inspection as part of the CQC's comprehensive inspection programme. We carried out our announced inspection between 27 June 2016 to 1 July 2016 and conducted unannounced inspections on 13 and 14 July 2016. We inspected the following core services unannounced:

Patient Transport Services

Hospital Ambulance Liaison Officer (HALO) at one NHS trust.

Emergency and Urgent Care

Overall, the trust was rated outstanding. We rated safe, responsive and well led good and we rated effective and caring as outstanding.

Our key findings were as follows:

Safe

- Incidents were reported in line with trust guidance and staff received feedback following untoward incidents.
- All staff did not fully understand the process or the terminology for duty of candour, but were fully aware of the need to be 'open and honest' regarding incidents.
- There were reliable systems, processes and practices in place across the majority of areas to keep patients and staff safe and safeguard from abuse and avoidable harm.
- Emergency and Urgent Care services (EUC) and Resilience services surpassed the trusts mandatory training targets of 85%, however, PTS did not meet this target, for example PTS Stoke scored between 34 and 54%, as the staffing levels were not sufficient to provide relief for staff to attend training.
- Records were stored securely, with a clear audit trail.
- Staff were competent in their roles and provided with timely appraisals and learning opportunities. We saw consistently high standards of cleanliness and infection control prevention in the majority of the ambulance hubs, community stations, control rooms and vehicles.
- Across the majority of areas, the supply of equipment, storage and maintenance was good. In Worcester, we

Summary of findings

found there was confusion regarding whose responsibility it was to test the defibrillator therapy cable. We escalated this the same day and it was quickly resolved with the senior management team.
- The trust medicine management policy was in place and the majority of staff followed the policy on a daily basis.
- There was a strong culture of improving medicine safety with clear governance pathways to ensure that learning was acted upon throughout the trust.
- There was a good skill mix and level of staff to meet the needs of patients and keep people safe across all areas.
- All of the staff we spoke with told us they had either received training or were booked on to participate in response to major incident training and that was part of the mandatory training programme. Resilience staff attended 68 multi-agency exercises between February 2015 and June 2016. These included firearms sieges, flooding, simulated explosion and fire in a nightclub premises, readiness exercises for international sporting events, and communications exercises.

However, we also saw;

- We saw challenges around Prescription only Medicines (POM's). For example, at one of the Worcester hubs we visited, we counted 56 recording errors between the 13 April and 29 June 2016, which staff had not been reported as incidents.
- We inspected an HDU vehicle at PTS Stoke and saw not all CD's were stored appropriately.
- In PTS, we saw staff did not always carry out equipment checks and sterile environments were not always maintained.
- Staff were not aware of incidents that had affected change so learning was not always shared, which potentially meant missed opportunities to improve patient care trust-wide.
- PTS staff did not consistently lock ambulances when parked at the hubs or outside homes when collecting patients.
- Within EUC Erdington hub we saw dirty equipment and sluice area, where under the sink and floors were soiled and visibly dirty.

Effective

- Between April 2015 and March 2016 the trust was the only ambulance trust to meet all national targets for response times for the most immediately life threatening calls and answering 999 calls.
- The trust was part of a national pilot designed to change the way that ambulances respond to patients and was actively working with external providers and services to improve patient outcomes.
- The trust was a part of an operational delivery network, it was developed to manage the care and treatment for patients with major trauma.
- The design and functions of the regional co-ordination centre (RCC) within the EOC provided excellent specialist support for the local community.
- All staff were actively engaged in activities to monitor and improve quality and outcomes. The trust encouraged widespread opportunities to participate in benchmarking, peer review, accreditation and research.
- Within Resilience, credible external bodies such as a Joint Emergency Services Interoperability Programme (JESIP) and National Ambulance Resilience Unit (NARU) recognised high performance. The continuing development of staff skills, competence and knowledge was recognised by the trust as being integral to ensuring high quality care. Managers proactively supported their staff to acquire new skills and share best practice. Hazardous Area Response Team staff had protected training time. One week in seven was dedicated to training.
- Data provided by the trust showed that 96% of EUC staff had attended Mental Health Conditions training in 2015/16, which was significantly better than the trust target of 85%.

However, we also saw;

- All NHS ambulance services must respond to 75% of Category A/Red emergency calls. We found local performance data for emergency calls that were immediately life threatening showed variation across areas. Birmingham and Black Country achieved 83.5 and 81.8% respectively. However, Coventry and Warwickshire achieved 72.3%, West Mercia 69.8%, and Staffordshire 68.0%.

Summary of findings

- Staff at PTS Stoke needed more mental health training to support patients with a mental health condition. The trust board took immediate and remedial action to address concerns raised.

Caring

- Staff across all areas staff consistently demonstrated kindness, compassion and respect towards patients, relatives and carers. All patients, relatives, and callers were treated as individuals and given support and empathy in often the most difficult circumstances.
- Staff recognised when patients required further information and support and this was provided at all times.
- Staff asked questions in a calm manner and demonstrated an empathetic approach to information gathering when communicating with patients, relatives and carers. This was observed during EUC and PTS with staff and patient interaction and in the EOC with call handlers during telephone conversations.
- Callers who were distressed and overwhelmed were well supported by staff. Staff used their initiative and skills to keep the caller calm, and provide emotional support in often highly stressful situations.
- There were systems to support patients to manage their own health and to signpost them to other services where there was access to more appropriate care and treatment. Staff involved patients in decisions about their care and treatment. When appropriate, patients were supported to manage their own health by using non-emergency services such as their GP
- Staff made sure people had understood the information given back to them by telephone advisors.
- Staff took time to interact with patients and supported them and their relatives and carers. They treated patients with dignity and respected their privacy at all times.
- Feedback from people who use the service, those who are close to them and stakeholders were consistently positive about the way staff treated people.
- There was a strong, visible person centred culture. Staff and management were fully committed to working in partnership with people and find innovative ways to make it a reality for each person using the service.
- Communication with children and young people was age appropriate and effective.
- Staff were highly motivated and inspired to offer kind and compassionate care; they displayed determination and went the extra mile to achieve this. For example, one staff member arranged for a patients' cat to be cared for whilst the patient was in hospital, which alleviated the patient's anxiety and they agreed to leave their home and go to hospital.

Responsive

- The trust planned and delivered services in a co-ordinated and efficient way that responded to the needs of the local population. For example, PTS had a good escalation and planning process for the next day's journey. The plans detailed monitoring of transport times, cancellations and aborts, action they take to prevent breaches of the contract and remedial actions should they occur.
- People's individual needs and preferences were central to the planning and delivery of tailored services. This was particularly evident within EOC and Resilience where services were flexible, provided choice and ensured continuity of care.
- We saw strong evidence of multi-disciplinary team working across all areas to support people with complex needs. For example EOC staff were trained to use type talk (which was a text relay service for patients with difficulty hearing or speaking) they could also use voice over internet protocol (VOIP) to receive 999 calls.
- We observed staff conversing with patients with mental health issues and interacting with them in a way that met their individual needs.
- Community First Responders (CFRs) within EUC services worked efficiently across the region particularly in rural areas to support ambulance staff with responding to life threatening emergencies. The trust used Rapid Response Vehicles (RRVs) effectively to ensure emergency treatment started as soon as possible.
- EUC's 'make ready' team freed up ambulance staff to attend to calls throughout their shift rather than spending time preparing and cleaning vehicles.
- The trust managed and reviewed patients' complaints appropriately and people who used services were involved with service improvements.

Summary of findings

- Hazardous Area Response Team had been given additional staff and equipment in order to provide the trust response to bariatric patient's needs.

However, we also saw;

- Specialist bariatric equipment was not always readily available across all areas.
- Across EUC and PTS there were limited tools in place to assist patients with learning disabilities and people living with dementia staff felt that they would benefit from receiving training in regards to this.
- Information about how to raise concerns or make a complaint about services was limited on ambulances for EUC and we saw complaints information on most PTS vehicles. PTS Managers across some areas dealt with complaints at a local level, which meant there were missed opportunities for trust-wide learning.
- EUC staff we spoke with told us generally target response times were achievable and the only reason they would not meet some targets would be as a result of the wide geographical area. We saw these figures were being monitored internally, however more work was required to achieve the set targets so that people living in rural areas were not continually disadvantaged. For example, we observed the ambulance crew respond to a call in Rugby whilst they were in Coventry the journey time between the two areas was 35 minutes.

Well led

The overall rating for the well led domain was rated 'good'. The 'Good' rating was due to overwhelming evidence during the inspection period and information supplied by the trust before and after the inspection that supported strong senior leadership of the organisation.

- Staff were aware of the robust five-year strategic plan and the trust's vision and values were well in-bedded across all areas.
- Operational staff demonstrated passion and commitment to provide high-quality care and they 'lived' the strategy daily.
- Clinical governance, risk and quality management were effective. We were confident that the governance, risk and quality boards influenced and impacted services at an operational level.
- The trust was focused on achieving response time performance targets, and this was reflected in the governance framework used to monitor performance.
- Through staff interviews and observations we saw that there was a high standard of leadership at the trust, with strong leadership from the CEO. All the executive directors were well engaged and interacted with each other appropriately.
- The vast geographical area covered by the trust, meant it was not always practical for the CEO and other executives to meet frontline staff on a regular basis. We saw that the leadership team recognised this and encouraged staff to engage with them in other ways such as direct email.
- The trust was actively involved in effective public engagement to recruit staff from Black and Minority Ethnicity (BME) population.
- There was a mostly positive, open and honest culture among all staff groups. In the main, managers supported staff well and staff told us they felt listened to.
- There were high levels of staff satisfaction across EOC, PTS and Resilience and staff were proud of being a part of the trust and their role within it.
- Staff at all levels were actively encouraged and supported to explore innovative ways of working with a common focus on improving quality of care and people's experiences.
- Across all areas staff gave examples of how they had worked together to support each other. They told us that they talked openly with each other and their managers and their managers were open and honest with them.
- Managers were extremely proud of the calibre and commitment of staff on the HART team. Managers were clear that they believed the success of the HART team rested with the ability of staff to perform professionally in extraordinary circumstances and situations, and their role was to provide them with the facilities and training to enable them to do so.
- The trust provided a counselling and support service for staff who required support following attendance at traumatic or upsetting calls. There was a 24-hour helpline, staffed by volunteers from within the service. All volunteers were trained before joining the team.

However, we also saw;

Summary of findings

- A governance framework supported the delivery of the strategy and good quality care. However, we found this was not always effective or consistent across all areas. For example, there were instances in Coventry and Warwickshire and throughout West Mercia where staff were unclear of who had responsibility for tasks such as the checking of defibrillator test cables and auditing prescription only medicines management. Once escalated to the trust, remedial action was quickly taken and staff were advised accordingly.

- Risk registers did not always reflect each hub's risks. For example, there were insufficient middle managers across EUC to ensure staff were fully supported. We saw the impact of this as not all managers had the time to respond to their staff's concerns. This was particularly evident in the Worcestershire hub where the area manager was responsible for 196 staff and this was against the operating model of one manager to 100 staff-.This risk was placed on the risk register, however, there were no actions to reduce this risk.
  - In West Mercia there were five area managers, two on sick leave and a third on annual leave with acting area managers in place. Bromsgrove hub also struggled to provide adequate managerial staff support and Lichfield hub had one area manager and no area support manager (ASO). Thismeant that the area manager was managing over 100 staff. This was a similar picture at the Donnington hub. Managing this large number of staff meant they were unlikely to be able to provide sufficient staff oversight and appropriate supervision.

We saw several areas of outstanding practice including:

- The trust was shortlisted in 2015 for two national awards including; Enhancing Care by Sharing Data and Information and Improving Outcomes through Learning and Development.

- HALO's across all divisions had developed innovative and forward thinking ideas to reduce hospital admissions and ambulance call-outs which proved to be very effective. HALOs work in partnership with the Emergency Department practitioners to support the effective and efficient management of patient streams, particularly patient handover and ambulance turnaround times within the department, helping emergency crews to become available earlier to respond to the next incident.
- The trust encouraged online engagements with patients and provided patients with clear and concise tools to self-care and recognise life-threatening conditions.
- Paramedic availability throughout the service, and plans to increase this further meant that highly qualified staff could provide emergency care to patients.
  - The functions within the Regional Co-ordination Centre provided effective support for complex incidents within the trust's geographical region and externally through the Midlands Critical Care Network.
  - The trust looked at innovative ways of engaging with the local population, for example, the Youth Council Strategy and the Youth Cadet scheme.
  - All operational staff on the HART team were required to be qualified paramedics and to maintain their accreditation which was in line with NARU best practice. Not all trusts followed this guidance.
  - The only exception to protected training was if the team was required to deploy to a major incident to support the duty team [this is another area of best practice in the UK
  - Compliance with NARU and Joint Emergency Services Interoperability Programme JESIP guidance was seen to be very strong and reflected industry best practice.

- During 2015 the MERIT team were peer reviewed by the Trauma Network; and they were graded as providing recognised best practice in nine out of ten criteria, which is a recognition of best practice.
- The NHS England Core Standards return for 2015/16 was 100%, which is an area of outstanding practice.
  - The sharing of the trust forward planning for New Year's Eve represented an area of outstanding practice.

- WMAS was an integral part of the Emergency Response Management Arrangements (ERMA) and acted as the host and regional 'GOLD' - control centre for all Emergency Service providers during the first hour of

Summary of findings

any large-scale emergency incident. Gold Control plans were in place to assist in coordinating any such response. This is unique in an ambulance service and represents an area of best practice nationally.

- The trust provided staff with major incident aide memoire cards and were in the process of developing electronic versions. The aim was to increase efficiency and confidence of staff when dealing with major incidents.
- The HART staff were committed to improve their personal skills and provide a comprehensive service to exceed normal working practices in support of casualties.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Improve staff attendance at mandatory training ensuring it is monitored and actively supported.
- Safely store all medication on high dependency vehicles.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to West Midlands Ambulance Service NHS Foundation Trust

The trust was formed on 1 July 2006, following the merger of the Hereford & Worcester Ambulance Service NHS Trust, Coventry & Warwickshire Ambulance NHS Trust, and WMAS and Shropshire services. On 1 October 2007 the service merged with Staffordshire Ambulance Service NHS Trust. Seven years later, West Midlands Ambulance Service became a Foundation Trust on 1 January 2013.

WMAS operates from two Emergency Operations Centres (EOCs) based at: Millennium Point, Brierley Hill (Trust HQ) and Tollgate Drive, Stafford, taking around 3,000 emergency '999' calls each day.

The trust has over 800 vehicles, including patient transport services vehicles, rapid response vehicles, motorcycle response units, and ambulance crews.

The trust Serves a population of 5.6 million people covering an area of more than 5,000 square miles. The area includes the second largest urban area in the country (Birmingham, Solihull and the Black Country) yet over 80% of the area is rural. This is the second most ethnically diverse region in the country after London.

The services employs over 4,500 staff including Paramedics, Emergency Care Practitioners, Advanced Technicians, Ambulance Care Assistants and Nurse Practitioners). It is supported by approximately 1,000 volunteers, over 63 sites, provides services to 26 NHS trusts and is commissioned by 22 clinical commissioning groups (CCG's).

Calls from the public and urgent calls from healthcare professionals are received and triaged in one of the two emergency operations centres. Callers are provided with advice and ambulances are dispatched as appropriate. The emergency operations centres also provide assessment and treatment advice to callers and manage requests from health care professionals to convey people either between hospitals or from community services into hospital.

From April 2015 to April 2016 the trust received 1,215,110 calls via 999.

Resources and teams include:

- 368 ambulances
- 106 rapid response vehicles
- 320 patient transport service vehicles.
- 90 Ambulance stations and one Hazardous Area Response Teams (HART), based in Oldbury, West Midlands
- Two Emergency Operations Centres located at Millennium Point, Brierley Hill (Trust HQ) and Tollgate Drive, Stafford.

Patient transport services (PTS) employed 400 staff and accounted for one tenth of the overall trust workforce. PTS provided non-emergency transport for adults and children across the West Midlands from seven PTS bases: PTS Walsall at Walsall Manor Hospital, PTS University Hospital Birmingham (UHB) at Kings Norton, Birmingham, and PTS Stoke near to the Royal Stoke Hospital in North Staffordshire, PTS Heartlands Parkway, Birmingham (HEFT), PTS Worcester, PTS Coventry and PTS Warwick. There were 33 call handlers for this service and 320 vehicles. PTS service performs more than 700,000 patient journeys per annum, amounting to over 3,000 journeys per day.

We inspected WMASFT as part of our planned comprehensive inspection programme. Our announced inspection took place between 27 June 2016 to 1 July 2016 and we conducted unannounced inspections on 13 and 14 July 2016.

In 2015/16 the trust's turnover was £227million with a deficit of £0.4m after the net impairment of fixed assets of £0.8m was applied.

Our inspection team

Our inspection team was led by:

Chair: Shelagh O'Leary,

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Head of Hospital Inspections: Tim Cooper, Care Quality Commission

The inspection team of 48 included 20 CQC inspectors with acute and mental health backgrounds, an inspection manager, one CQC pharmacy manager and a pharmacy inspector, three assistant inspectors, an analyst, an inspection planner and variety of specialists. These included past and present directors and associate directors of ambulance services, advanced paramedics, paediatric emergency nurse consultant, national, regional and sector operations managers. The team also included a clinical educator, ambulance control dispatcher and an emergency call handler.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection took place from 27 June to 1July 2016, with unannounced visits taking place on 13 and 14 July 2016.

The inspection team inspected the following services:

- Emergency operations centre (EOC)
- Emergency and Urgent care
- Patient Transport services (PTS)
- Resilience team

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the trust. These included local clinical commissioning groups (CCGs); NHS England; NHS Improvement, Health Education England (HEE); General Medical Council; Health & Safety Executive; Health and Care Professions Council; Nursing and Midwifery Council; NHS Litigation Authority; Parliamentary and Health Service Ombudsman. We also reviewed information from Public Health England; the Medical Royal Colleges; local authorities, local NHS Complaints Advocacy Service; local Healthwatch groups; and local health overview and scrutiny committees. The inspection team also spoke to staff trust-wide at focus groups the week before the inspection.

We visited both emergency operations centres at Brierley Hill and Stafford, ambulance stations. We visited the hazardous area response teams and the patient transport service base. We spoke to staff during our visits including call handlers, dispatchers, clinicians, managers, paramedics, emergency care technicians and emergency care assistants, patient transport managers and crew, community first responders, infection prevention and control, and safeguarding leads. We spoke with managers across the services, directors and members of the executive board.

We spoke with relatives, carers and patients and we examined information sent to us by the public.

We inspected ambulances for cleanliness, processes to ensure maintenance, servicing and MOT testing and reviewed patient records. We attended the Emergency departments within four neighbouring NHS trusts, where we observed the interaction between ambulance crews and hospital staff. We rode in ambulances on their way to emergency and routine calls in order to observe interactions between staff and patients and listened in to emergency calls in the operation centres.

Summary of findings

What people who use the trust's services say

We received feedback from local Healthwatch organisations in all areas. The majority of feedback was positive about patient experience.

We reviewed responses to 'friends and family' surveys and obtained patient views during inspection. Patients and their relatives and carers also contact us by telephone, email and wrote to us before, during and after our inspection. All comments received were mostly positive across all services. We also spoke with NHS trust staff receiving patients at acute hospitals across the area.

Facts and data about this trust

Demographics:

The area is made up of:

- approximately 5.6 million people
- covers 5000 square miles
- works with 26 acute trusts
- Commissioned by 22 Clinical Commissioning groups.

From April 2015 to March 2016 the trust:

- Responded to 934,424 emergency and urgent incidents
- Received 1,215,110 calls via 999.
- Completed approximately 700,000 patient transport journeys

Resources and teams include:

- 368 ambulances
- 106 rapid response vehicles
- 320 patient transport service vehicles
- Two Emergency Operations Centres located at Millennium Point, Brierley Hill (Trust HQ) and Tollgate Drive, Stafford.
- 90 Ambulance stations and one Hazardous Area Response Teams (HART), based in Oldbury, West Midlands.

The trust employs over 4,500 mainly clinical and operational staff, including Paramedics (1,652), Emergency Care Practitioners, Advanced Technicians, Ambulance Care Assistants and Nurse Practitioners plus GPs and around 1000 volunteers (including community first responders).

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? Overall, we rated the safe domain as good. We rated safe as good in Emergency Operations Centres, Emergency and Urgent Care and Resilience and we rated Patient Transport Service as requires improvement. We rated the safe domain as good because; • There was a strong safety and incident reporting culture within the trust, supported by good duty of candour awareness and practice. • Reliable systems, processes and practices were in place across the majority of areas to keep patients and staff safe and safeguard from abuse and avoidable harm. Staff demonstrated a good understanding of the need to safeguard vulnerable people and understood their responsibilities in identifying and reporting any concerns. • There was an appropriate skill mix within the staff groups to provide a safe service across all areas of WMASFT and there were no outstanding vacancies across any of the four services. • We saw high standards of cleanliness and infection control prevention in the majority of the ambulance hubs, community stations, control rooms and vehicles. • There was a culture of improving medicine safety to ensure any learning was quickly acted upon throughout the trust. However we also saw; • We saw challenges around Prescription only Medicines (POM's). They were not signed in and out correctly by staff. For example, at one of the Worcester hubs we visited we counted 56 recording errors between the 13 April and 29 June 2016. We spoke to the ASO of the Hub who confirmed that such discrepancies should be reported and that they would treat this discrepancy as a priority for remedial action. • Not all staff were aware of incidents that had affected change so learning was not always shared, which potentially meant missed opportunities to improve patient care trust wide. • Within EUC at the Erdington hub we saw dirty equipment and sluice area where under the sink and floors were soiled and visibly dirty. **Duty of Candour**	Good 

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- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- The trust was aware of its role in relation to the duty of candour regulation which is regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It sets out specific requirements providers must follow which includes an apology to patients. Not all staff were familiar with the term 'duty of candour', however they understood the fundamental principles of being open, honest and providing a full explanation and apology to patients when treatment and care had gone wrong.

Safeguarding

- The trust designed a single point of contact so that crews could make safeguarding referrals quickly a single point without the need for unnecessary paper trails and complex processes. There was a dedicated telephone number, which was staffed 24 hours a day, seven days per week.
- Safeguarding training was included, as part of mandatory training. The majority of staff had received appropriate levels of training for safeguarding children and safeguarding of vulnerable adults, supported by robust policies and procedures.
- The trust set a target of 85% and achieved an overall average of 91%. For Safeguarding training. EOC staff achieved this target at 85.2%. EUC and Resilience achieved 100% and PTS achieved 78.8%. There were challenges around PTS staff attending training, for example, figures for 2015/16 showed a reduction in Birmingham (PTS UHB) and PTS HEFT at 67% and 80% respectively and PTS Stoke achieved the lowest at 34%. The trust told us that they had made changes to management at PTS Stoke following the inspection, which would improve the mandatory training attendance rates.
- The trust used a mixed methodological approach for all mandatory training, including safeguarding training, for example, classroom and online training and workbooks. To ensure consistency and compliance however the trust stated that all staff completed workbook (equates to the criterion for level 2) over the 3 year period. WMAS has been completing the workbook in its current form for the past 8 years.

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- In addition to the core competencies for understanding and awareness of child maltreatment together with an understanding of appropriate referral mechanisms and information sharing were also delivered to new staff through the corporate induction clinical session.
- The trust produced regular educational briefings by a weekly newsletter, a bimonthly Clinical Times, both operational and clinical notices and has appropriate policies, procedures and guidance documents
- From April 2015 to March 2016, the trust made 19,278 adult and children safeguarding referrals, this showed an increase on the previous year 2014/2015 reported 18,173.
- Between November 2015 to November 2016 the trust has been involved in five serious case reviews, 16 serious adult reviews and 24 domestic homicide reviews.
- Staff demonstrated a good understanding of the need to safeguard vulnerable people and understood their responsibilities in identifying and reporting any concerns. All staff showed awareness of Female Genital Mutilation (FGM) and were aware the World Health Organisation identified four types and showed knowledge and understanding of how to refer to safeguarding if required. Posters were visible to raise awareness of FGM within local communities.
- Safeguarding practice was supported by a trust wide safeguarding lead that staff could access for advice and support.

Incidents

- There were systems in place for reporting incidents and 'near misses'. The trust had recently progressed from a paper based to an electronic reporting system. Since implementing the new system, senior managers explained there had been a natural rise in reporting of incidents.
- The trust had recently introduced an electronic incident reporting system. Staff had received training and were confident in the use of the system.
- There was an incident reporting policy and a serious and moderate harm incident policy incorporating both Duty of Candour and Never Events. The policies and arrangements took account of and complied with the latest relevant guidance.
- The latest national reporting and learning system (NRLS) data showed from April 2015 to March 2016 the trust reported 4,559

incidents. These were broken down into three categories; Patient Safety incidents-1,101, Risk incidents- 2,041 and Security incidents- 1,417, which included physical and verbal assaults against staff.

- Patient safety incidents showed there were 78 low harm, six moderate and five severe harm and 1009 no harm/near miss incidents. The trust reported three deaths in June, October and December 2015.
- Robust RCA's were in place where appropriate with comprehensive actions plans and time scales for review.
- Medical device and equipment was the subject of all incidents reported (181) 25.8%. A further 24% were attributed to access, admission, transfer, and discharge (including missing patient).
- Of all incidents reported 289 incidents occurred in the patient's own home (41.3%) and 87 incidents occurred as the ambulance location (including call/control centre)

Staffing

- There was an appropriate skill mix within the staff groups to provide a safe service across all areas of WMASFT and there were no outstanding vacancies across any of the four services. Where staffing levels were below the establishment (planned) levels, the trust responded by use of bank staff to backfill gaps and the trust encouraged 'acting up' positions.
- Several EUC hubs, for example, West Mercia, Bromsgrove, Worcestershire and Lichfield encouraged 'acting up' for management positions to fill gaps during long-term sickness and annual leave.
- Local managers monitored staffing numbers and skill mix in their divisions on a daily basis to ensure the quality of the service provided and to reduce the risk to patients. Online scheduling and a forecasting system ensured appropriate levels of staffing were available during busier periods.
- PTS staff that provided routine transport consisted of band 2 staff and band 3 staff who received additional training to deliver oxygen therapy. There was 400 PTS who accounted for one tenth of the overall trust staff workforce and they looked at the planned regular journeys for the team against availability of staff. This had recently started at PTS Stoke and Walsall but had been in place for a considerable time at Coventry and Warwick.
- EUC had 2,500 front line staff with the support of 1000 volunteers / community first responder and to allow funding for more paramedics, emergency care assistants were being phased out within the service. The trust was on target to have a paramedic on every emergency vehicle by December 2016.

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- The EOC was staffed with 999 call-assessors, call-assessing supervisors, dispatchers and controllers. There were clinical staff working on CSD and in dispatch on specific desks. Support staff included auditors (who were also trained to handle 999 calls), trainers and administrative support workers.
- The service employed 473 staff who worked a combination of full and part time hours, which equated to 447 whole time equivalent (WTE) staff in post. The service had a budget for an establishment of 376 WTE staff. Senior staff told us that they had recruited over establishment to meet demands on the service.
- < >e saw that the HART team was staffed in accordance with National Ambulance Resilience Unit (NARU) guidelines. The team had recently been increased by seven paramedics because of HART taking on additional responsibilities for the trust in respect of their bariatric service. The HART team consisted of a band 8 HART and Special Operations manager, a band 7 HART Support manager, seven band 6 team leaders each with five band 6 members on their team. All of these staff were qualified paramedics and an administrator supported the team.{cke_protected_1}
  We saw high standards of cleanliness and infection control prevention in the majority of the ambulance hubs, community stations, control rooms and vehicles.
- EUC hubs displayed cleaning records that showed that toilet and shower facilities were cleaned daily; these records also showed that water sources had been run for 30 seconds at least every week as part of the Legionella risk management process.
- The trust hired a private cleaning company to provide general cleaning duties at each hub. Cleaning checklists had been completed appropriately. If managers found work to be substandard they contacted the company.
- The trust had its own 'make ready' teams responsible for deep cleaning ambulances every 28 days. During this deep clean, all of the equipment was removed, cleaned and checked. Before and after a vehicle was deep cleaned it was swabbed for micro-organisms such as methicillin-resistant staphylococcus aureus (MRSA) and clostridium difficile (C Diff).
- The trust has seen a steady increase in hand hygiene audit results across EUC. Between June and September 2015 the area scored 84%, from October to December 2015 this figure increased to 86%, and by April to June 2016 the audit results were 91%. Birmingham was the exception, having the lowest

compliance of 78%. Issues regarding not rolling up sleeves and removing watch, not using Ayliffe technique and not carrying hand sanitiser were noted and an action plan compiled. All four of these basics tasks were being complied with in other areas.
- Each of the PTS sites scored above an average across the trust of 98% for hand hygiene.
- From October 2015 to September 2016 the EOC at Millennium Point achieved an average of 84% and the EOC at Tollgate achieved an average of 89%. The trust target for compliance was 90%. We saw that when areas were identified for improvement appropriate actions were taken. For example, we saw the EOC at Millennium Point scored 76% compliance in April 2016, an action plan was developed which included replacing furniture and reminding staff to store food items correctly in fridges and lockers.
- The trust conducted a verification audit in June 2016, which showed that compliance had increased to 97% after all actions had been completed.
- The HART management team had completed an audit of infection prevention and control procedures during 2015. This identified areas where the team could improve performance, such as the segregation and bagging of waste types. We saw how an action plan for 2015/16 had been created to mitigate or remove identified issues.

Medicines
- The trust promoted a strong culture of improving medicine safety with clear governance pathways to ensure staff learning needs was quickly acted upon throughout the trust. In response to the NHS England and MHRA patient safety alert: Improving medication error incident reporting and learning (March 2014) the trust had appointed a Medicine Safety Officer (MSO). The trust Medicine Management team also included a trust Pharmacist in order to maximise learning and guide practice to minimise harm from medication errors.
- The trust Medicines Management team met monthly to discuss all reported medicine incidents for the month and identify any trends for improvement in order to learn from mistakes. Reports from these meetings were presented to the Trusts Clinical Steering Group to ensure identified training was reviewed with appropriate action taken. We were shown several examples of action taken from previous reported medicine incidents to improve medicine safety. For example, following two reported medicine errors the use of colour coded medicine labels was introduced to ensure staff always administered medicines from labelled syringes.

- On-going learning about medicines was cascaded to staff in a 'Weekly Briefing' bulletin. For example, in June 2016 the trust pharmacist provided 'Weekly Briefing' information about the correct storage of a medicine used to treat severe low blood sugars in diabetic patients. Further learning was also shared in the 'Clinical Times' newsletter. We saw these displayed on staff room noticeboards. During the inspection we found that expiry date labels were peeling off some medicine containers. On making the trust aware about this issue a new labelling system was implemented immediately. We saw the new labels in place during this inspection.
- A Medicine Management policy (March 2016) detailed how medicines should be managed throughout the trust. An agreed list of medicines was available which detailed what medicines could be administered by ambulance staff. This included which grades of staff were trained to use each medicine. The trust had up to date Patient Group Directive (PGD's) which are written instructions for the administration of authorised medicines to a group of patients. This meant that medicines were administered to patients by staff with the legal authority to do so.
- Controlled drugs (as defined in the Misuse of Drugs Regulations 2001 and its amendments) are medicines that should be stored with extra security and recording arrangements in place. We found that the trust exceeded best practice guidance for the security and safe management of Controlled Drugs across the majority of areas. For example, the trust showed us how CCTV cameras had been installed in all areas of controlled drug storage, which helped to ensure security arrangements. Strong governance arrangements ensured that any problems with controlled drug recording were identified quickly. Regular checks on controlled drug records ensured any errors could be identified quickly and therefore dealt with immediately.
- Each EUC hub had a dedicated controlled drug (CD) rooms. There were two locked cabinets in each room, one contained CDs that were ready for use by ambulance staff, the other being a store for excess drugs. CD rooms were only accessible to paramedics and they used swipe cards to access the area. When the CD door was left open an alarm would sound to alert staff to the security of this area. However, there was evidence that Prescription only Medicines (POM's) were not signed in and out correctly by staff. For example, at one of the Worcester hubs we visited we counted 56 recording errors between the 13 April and 29 June 2016. We found that none of the discrepancies highlighted in the medicine management register had been

reported as incidents. We spoke to the ASO of the Hub who confirmed that such discrepancies should be reported and that they would treat this discrepancy as a priority for remedial action.

- We inspected an HDU vehicle at PTS Stoke and saw not all CD's were stored appropriately. CD's were stored in the locked glove compartment and the key remained with the driver. The staff advised these items were too large to fit into the controlled drugs safe, and as they felt they should be locked away this was the only other alternative. We escalated this concern and the trust changed the controlled drugs safe so that all controlled drugs could be stored in it, and sent out a reminder to all staff about locking unattended vehicles.
- Pain relief medicines were continuously assessed by the trust to ensure paramedics had enough supplies to treat patients. Paramedics we spoke with said that they carried various forms of pain relief medicines to ensure patients received the correct level of pain relief. We were also told that there was always a supply available with the additional ability to access various ambulance stations to re-stock if needed.
- Across PTS the only medicines carried and administered on PTS vehicles was oxygen. Only suitably trained staff were able to convey patients on oxygen. Oxygen information was recorded at the time of booking the journey so that specific crew could be assigned. A dynamic risk assessment was carried out for each patient on oxygen at the time the patient was collected.
- Call assessors who received 999 calls and had not received clinical training were able to give limited advice regarding medications. They advised patients to use medications that they had been prescribed for specific conditions and how to take simple analgesia in line with NHS Pathways guidance. Staff also recorded details of the patients' medications in their medical records.
- We examined the storage facilities for medicines within the HART base. The medicines room was a secure room shared by the MERIT Team. We checked stock in the HART cabinet against registers and checked the date and quantity of a random selection of items. We found that drugs were properly accounted for and had not exceeded their expiry date.
- Staff had a clear understanding of the procedures for receipt, administration and disposal of drugs.
- We saw drugs were kept securely whilst in transit.

Summary of findings

Are services at this trust effective?

Outstanding 

We rated the effective domain as outstanding overall. We rated Emergency Operations Centres as Good. We rated Emergency and Urgent Care and Resilience as outstanding and Patient Transport Service as Requires Improvement.

We rated the effective domain as Outstanding because;

- Staff delivered care and treatment in line with national guidance for ambulance services across all areas.
- There were established pathways in place for patients who suffered stroke, heart attack or major trauma, and patients were transported to the most appropriate place to receive emergency care.
- Patients who suffered a myocardial infarction received an appropriate care bundle and compliance was significantly above the England average. For the Stroke care bundle compliance was significantly above the National Average of 59.2%. Across all six counties figures ranged between 95% and 97%.
- There was an excellent auditing process in place to monitor compliance to NHS Pathways protocols and procedures. NHS Pathways set a level of compliance at 86%; however, the trust had set the level for themselves at 95%. We saw regular and robust audits were carried out for all staff in line with requirements and there was a clearly defined process to manage performance and support staff if they failed to meet their targets.
- West Midlands Ambulance service is currently the highest target performer and has reached its target over the last 12 months for response times, with Red 1 at 78.5%, Red 2 at 75.1% and A19 at 97.2%.
- Staff across all areas received a comprehensive training and induction programme to provide them with the skills and knowledge they needed to perform their roles.
- The majority of hospital staff we spoke with in the Emergency Departments throughout the inspection were highly complementary about the ambulance service and felt that the crews worked well with them keeping the patient as the forefront of their work.
- All ambulance staff demonstrated a thorough understanding of the need to gain full consent prior to any treatment or interventions. Staff told us they acted in the 'best interest' of patients who were critically unwell or unconscious, being unable to consent.

However we also saw;

- Staff at PTS Stoke told us that they needed more mental health training to support them within their roles.

Evidence based care and treatment

- From April 2015 to March 2016 WMAS was the only ambulance trust to meet all national targets for response times for the most immediately life threatening calls and answering 999 calls.
- Staff delivered care and treatment in line with national guidance for ambulance services across all areas.
- Within all the hubs we visited there were established pathways in place for patients who suffered stroke, heart attack or major trauma, and patients were transported to the most appropriate place to receive emergency care.
- NHS Pathways was an evidence based triage system designed by NHS clinicians for 999-call triage and other services such as GP out of hours. NHS Pathways was integrated with a Directory of Services (DOS), which was a list of local health care providers, and services that allowed EOC staff to refer patients to more appropriate services.
- WMAS had a trust wide business continuity officer. Senior staff in each of the trust 42 operational departments completed business continuity plans. Assistance in completing plans was available from the business continuity manager, and completed plans reviewed for completeness and compliance before it was accepted as part of the trust plan. There were a wide range of opportunities for staff development across all areas and staff received regular Clinical Supervision and had yearly appraisals with managers.
- WMAS had developed a set of Major Incident aide memoire cards and issued to all operational staff. The cards were colour coded to assist staff in emergencies to identify the cards relevant to the type of incident. The cards contained summary guidance based on the trusts policy and standard operating procedures for each type of incident. The cards were based on national best practice from NHS England, National Ambulance Resilience Unit (NARU) and the Joint Emergency Services Interoperability Programme (JESIP). The cards were being further developed by the trust as electronic versions that would enable control room staff to view information on one of their control screens and response crews to view on their data terminals.

Patient outcomes

- Patients who suffered a myocardial infarction received an appropriate care bundle and compliance was above the

England average. For example, results for the Stroke care bundle locally for April 2015 to March 2016 were Birmingham 97.3%, Black Country 97.9%, Coventry and Warwickshire 95.3%, Staffordshire 95.5% and overall WMAS results were 96.7% Trusts National Average was 59.2% highest being 60.7%

- The result for STEMI care bundle compliance within each region was Birmingham 71.1%, Black Country 82.9%, Coventry and Warwickshire 73.4%, West Mercia 80.79%, Staffordshire 81.1%. Trust National Average was 77.8% Highest being 88%. STEMI stands for ST elevation myocardial infarction. “ST elevation” refers to a particular pattern on a heart tracing and “myocardial infarction” is the medical term for a heart attack.
- The 'Utstein comparator group' provides a comparable and specific measure of the management of cardiac arrests for the subset of patients where timely and effective emergency care can particularly improve survival. For example, 999 calls where the cardiac arrest was not witnessed and the patient may have gone into arrest several hours before the 999 call. The trust was below 45% in January 2016 for using the Utstein comparator group against the England average of 45%.
- There was a robust auditing process in place to monitor compliance to NHS Pathways protocols and procedures. NHS Pathways set a level of compliance at 86%; however, the trust had set their own internal target at 95%. We saw regular audits were carried out for all staff in line with requirements and there was a clearly defined process to manage performance and support staff if they failed to meet their targets.
- We saw evidence of a trust wide audit of ‘discharge of paediatric asthma patients’. The aim was to identify if paediatric asthma patients that are discharged on scene by WMAS clinicians are clinically safe and within national guidance. Results of clinical audit standards out of 109 patients they achieved above 60% in all cases raging from moderate to life threatening asthma attack with only 6% discharged on scene appropriately and within national guidance.
- The results of this audit led to changes in practice, for example, all patients now had their initial respiratory and pulse rates documented along with a saturations reading. The audit results showed 97% of patients had a documented respiratory and pulse rate along with a saturations reading prior to discharge. All cases where refusal for transport by the patient or carer had a signature on the patient report form; a re-audit is due in December 2016.

Response time

Summary of findings

- The trust is trialling new and effective ways of working. For example, in 2015 the trust participated in the Ambulance Response Programme (ARP). This pilot is an NHS England project that reviewed the categorisation of 999 calls and the associated response targets. The aim of the trial is minimise the amount of time patients had to wait for definite care or treatment. We saw that staff had a clear understanding of the project and had been involved in rota changes to facilitate it. The pilot also saw the introduction of Nature of Call (NOC) where very early on in a 999 call the Call-Takers asked key questions in order to identify patients with life threatening conditions such as cardiac arrests, chocking, and unconscious patients with airway compromise. The estimated full implementation of ARP and NOC findings is due in 2017.
- Within EUC calls were categorised according to urgency and response targets were aligned accordingly. For example, category Red 1 meant that there was an immediate life threatening, time critical condition requiring a response in eight minutes or less. Category Red 2 meant that there was a life threatening but less time critical condition requiring a response in eight minutes or less. Category A19 meant that there was a life threatening condition but required a response within 19 minutes. All NHS ambulance services must respond to 75% of Category A/Red emergency calls (immediately life threatening) within 8 minutes and 95% within 19 minutes of an ambulance being requested by the clinician on scene.
- To ensure patients of the West Midlands receive quality care from their Ambulance Service a set of key performance indicators and ambulance quality indicators have been set nationally. West Midlands Ambulance service is currently the highest target performer and has reached its target over the last 12 months for response times, with Red 1 at 78.5%, Red 2 at 75.1% and A19 at 97.2%.
- The trust has seen a steady rise in EUC response to incidents between 2013 to 2015. For example, in 2013/14 they responded to 913,524 incidents, in 2014/15 this rose to 953,278. However, in 2015-2016 this dropped by nearly 18,000 to 934,424.
- NHS HART Interoperability standard 8 specifies that four HART staff must be released and available to respond locally to any incident identified as potentially requiring HART capabilities within 15 minutes of the call be being accepted by the provider. Computer records showed that response times had been met in respect of all incidents classified as a HART response.
- Interoperability standard 11 requires that HART staff can be on scene within 45 minutes at strategic sites of interest. The strategic sites of interest were set out in the Home Office Model

Response Strategy. WMAS HART base was situated on an industrial estate with excellent trunk road and motor way links to the major built up areas of Birmingham and the Black Country. Motorway links also enabled fast access to other areas covered by the trust. These were not listed in the Home Office document but enabled HART to support core service staff and be re-deployable if required.

Competent Staff

- Staff across all areas received a comprehensive training and induction programme to provide them with the skills and knowledge they needed to perform their roles.
- EOC staff who used NHS Pathways received a comprehensive training package. This included a two-week initial training session and then an eight-week period of supervision using the system with a mentor.
- Clinical staff also undertook a separate module of training which included clinical decision-making and the role of the clinician using NHS Pathways. There was on-going training for NHS Pathways, this consisted of regular version updates and training in relation to issues identified by the NHS Pathways User Group.
- Paramedics who worked in the control rooms were required to re-register with Health and Care Professional Council (HCPC) every two years. They are required to undertake continuous professional development (CPD) and receive clinical supervision and appraisals.
- PTS staff who manned the high dependency units (HDU's) received comprehensive training, which consisted of one week BTEC Level 2 First Person on Scene, four week Level 3 Certificate in Emergency Response Ambulance Driving (if driving the HDU high-speed vehicle). The trust trained HDU staff to First Person on Scene level.
- HART team operational staff were required to be qualified paramedics and to maintain their accreditation, which was in line with NARU best practice. In addition, training programmes were designed to meet the NARU national training standards and fitness levels, this included team leaders, and managers.
- We saw records and we were shown video footage of recruitment and training events. One training event involved a water rescue which was being filmed for training purposes. We saw how the exercise did not go according to plan resulting in the scenario turning into an actual rescue. We saw how staff instinctively acted in accordance with their training in responding to the situation, bringing it to a safe conclusion.

- Records showed that from April 2015 to April 2016, the trust average appraisal rate was 91%, this was set against a trust target of 85%. EOC received an annual appraisal and the rate was 99%. Across EUC appraisals and clinical supervision were on target to achieve 100% for the 12 months period. For PTS, all sites achieved this target apart from support to clinical staff non-emergency control UHB that was 81.8%, support to clinical staff at PTS Stoke, which was 80.7%, and support to clinical staff at PTS Worcester, which was 84.1%. We saw, 100% of staff within the HART team had received an appraisal.
- The trust set an annual mandatory training target of 85%, HART achieved 100%, EOC achieved 95%, EUC achieved 87% and PTS scored the lowest at 66%.

Multidisciplinary working

- The majority of hospital staff we spoke with in the Emergency departments throughout our inspection were highly complementary about the ambulance service and felt that the crews worked well with them keeping the patient as the forefront of their work.
- We observed emergency crews worked well as part of the wider team with police, social services, community matrons, mental health teams and district nurses.
- All ambulance staff we spoke with including management praised the 'make ready' teams and their working relationships with them.
- EOC duty managers conducted comprehensive handovers between control rooms highlighting any specific areas of concern both verbally and written and we observed staff working effectively as a single team across both EOCs.
- The CAD system allowed staff in different areas to contact each other through a messaging system; this meant that staff could deliver urgent messages to each other regardless of which EOC they were based in, about incidents without having to leave their workstations or make a phone call.
- Within PTS, staff described good working relationships with providers and said they would always ask about any changes regarding the patient they were picking up that were relevant.
- Senior operational managers held regular meetings to discuss handover with other providers, for example, one PTS manager had provided workshops for staff at the local acute hospital reinforcing the importance of a good handover.
- The trust had a Medical Emergency Response Intervention Team (MERIT), which consisted of a paramedic and a trauma

doctor. The MERIT team provided day and night cover. During 'down time' the MERIT doctor provided training to the HART team enhancing their skills, understanding and working relationships.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- All ambulance staff demonstrated a thorough understanding of the need to gain full consent prior to any treatment or interventions. Staff told us they acted in the 'best interest' of patients who were critically unwell or unconscious, being unable to consent.
- Staff at PTS Stoke told us that they needed more mental health training to support them with the mental health contract with North Staffordshire Combined Healthcare NHS Trust. The trust responded very quickly when we escalated this concern by arranging staff to attend one of four additional mental health training sessions.
- Staff gained verbal consent prior to treatment given at each step of a patients care, and observed staff tailored their communication to enable patients to fully understand what was going to happen prior to consent.
- Family and carers where possible were involved in patient's care if they had not been able to obtain consent of the patients, or if the patient wished for them to be involved in the decision making process.
- Staff we spoke with had a good knowledge of assessing capacity and staff knew what to do if a patient lacked capacity to consent to treatment.
- HART staff acted in accordance with people's best interest during emergencies. This meant that the paramedics in accordance with their training often made decisions about care. In such circumstances, they recorded full details in patients' records of why they took these action. Staff considered patients' wishes or those of their carers when the casualty and staff were no longer at risk from factors at the scene.
- WMAS had assisted in the formulation of the Association of Ambulance Chief Executives (AACE) clinical guidelines on the Mental Capacity Act 2005 (MCA). The trust supports the universities in the region in presentation of MCA.
- The trust mandatory training schedule for 2016/17 included a two-day course on the MCA.

Summary of findings

Are services at this trust caring?

Outstanding 

We rated the caring domain as outstanding overall. We rated Emergency Operations Centres and Patient Transport Services as good and we rated Emergency and Urgent Care as outstanding. We were unable to provide evidence from Resilience for the caring domain as we did not observe interactions with the public. This was due to lack of opportunity during our inspection.

We rated the caring domain as outstanding because;

- Across EUC, PTS and EOC areas, staff interactions and relationships with people and those who mattered to them were strong, caring and supportive. These relationships were highly valued by the staff and those close to them.
- < >taff consistently delivered genuine compassionate care and were sensitive to their patients' needs.
  Feedback from people who used the service, those who were close to them and stakeholders were consistently positive about the way staff treated people.
- There was a strong, visible person centred culture. Staff and management were fully committed to working in partnership with people and find innovative ways to make it a reality for each person using the service.
- All patients we spoke to said that staff go the extra mile and patients felt well looked after and really cared for. For example, we observed staff asking if they could make patients more comfortable during EUC and PTS journeys to hospitals. We saw staff demonstrate a gentle and reassuring approach to patient care. Staff held patient's hands, placed extra blankets over patients to maintain their dignity and calmed patients when they were distressed and anxious.
- All the interactions we observed demonstrated that staff respected patients and relatives as individuals, including those from vulnerable groups such as the elderly and those with mental ill health.
- EOC staff were acutely aware of the emotional distress that some callers faced when dialling 999, especially for those close to them and they remained calm and empathetic even when faced with hysterical callers.
- Patients we spoke with across EUC and PTS told us they felt completely involved in their care and ambulance staff had fully informed them of their treatment. We observed ambulance staff explaining potential treatment options where possible, to allow patients to have input into their own care and sought

consent at every stage of treatment. We saw this interaction was unhurried and staff provided patients with ample time to ask questions and patients were empowered to make decisions.
- We saw staff consistently checked patients' wellbeing, in terms of physical pain and discomfort, and emotional wellbeing.
- We saw staff provide high levels of emotional support to relatives of a patient who had become very distressed, demonstrating a kind and empathic response and listening to concerns.
- Staff were highly motivated and inspired to offer care that is kind and compassionate and displayed determination and went the extra mile to achieve this. For example, one staff member arranged for a patients' cat to be cared for whilst the patient was in hospital, which alleviated the patient's anxiety and they agreed to leave their home and go to hospital. Another, involved staff ensuring an elderly patient living with dementia was comfortable, had a drink and sat with them until the carers arrived before the crew left.

Compassionate care
- Across EUC, PTS and EOC areas, staff consistently delivered genuine compassionate care and were sensitive to their patients' needs.
- We heard staff asking if they could make patients more comfortable during EUC and PTS journeys to hospitals and placing extra blankets over patients to maintain their dignity. We observed several examples of staff holding patient's hands to provide them with reassurance during frightening and distressing situations.
- We saw staff maintained the dignity of patients, only removing as much clothing as was needed to undertake tests.
- Staff took the necessary time to engage with patients. Staff communicated in a respectful and caring way, taking into account the wishes of the patient at all times. Staff asked personal questions in a consistently professional manner.
- We observed sensitive and compassionate history taking in an unhurried approach, with care taken to check that the patient understood their medical situation.
- All the interactions we observed demonstrated that staff respected patients and relatives as individuals, including those from vulnerable groups such as the elderly and those with mental ill health. Across all divisions, staff consistently delivered genuine compassionate care and were sensitive to their patients' needs.

Summary of findings

- Staff across all areas consistently introduced themselves to patients on arrival.
- Staff considered the wishes of their patient's and actioned these when possible. An example of this was when a patient stated they did not wish their spouse to hear all of the conversation and staff tactfully engaged the spouse in another room before continuing the discussion with their patient.
- The CQC 2014 'Hear and Treat' survey showed that the trust received a score of nine out of 10 for dignity and respect shown by the initial call-assessor and the clinician. They also scored nine out of 10, for the question relating to their understanding of the care and treatment by the call-assessor across both EOC's. These results were similar to other trusts.
- EOC staff were acutely aware of the emotional distress that some callers faced when dialling 999, especially for those close to them and they remained calm and professional even when faced with hysterical callers.
- Staff told us that they had received specific training to calm callers in the telephone environment and they tried to empathise with callers. The trust delivered this training in a classroom environment and through mandatory training workshops. From April 2015 to March 2016, 98% of call-assessing staff had received training related to communicating effectively with distressed callers.
- Across PTS staff got to know the regular patients as they were all small teams and patients could sometimes travel with them up to three times per week and we saw they built up a friendly and caring rapport.

Understanding and involvement of patients and those close to them

- Patients we spoke with across EUC and PTS told us they felt involved in their care and ambulance staff had fully informed them of their treatment. We observed ambulance staff explaining potential treatment options where possible, to allow patients to have input into their own care and sought consent at every stage of treatment. Staff gave patients time to ask questions and answered these clearly and thoroughly.
- Staff invited and welcomed escorts for patients with mental health problems and other vulnerable group patients. Staff acknowledged that escorts played an important role for patients. Carers were involved where possible to ensure staff met the social, religious or cultural needs of patients.

- Staff involved patients of all ages in their own care, for example, a staff member asked a two year old if they could take their blood pressure. Parents and families were involved in care and treatment plans of children.
- For EUC, in the Staffordshire area, we observed a patient who, despite medical advice and the advice of their spouse, declined conveyance to hospital. Staff explored the reasons for this, and rechecked the patient's decision. Staff respected this decision and put into place alternative arrangements for care, staying with the patient and their spouse until carers arrived to take over.
- We observed staff modifying their language, tone and pace of speech to communicate with patients and their relatives to help them understand their care and treatment.
- We observed staff taking time to ensure that their callers understood the instructions and advice.
- We observed ambulance staff discussing the best treatment facility to patients, which was not necessarily the local ED because a speciality centre was the most suitable place for treatment. Patients in the Black Country area told us they valued ambulance staffs' opinion on the best place for them to go but were pleased staff discussed this with them.
- Staff were very passionate about the relationships they had with patients. They felt valued by the patients and talked about the difference they made in people's lives. They described that they were sometimes one of only a few contacts the patients have with the outside world and they tried to make each journey a pleasant and happy one, we saw this was the case in practice.
- There were messages of thanks and appreciation from patients on hub notice boards. One card read, "Thanks for your care and kindness in my hours of need" and "your swift response to our S.O.S was unbelievable. Very satisfied customer."
- We saw staff promoting patient health and wellbeing verbally during interactions, including advice for smoking cessation and appropriate alcohol intake levels. Staff also advised patients on how to access information about wellbeing advice and encouraged patients to be independent with decision making where appropriate.

Emotional support

- We saw staff consistently checked patients' wellbeing, in terms of physical pain and discomfort, and emotional wellbeing.

Summary of findings

- We saw staff provide high levels of emotional support to relatives of a patient who had become very distressed, demonstrating a kind and empathic response and listening to concerns.
- In EUC, in the Shropshire area, we saw in one case, a staff member held the hand of a patient living with dementia to provide reassurance and comfort when they were feeling anxious and distressed.
- We saw examples of staff going beyond expectations, for example, one staff member arranged for a patients' cat to be cared for whilst the patient was in hospital, which alleviated the patient's anxiety. Another, involved staff ensuring an elderly patient living with dementia was comfortable, taking extra time that she needed and ensured their carers would be visiting before they left.
- Staff told us of the importance of also caring for a patient's family members during distressing events. Staff informed us they would support relatives as much as they could during or just after a death of a patient whilst in their care.
- When delivering instructions to callers who faced immediately life-threatening situations, EOC staff provided support and encouragement.
- Staff had a good understanding of how to support patients experiencing a mental health crisis and this included staying on the line with patients who were threatening suicide.
- EOC staff were patient with elderly callers and patients who were confused or anxious.
- We observed that PTS staff kept patients informed of reasons for delays in picking them up. Staff took time to calm patients when they became anxious. Staff felt that if they were open and honest, in general patients and escorts understood.
- Most of the staff understood that for some patients, such as those who attended for chemotherapy or renal dialysis may not feel well and were tired after their treatment. Staff provided a gentle empathetic approach to patient's emotional needs.

Are services at this trust responsive?

Good

We rated the responsive domain as good overall. We rated Emergency Operations Centres, Emergency and Urgent Care and Patient Transport Services as good and we rated Resilience as outstanding.

We rated responsive as good because;

Summary of findings

- The trust planned and delivered services to meet the needs of local people, with good organisation and distribution of staff and a wide variety of vehicles.
- Services delivered took account of the needs of patients and callers.
- There were systems in place to ensure the timely responsiveness of ambulances.
- The trust had processes to ensure it reviewed and investigated complaints in line with trust policy.
- We saw good evidence of multi-disciplinary team working to support people with complex needs.

The trust had recently embarked on the Ambulance Response Project (ARP), which focussed not

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- The trust had processes to ensure it reviewed and investigated complaints in line with trust policy.
- We saw good evidence of multi-disciplinary team working to support people with complex needs.
- The trust had recently embarked on the Ambulance Response Project (ARP), which focussed not just on time from call to arrival of first resource on scene, but also on time from call to a resource that could transport the patient arriving at scene. This aimed to minimise the amount of time patients had to wait for definite care or treatment. The trust managed and reviewed complaints appropriately. It involved people who used services and made improvements as a result.
- Hazardous Area Response Team were given additional staff and equipment in order to provide the trust response to bariatric patient's needs.
- Guidance was available to control room staff to enable them to recognise when incidents required HART, Air Ambulance or other escalation.

- Within HART we saw the involvement of other organisations and the local community were integral to how the service planned to meet peoples' needs. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs. Emergency planners attended local resilience forums.

However we also saw;

- Specialist bariatric equipment was not always readily available across all areas.
- Across EUC and PTS there were limited tools in place to assist patients with learning disabilities and people living with dementia and staff felt that they would benefit from receiving training in regards to this.
- Patient information about how to raise concerns or make a complaint about services was limited on ambulances for EUC and we saw complaints information on most PTS vehicles PTS. In some areas managers dealt with complaints at a local level which meant there were missed opportunities for trust-wide learning.

Service planning and delivery to meet the needs of local people

- Community First Responders (CFRs) worked efficiently across the region particularly in rural areas to support ambulance staff with responding to life threatening emergencies. The trust used Rapid Response Vehicles (RRVs) effectively to ensure emergency treatment started as soon as possible.
- The 'make ready' team freed up ambulance staff to attend to calls throughout their shift rather than spending time preparing and cleaning vehicles.
- The clinical assessment team (CAT) assessed and triaged patients through a 'see and treat' service. Paramedics attended to patients and travelled in an RRV. This provided medical assistance without sending an ambulance and avoided conveying patients to hospital. This enabled paramedics to treat and assess more patients in their home.
- EOC planned for service delivery in conjunction with a number of other external providers, emergency services, commissioners and local authorities to meet the needs of local people. For example, we saw that the trust had been working with local commissioners, GPs, police, alcohol and substance misuse services and mental health services to provide care to support frequent callers.

- There was an active review of complaints across many areas of the trust 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.
- Hazardous Area Response Team had been given additional staff and equipment in order to provide the trust response to bariatric patient's needs.
- The trust deployed two single crew HART vehicles each day to support core service crew. The vehicles were fully equipped HART vehicles and intentionally did not have facilities for conveying patients. This meant that core service crew conveyed any casualties to hospital which ensured that HART staff remained easily deployable to any HART based incidents.
- The trust engaged with both GP's and acute NHS hospitals to ensure that where required specialist care plans were in place for patients with long term needs that support clinicians assessment and management decision making. The directory of services was maintained by WMAS, it provided a list of services which included long-term conditions specialist teams such as the Rapid Respiratory Assessment Teams. This was accessible through the trust's clinical support desk.
- The clinical support desk also enabled clinicians to speak to advanced paramedics regarding their management and referral options. The trust provided information through local station notices on urgent care services and other sources of clinical advice. The trust had a number of GP's that worked in support of the services providing a range of both in and out of hours services to support patients being cared for at or closer to home.

Meeting people's individual needs

- Throughout our observations we saw staff attended patients living with dementia and learning disabilities; we observed them communicating well and involving patients in their care. Some staff had accessed additional training to increase their knowledge.
- However, there were limited communication aids or tools to assist ambulance staff when providing care to those living with dementia or other complex needs such as learning disabilities. We saw that some staff in Staffordshire had colourful 'explanation cards' to support children with learning disability needs. Staff felt their understanding of these areas could be improved to enhance their care.
- The Birmingham and Black Country Hub had access to the Mental Health Triage car, a service that was first established 18

months ago working alongside the local police with community mental health nurse to support patients who require mental health support. Ambulance crew said if they came across an incident that required mental health speciality support they were able to access this service. Staff in these rural areas told us it was difficult to access mental health support out of hours and a vehicle based at all of the hubs would be useful.

- We heard examples of staff being responsive by dealing appropriately with difficult situations. For example, early escalation of the support from the police mental health car to escort a patient to be detained under section 136 of the mental health act and transported to the appropriate facility, by a team of people with skills and knowledge of mental health conditions.
- Staff told us escorts were booked for any patients with known communication issues and we saw evidence of them asking questions about communication at the control centre and liaison desks. All double crewed ambulances had bariatric capability (increased weight limit and adjustable trolleys to transport patients up to 50 stone).
- The EOC had access to a translation service for 999 calls. Staff told us that the service was easily accessible and all staff knew how to access it.
- Staff were trained to use type talk (which was a text relay service for patients with difficulty hearing or speaking) they could also use voice over internet protocol (VOIP) to receive 999 calls.
- Staff we spoke with were aware of the diverse population they served and were aware of the needs of people with varying cultural, ethnic and religious requirements. Staff were able to describe the principles of 'protected characteristics' as defined by the Equalities Act 2010.
- All HART staff had all completed mandatory training, which had included input on the Mental Capacity Act and how to support patients who were temporarily or permanently unable to make informed decisions.
- Mandatory training included conflict resolution training which equipped staff to deal with aggressive or potentially violent patients.

Access and flow

- The trust was working towards a target that all vehicles were staffed with at least one paramedic by December 2016 to

reduce the treatment times at scene. Although this was the 'gold standard' the trust had set itself, managers told us until December 2016 double technician crews would still be sent to calls to reduce waiting times. We saw plans to achieve this.

- During the summer of 2015 the trust participated in the Ambulance Response Programme (ARP). This pilot is an NHS England project that reviewed the categorisation of 999 calls and the associated response targets. The ARP focussed not just on time from call to arrival of first resource on scene, but also on time from call to a resource that could transport the patient arriving at scene. This aimed to minimise the amount of time patients had to wait for definite care or treatment. We saw that staff had a clear understanding of the project and had been involved in rota changes to facilitate it. The pilot also saw the introduction of Nature of Call (NOC) where very early on in a 999 call the Call-Takers asked key questions in order to identify patients with life threatening conditions such as cardiac arrests, chocking, and unconscious patients with airway compromise. The estimated full implementation of ARP and NOC findings is due in 2017.
- Prolonged delays at some of the local acute hospital's emergency departments reduced the capacity of front line staff to respond to emergencies. This was because ambulance staff needed to stay with their patients to deliver care and support them until they were handed over to hospital staff. This was a continued issue affecting capacity and flow for the service however, the senior management were in regular contact with the hospitals to discuss how they could work together to reduce pressures. HALO's were introduced into the emergency departments. Operational managers and HALO's met with other NHS trusts to discuss concerns and issues including delayed handover times and working relationships. HALO's represented the trust at bed meetings when possible, to discuss capacity and flow issues. This reduced the impact on patient waits in ambulances or in accident and emergency areas of the hospital.
- EOC staff were sometimes asked for same day journeys. This was difficult to accommodate and staff told us for PTS University Hospital Birmingham they only carried this out for hospital discharges, dialysis, and oncology. There were no incidents where staff had to cancel any same day bookings once they had arranged them, as they liaised with the PTS service involved.

Summary of findings

- The EOC had robust systems in place to monitor access and flow and make changes when necessary. All staff had access to live performance data and managers could monitor the status of calls and redeploy resources in line with escalation plans.
- The EOC was required to answer 95% of all 999 calls within five seconds. We saw that from March 2015 to March 2016, the average time to answer calls for EOC was one second, this was better than the England average which ranged between 1.4 to 1.6 seconds.
- From March 2015 to March 2016, the percentage of calls which 'abandoned' prior to being answered by a call-assessor was similar to the England average which fluctuated between 0.5% and 2%.
- HART staff and vehicles were not used for patient transport, which meant that hospital turnaround times, or issues in the wider healthcare economy did not affect them.
- Computer records showed that when dispatched to an incident within Home Office Model Response Strategy guidelines, the team had always met the required response times of 15 and 45 minutes. These are Home Office guidelines which sets out recommended times to dispatch HART teams to specific incidents.

Learning from complaints and concerns

- Staff across all areas were aware of the complaints process and had access to the complaints policy.
- Administrative staff logged complaints onto an electronic incident reporting system and the complaint acknowledged was received within three working days of receipt. An investigator was assigned and the trust aimed to investigate and respond to complaints within 25 working days. Feedback letters were sent to the complainants directly from the PALS team after complaints had been investigated.
- The trust received 1,505 complaints between April 2015 and April 2016; 51% of these (791) related to EUC. Birmingham accounted for 201 of these complaints; the majority of which (59) related to attitude and conduct of staff. The Black Country accounted for 158 of these complaints. The majority of them (48) related to lost or damaged property. Coventry and Warwick accounted for 127 of the complaints of which the majority (39) related to the attitude and conduct of staff. Staffordshire accounted for 141 of the complaints the majority of which (46) related to attitude and conduct of staff. West Mercia accounted for 164 of the complaints, the majority of which (48) related to lost or damaged property.

Summary of findings

- For the same period, PTS had 479 complaints. Response (waiting time) accounted for 44.1% (211), attitude and conduct at 12.3% (59) and call management at 10.2% (49), other at 18.6% (89).
- We saw complaints information posters on most PTS vehicles we inspected. These were clear with contact details.
- There was clear guidance in place in EOC for staff to direct callers to make a complaint if they wished to do so. Should a 999 caller wished to speak to a supervisor or manager to make a complaint they would do their best to facilitate that and if that was not possible they would provide them with contact details for the Patient Advisory Liaison Service (PALS).
- From April 2015 to April 2016, the EOC received 229 complaints. The general theme for the complaints was delayed response. Staff told us that when a complaint was received the manager responsible would conduct an investigation to identify if there were any areas for feedback and learning. We spoke with the manager responsible for managing EOC complaints and we saw that they had no complaints awaiting investigation. There had been no complaints about the staff or service provided by HART since it was set up.
- Managers explained that they did not have a mechanism for requesting feedback from patients about work of the HART team. Patients often received care and support from core service personnel both before and after any HART involvement. This made it very difficult for patients to identify that HART staff had even been involved.
- The trust feedback systems did not differentiate between specialities involved. However, managers were equally confident that any investigation or debrief of a less than satisfactory incident would identify any shortcomings of the team.
- Within HART all incidents of note were comprehensively debriefed in line with the trusts constructive debriefing policy. We saw evidence of how the debriefing system was designed to involve all staff disciplines involved in the incident, and reviewed what went well and what could be improved. We saw how one incident debrief had resulted in improvements to the call taking system, where assumptions had previously been made about attendance of other emergency services, there is now a fail-safe requirement to call the other services to confirm their knowledge of the incident and determine any actual attendance. We also saw how a team debrief had identified that

additional safety equipment for working at height would have improved response on site. As a result, the trust purchased an additional two sets of equipment, which increased the number from five to seven.

Are services at this trust well-led?

Good

We rated the well led domain as good. The 'good' rating was due to overwhelming evidence during the inspection period and information supplied by the trust before and after the inspection.

We rated Emergency Operations Centres and Resilience as outstanding and Emergency and Urgent care and Patient Transport Services as requires improvement.

We rated the well led domain as good because;

- The trust has a clear vision that focused on patient care,
- We saw through interviews that trust executives and senior managers shard this vision and there was ownership of the vision across the board.
- The trust was very focused on achieving response time performance targets, and the governance framework used to monitor performance reflected this.
- Through staff interviews and observations we saw that there was a high standard of leadership at the trust, with strong leadership from the CEO. All the executive directors were well engaged and interacted with each other appropriately.
- All non-executive directors (NEDs) were appointed as "Hub Buddies". This encouraged them to get out and about to the staff in the hubs, and spend time with the teams.
- The NEDs played an active part in the executive board by stepping back from the day-to-day activities and challenged the board. They felt listened to and respected.
- We saw a positive, patient centred culture within the trust and staff were very proud to work for the trust.
- The trust provided a counselling and support service for staff who require support following attendance at traumatic or upsetting calls.
- We looked at the personal files of five executive directors from a range of substantive and recent posts. The criteria for Fit and Proper Person requirements had been met with all five staff.
- The trust has engaged with local BME communities through a range of local initiatives such as visiting local Mosques and holding focus groups.
- The trust holds joint engagement events with Fire Services to gather patient experiences generally or in a more targeted way gathering views of specific service users or community groups.

Summary of findings

- Staff from PTS Stoke raised concerns about lack of mental health training and felt unsupported by local leadership. The CEO and senior leaders were extremely responsive and genuinely concerned. They visited the staff the same week, engaged in open discussions and put in place extra mental health training sessions.
- WMAS had substantially invested in implementing an in-house Student Paramedic pathway. This development route provided an 88% success rate for qualifying paramedics to gain full employment with the Trust. In addition, the Trust designed a consortium, in which they partnered with four local universities, to design and deliver full time student paramedic programmes. Places had increased by more than 100% in the last 2 years.
- The staff flu vaccination programme was on course to achieve the 75% target which will be the first Ambulance trust to achieve this.

However we also saw;

- Challenges around risks relating to EUC managers, who in some cases managed excessive numbers of staff with no actions to mitigate and also PTS managers unaware of what their operational risks were.

Vision and strategy

- The trust had a clear vision that focused on patient care, “Delivering the right patient care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health” We saw through interviews that trust executives and senior managers shared this vision and there was ownership of the vision across the board.
- Staff we spoke with through focus groups and whilst visiting the hubs, demonstrated they also shared the vision and were clear about their role in achieving it.
- The vision is under pinned by a clear strategy, four strategic priorities and a set of values.
- The strategic objectives focused on quality, meeting patient need and developing the service. The trust values also reflected this.

Governance, risk management and quality measurement

- Clinical governance, risk and quality management was effective and we were confident that the governance, risk and quality boards influenced and impacted at an operational level. Our interviews with governance leads indicated the trust had good insight of their three main risks outlined in their Board

Assurance Framework (BAF). These were risk of failure to achieve operational performance standards; risk of failure to manage its finances appropriately; and risk of failure to comply with the regulatory body standards and quality indicators. There was a clear strategy in place to address these risks.

- The trust was very focused on achieving response time performance targets, and this was reflected in the governance framework used to monitor performance. Staff and managers were very clear on their role in achieving the response times and the lines of accountability that support their achievement.
- We observed that leaders within the organisation at all levels gave achievement of the performance standards top priority. At the time of the inspection the trust was engaged in a pilot project along with two other NHS providers, using different ways to measure ambulance response time. The pilot was due to conclude on 25 July 2016.
- The trusts' clinical audit programme was led by one of two consultant paramedics at the trust. Their role also included development of policy, clinical strategy and developing guidelines. The assurance processes worked through every level of the organisation and there was strong local leadership and management in terms of achieving consistency in quality across the 90 ambulance stations and between the different regional bases and hubs. Corporate services, including human resources and finance, were organised using the business partner model and there was evidence that this was effective in providing support to managers.
- There were 304 risks on the corporate risk register, 52 were classed as high risk. Three of the high class risks included 'lifting a patient who has fallen using manual handling techniques only', 'risks associated with the issue/non- issue of Body Armour- Personal Protective vests' and 'risk associated with terrorist threats'. All risks had a named person responsible for reviewing each risk with a detailed action plan to address each one. All risks had a review date which ranged between June 2016 and October 2017. Divisional risks were not all included on the corporate risk register but we saw board minutes to show that divisional risks were discussed in detail with actions to address them. For example, the EOC had nine risks on their register, which included implementation of ARP, response to specific hospital transfers and a lack of a robust policy for end of life care. It was clear who had responsibility for each risk and action plans were in place and being monitored.
- The EOC had in place a comprehensive assurance processes in call assessing and dispatch areas and the EOC dashboard was used to monitor performance and was used as a basis for

performance meetings. Despite an effective governance structure at trust level, there was evidence of some minor disconnect at a more operational level relating to local risks. For example, PTS service had nine risks recorded. All of the senior operational managers told us that they had daily access to the risk register and were able to show us this. However, the senior managers for Walsall and Stoke advised the trust had told them that there were no risks against the contracts and could not tell us any risks they were aware of locally.

- A trust-wide risk register for 'business continuity' and 'emergency planning' recorded the current risks within the organisation. There were 25 risks identified, four of which were highlighted as high risk and related to mans that may result in large number of patients who required treatment at the same time. All risks were identified to be reviewed in January 2017. However, local risk registers across EUC hubs were not consistent and they did not reflect the risks identified. For example, the lack of management support for the Worcestershire hub was an item on the risk register since December 2015 and was risk rated as red (maximum risk rating). This highlighted that the area manager at this hub was responsible for 196 staff and this was against the operating model of 1:100. This risk had reached board level but continued to be on the risk register because of the lack of available funding. There was no record of other actions to mitigate the risk.
- WMAS is an integral part of the Emergency Response Management Arrangements (ERMA) and acted as the host and regional 'GOLD' - control centre for all Healthcare providers during the first hour of any large-scale emergency incident. Gold Control plans were in place to assist in coordinating any such response. This was unique in an ambulance service and represented an area of best practice nationally. Business continuity plans were written by and were specific to individual units of the organisation and were brought together to form the trust continuity plan.
- The Emergency Ambulance and Rapid Response Vehicle (RRV) fleet replacement cycle was reviewed in conjunction with the trust's financial plan. The trust made the decision to replace these vehicles after five years based on efficiency with running costs and to ensure that medical equipment used on these vehicles were compliant and met changing demands.

Leadership of the trust

Summary of findings

- Through interviews and observations we saw that there was a high standard of leadership at the trust, with strong leadership from the CEO. All the executive directors were well engaged and interacted with each other appropriately.
- The CEO undertook a range of roles outside the organisation at a regional and national level and saw this as beneficial to the service.
- The vast geographical area covered by the trust, meant it was not always practical for the CEO and other executives to meet frontline staff on a regular basis. We saw that the leadership team recognised this and encouraged staff to engage with them in other ways such as direct email.
- The Chairman was also well engaged and very knowledgeable about the trust performance and future priorities.
- There was good involvement of both the non-executive directors (NEDs) and Governors. Governors felt they had an influence on the trust and felt they were kept well informed on key issues and concerns.
- All staff had a named line manager, the trust executives felt this was fundamental to ensure staff felt engaged and supported.
- All non-executive directors (NEDs) were appointed as “Hub Buddies”. This encouraged them to get out and about to the staff in the hubs, and spend time with the teams. This provided two way information for both NEDs and staff.
- The NEDs played an active part in the executive board by stepping back from the day-to-day activities and challenged the board. They felt listened to and respected.
- Senior managers told us they felt relationships with frontline staff were positive and were proud of their teams.
- Staff from PTS Stoke raised concerns about lack of mental health training and felt unsupported by local leadership. The CEO and senior leaders were extremely responsive and genuinely concerned. They visited the staff the same week, engaged in open discussions and listened to their concerns. The outcome of the meeting with staff from PTS Stoke was that a further four ‘open and informal’ mess room staff meetings were scheduled between 25 July and 28 July 2016 and four additional mental health training sessions were put in place between 11 July and 4 August 2016. In addition, a meeting was held between a member of the executive board and staff side representative to understand the history of the concerns raised and to find a resolve.

Culture within the trust

- We saw a positive, patient centred culture within the trust and staff were very proud to work for the trust.
- There was a very target driven culture
- The trust took a pro-active approach to managing staff sickness. The sickness absence rate was lower than the England average for the whole period December 2014 to November 2015. The trust's sickness absence rates, generally considered to be an indicator of engagement and culture, did not go above 4.6% during the period April 2015 to March 2016, where it fell significantly to 3% and remained at this figure until September 2016. This is below the average for ambulance trusts at 4%.
- The trust provided a counselling and support service for staff who required support following attendance at traumatic or upsetting calls. There was a 24-hour helpline, manned by volunteers from within the service. All volunteers were trained before joining the team.

Equality and diversity

- The trust developed a vision for ensuring equality, diversity and inclusion, in both employment and service delivery which reflected `respect, dignity and fairness to all`.
- The West Midlands is culturally diverse, in some areas, 15% of the local population are from BME backgrounds. The trust staff make up did not reflect the cultural make-up of the population it services. For example as of March 2016 WMAS workforce is made up of 5.12 % Black, Asian and Minority Ethnic (BAME) employees. We saw 91.61% of staff described themselves as white. 3.26 % of staff chose not to state their ethnic origin. 39.9% of the workforce was female compared to 60% male and 5.19% of staff described themselves as disabled
- The trust had recently recognised this and the executive team were able to describe some of the steps they had taken to address this. For example, the Equality Diversity and Inclusion (EDI) steering group undertook an analysis to identify barriers to women progressing beyond a band 6 (majority of women were in pay bands 3-6). Proactively encouraging people from BME backgrounds to apply for posts and offering additional during the recruitment process and a mandatory training session put in place for all PTS control staff to cover the importance of diversity monitoring information.
- Although these initiatives were in the early stages, we were told this had had a positive impact.
- The staff survey results for 2015 identified an area for improvement was with Equality and Diversity. Whilst 74% of the respondents said the organisation acts fairly with regards to career progression regardless of ethnic background, gender,

religion, sexual orientation, disability or age, 12% of staff said they are discriminated against by patients or members of the public. This was a 3% increase compared to the 2014 survey. The highest increase in discrimination identified in the survey was seen for sexual orientation (15%) followed by Gender (14%) and ethnic background (13%), as compared to the previous survey's results.

Fit and Proper Persons

- The trust had prepared to meet the requirements of the Fit and Proper Persons regulation (FPPR). This regulation ensures that directors of NHS providers are fit and proper to carry out this important role.
- The trust policy on pre-employment checks covered criminal record, financial background, identity, right to work, employment history, professional registration and qualification checks.
- It was part of the trust's approach to conduct a check with any and all relevant professional bodies, and to undertake due diligence checks for senior appointments.
- We looked at the personal files of five executive directors from a range of substantive and recent posts. The criteria for Fit and Proper Person requirements had been met with all five staff.

Public and staff engagement

- The trust had engaged with local BME communities through a range of local initiatives such as visiting local Mosques and holding focus groups.
- The trust holds joint engagement events with Fire Services to gather patient experiences in a more targeted way gathering views of specific service users or community groups.
- The quality account priorities for 2016/2017 include greater engagement with rural communities.
- Within the last year the trust have invested in 500 Automated External Defibrillators (AEDs) which were located across WMAS in key locations and busy areas such as shopping centres, sports centres, schools, council buildings and golf clubs. Senior managers explained that early defibrillation with immediate ambulance back-up, provides the best possible chance of survival following a cardiac arrest.
- The trust used a weekly briefing email as it main tool to communicate with staff and volunteers across the organisation. The weekly briefing provided an opportunity for senior leaders to communicate with staff and for staff to promote activities in their areas. The weekly briefing was accessed through a range of methods and the trust said uptake was good.

Summary of findings

- The trust used social media to communicate with the public and staff. The trust felt this was a hugely important tool, they estimated it enabled them to talk directly to over one million people each week. The trust also had staff who used social media directly on the trust's behalf. This was used to promote public health issues as well as the activities of the trust.
- Unions were active and visible. Managers engaged with unions but union representatives felt they would like more consultation. Unions told us that the trust was supportive of union representatives' time.
- The National Staff Survey was conducted for WMAS and 850 questionnaires were sent to randomly selected staff across the trust. There were weekly reminders in the weekly briefing, together with reminder letters sent out by Quality Health to individuals to help the return rate. The survey closed on the 4 December 2015 and 218 staff took part in the survey. This was a response rate of 26% and a drop from the response rate of 29% in the 2014 survey. The average for Ambulance trusts in England was 34%.
- The overall national response rate for all organisations in England was 42%. Overall, the survey results for WMAS showed a positive employee satisfaction in many areas. The two most prominent areas were; organisation culture where 72% of staff who took part in the survey said they were enthusiastic about their job and were happy with the standard of care provided by the organisation. We saw 62% agreed that the organisation took positive action on concerns raised by patients and 51% would recommend the trust as a place of work. The second area was personal development and career progression, 63% of the respondents stated that their manager supported them to receive training, learning and development. Around 77% agreed that their development had helped them to do their job more effectively and 75% said it helped them deliver better patient experience. 79% agreed that it has helped them stay up to date with professional requirements of their role.
- However, 48% of staff said they had personally experienced harassment, bullying or abuse at work at least once from patients, their relatives or other members of the public. We saw 54% said they did not report it.
- The Friends and Family test (FFT) should be offered to patients that dial 999, receive an emergency response but are not conveyed to hospital and patients that use the PTS. Patients are offered a freepost leaflet to return to regional HQ or they can

complete the return on online through the trust website. PTS received 70 responses, 55 were extremely likely or likely to recommend the service and six were unlikely or extremely unlikely. Others responses were neutral.

- EUC received 255 responses, 247 were extremely likely or likely to recommend the service and seven were unlikely or extremely unlikely. Other responses were neutral
- The Trust has received 1279 compliments in 2015/16 compared to 1229 in 2014/15. This was a 4% increase in compliments received.
- The staff flu vaccination programme was on course to achieve the 75% target which will be the first Ambulance trust to achieve this.

Innovation, improvement and sustainability

- The Make Ready service has delivered effective cost savings and improved the service.
- We saw there were effective fleet management system that provided an innovative and sustainable approach.
- New EPR system was in the process of being rolled out to staff at the time of our inspection. By September 2017 all staff will have new monitors and tablets and the system will be fully operational.
- Improvements in vehicle design will save £500 a year.
- The trust has an agreed comprehensive workforce plan, formulated to reflect operational requirements to meet patient demand forecasts within financial provisions.
- Nationally, it is recognised that there is a lack of paramedic supply, therefore WMAS had substantially invested in implementing an in-house Student Paramedic pathway. This development route provided an 88% success rate for qualifying paramedics to gain full employment with the Trust. In addition, the Trust has designed a consortium, in which they partnered with four local universities, to design and deliver full time student paramedic programmes. Places had increased by more than 100% in the last 2 years.

Overview of ratings

Our ratings for West Midlands Ambulance Service

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Outstanding	Outstanding	Good	Requires improvement	Good
Patient transport services (PTS)	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Emergency operations centre (EOC)	Good	Good	Good	Good	Outstanding	Good
Resilience	Good	Outstanding	N/A	Outstanding	Outstanding	Outstanding
Overall	Good	Outstanding	Outstanding	Good	Good	Outstanding

Our ratings for West Midlands Ambulance Service NHS Foundation Trust

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

Notes

1. We have awarded an overall rating of 'outstanding' for effective, overriding aggregation principle 6 which states that the aggregated rating would normally be 'outstanding' where at least 2 underlying ratings are 'outstanding' and the other underlying ratings are 'good'. In this case the rating for PTS was 'requires improvement', but is proportionally a much smaller service, and therefore an overall rating of 'outstanding' was considered appropriate.
2. We have awarded an overall rating of 'good' for well led. Aggregation principle 7 states that an aggregated rating would normally be restricted to 'requires improvement' if 2 of the underlying ratings are 'requires improvement'. Aggregation principle 6 states that the aggregated rating would normally be 'outstanding' where at least 2 underlying ratings are 'outstanding' and the underlying ratings are 'good'. We have used professional judgement to apply the principles to the specific mix of underlying ratings, with an overall rating of 'good' considered appropriate.

Outstanding practice and areas for improvement

Outstanding practice

- The trust was shortlisted in 2015 for two national awards including; Enhancing Care by Sharing Data and Information and Improving Outcomes through Learning and Development.
- HALOs across all divisions had developed innovative and forward thinking ideas to reduce hospital admissions and ambulance call outs which proved to be very effective.
- The trust encouraged online engagements with patients and provided them with clear and concise tools to self-care and recognise life-threatening conditions.
- Paramedic availability throughout the service, and plans to increase this further meant that highly qualified staff could provide emergency care to patients.
  - The functions within the Regional Co-ordination Centre provided effective support for complex incidents within the trust's geographical region and externally through the Midlands Critical Care Network.
  - Achieving response targets for red calls in 2015
  - Finding innovative ways of engaging with the local population, for example, the Youth Council, and the Youth Cadet scheme, the aim of which encourage commitment to young people who wish to have a career in the NHS including the WMAS.
  - All operational staff on the HART team were required to be qualified paramedics and to maintain their accreditation which was in line with NARU best practice. Not all trusts followed this guidance.
  - The only exception to protected training was if the team was required to deploy to a major incident to support the duty team [this is another area of best practice in the UK
  - Compliance with NARU and Joint Emergency Services Interoperability Programme JESIP guidance was seen to be very strong and reflected industry best practice.
- During 2015 the MERIT team were peer reviewed by the Trauma Network; and they were graded as providing recognised best practice in nine out of ten criteria, which is a recognition of best practice.
- The NHS England Core Standards return for 2015/16 was rated 100%, which is an area of outstanding practice.
  - The sharing of the trust forward planning for New Year's Eve represented an area of outstanding practice.
- WMAS was an integral part of the Emergency Response Management Arrangements (ERMA) and acted as the host and regional 'GOLD' - control centre for all Healthcare providers during the first hour of any large-scale emergency incident. Gold Control plans were in place to assist in coordinating any such response. This is unique in an ambulance service and represents an area of best practice nationally.
- Provision and on-going development of the major incident aide memoire cards, electronic versions and mirrored policy documents was an outstanding development, which would potentially increase efficiency and confidence of staff when dealing with major incidents.
- Commitment of HART staff to improve their personal skills and provide a comprehensive service and, where they feel competent and safe to do so, to exceed normal working practices in support of casualties.
- In 2016 two WMAS staff members were awarded Advanced Apprentice of the Year (Clinical) and also Higher Apprentice of the Year.

Areas for improvement

Action the trust MUST take to improve

- Safely store all medication on high dependency vehicles.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Diagnostic and screening procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Diagnostic and screening procedures. Transport service, triage and medical advice provided remotely. Treatment of disease, disorder or injury Regulation 12.Care and treatment must be provided in a safe way for service users. 12 Persons employed by the service provider in the provision of a regulated activity must – (g) the proper and safe management of medicines; How the regulation was not being met; The trust did not always keep proper and safe storage of medicines across PTS services. Medicines were stored in an unlockable cupboard in an unlocked vehicle and controlled drugs were stored in the glove compartment of an unlocked vehicle