

Information for Health Overview & Scrutiny Committees

One of the Top performing Ambulance Trusts in the UK
Currently on target to meet all national standards for 2008-09

95.5% of 999 calls are answered within 5 seconds

Ambulance Service Institute (ASI) 2008 awards

Ambulance Service of the year (second year in succession)

Air Ambulance Team of the year

Special incident of the year

Paramedic of the year

Technician of the year

First Responder of the year

Health Service Journal Award 2008

Improving Care with Technology

National Priorities

Financial Duties on Target

A8 Target on Target

A19 Target on Target

B19 Target on Target

Standards for Better Health Domains

The 24 core standards set within the seven domains define a level of service which is 'acceptable & universal'. Further details of the Trusts assessment against the standards are set out at ANNEX A at the end of this document.

The Trust expects to be able to declare full compliance at end of year 2008-09 with all core standards.

External Assessment

HealthCare Commission Selective Inspection

The Trust was subject to an in depth scrutiny of 5 core standards C1a, C5d, C7b, C8a and C10b. All of which were upheld as compliant

Auditors Local Evaluation – Level 2

National Health Service Litigation Authority (NHSLA) Risk Management Standards for Pre Hospital Care – Achieved Level 1

Security Management Service – 99.3% compliance in definition comparison

Recruitment

In May 2008 the Trust were pleased to announce the appointment of a Director of Nursing and midwifery. In addition the following have been recruited during 2008-09

- 101 Emergency Communications Centre staff
- 45 Patient Transport Service staff
- 153 Emergency Care Assistants (ECA)
- 23 Technicians
- 40 Paramedics
- 4 Nurses recruited

Vehicles commissioned during 2008-09

- 32 Honda CRVs (4x4)
- 8 Major Incident vehicles
- 64 Frontline ambulances
- 2 Training vehicles
- 1 Bariatric Ambulance
- 1 Command vehicle

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Annual Health Check 2008-09

Domain 1: Safety

C1a	Identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents	The Trust has policies and procedures for the reporting and investigation of all adverse incidents. It has in place processes to ensure analysis and learning takes place appropriately. This element has been subject to scrutiny by both the Healthcare Commission and NHSLA during 2008 and has achieved positive results.
C1b	'Ensure that patient safety notices, alerts and other communications concerning patient safety, which require action, are acted upon within required timescales	The Trust has introduced an updated procedure for the dissemination and management of Patient Safety alerts. Alerts are responded to within agreed timescales as evidenced by the national Central Alerting System (CAS) database.
C2	The Trusts protects children by following national child protection guidelines within their own activities and in their dealings with other organisations	The Trust has a policy in place that includes provision of training and advice to assist staff with recognition of child protection issues. WMAS has reporting of safeguarding concerns procedures in place to enable prompt reporting.
C3	'Healthcare organisations protect patients by following NICE Interventional Procedures guidance	The Clinical team monitor NICE updates and ensure that all relevant guidelines are adhered to. The Clinical guidance that staff follow (JRCALC) takes into consideration NICE guidance.
C4a	The Trust has systems to ensure the risk of healthcare associated infection is reduced.	The Trust has policies and procedures in place to reduce the risk of HAI's. The Trust has focussed its Infection, Prevention and Control programme to date on ensuring the implementation of single use equipment and the use of good hand hygiene.
C4b	The ambulance service has systems in place to minimise the risks associated with the acquisition and use of medical devices.	The Trust has a medical devices policy which is monitored by the Clinical Governance Committee and managed by the Clinical Equipment Working Group.
C4c	Reusable medical devices are properly decontaminated.	As per C4a the Trust ensures that invasive equipment is single use and there are procedures in place for the decontamination of equipment such as stretchers, defibrillators etc.
C4d	Medicines are safely and securely procured, prescribed, dispensed, prepared, administered and monitored	The Trust has in place a medicines management policy and related procedures. Monitoring systems are in place for both clinical aspects of medicines delivery and safety aspects relating to controlled drugs.
C4e	The Trust keeps patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste are properly managed.	The Trust has waste management procedures in place that adhere to legislative and environmental requirements.

WEST MIDLANDS AMBULANCE SERVICE NHS TRUST
Annual Health Check 2008-09

Domain 2 – Clinical and Cost Effectiveness

C5	The Trust ensures that clinicians participate in regular clinical audit and reviews of clinical services	The Trust has a Clinical Audit strategy that includes involvement in both internal and external audits that inform clinical practice.
C6	'Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met	The Trust works closely with partner organisations to ensure delivery of safe effective care for patients. This has been evidenced in recent months by increased use of alternative care pathways to reduce the pressure on hospital A&E depts.

Domain 3– Governance

C7 a&c	The Trust applies the principles of sound clinical and corporate governance	The Trust has implemented its Integrated Governance, Clinical Governance and Risk Management Strategies. The Trusts risk management control was assessed to be at ALE level 3 and complied fully with the NHSLA requirements at level 1.
C7b	The Trust actively supports all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources	The Trust was assessed by the HC in July 2008 as compliant with this standard and has continued to develop the standard during 2008-09. .
C7d	Assessed through ALE compliance	
C7e	The Trust challenges discrimination, promotes equality and respects human rights	The Trust has in place an Equality and Diversity Working Group led by the Trusts Chairman. The working group ensures the Equality and Diversity agenda is addressed accordingly through the Trusts business.
C8a	Staff are supported, and know how, to raise concerns about services confidentially and without prejudicing their position	This standard was assessed and found to be compliant by the HC in July 2008. There is a whistle blowing policy in place which staff have demonstrated confidence in by utilising it during 2008-09.
C9	The Trust has a systematic and planned approach to the management of records	The Trust has a Records Management Policy in place which was assessed as compliant by the NHSLA and elements of which were taken away as evidence of best practice.
C10a	The Trust undertakes all appropriate employment checks and ensure that professionally qualified staff are registered with the appropriate bodies	All professional registration checks are performed prior to employment.
C10b	Healthcare professionals abide by relevant published codes of professional practice	The Trust was assessed by the HC in July 2008 as compliant with this standard and continues to develop it during 2008-09
C11a	Staff concerned are appropriately recruited, trained and qualified for the work they undertake	The Trust has a recruitment and selection strategy supported by workforce planning and the Training and Education Strategy.

WEST MIDLANDS AMBULANCE SERVICE NHS TRUST
Annual Health Check 2008-09

C11b	The Trust ensures that staff participate in mandatory training programmes	The Trust has an Education and Training Committee that monitors compliance with the Trusts own training needs analysis.
C11c	Healthcare professionals participate in further professional and occupational development commensurate with their work throughout their working lives	The Trust has a CPD programme which is tailored to individual needs and includes a focus on leadership skills.
C12	Research systems are in place to ensure that the principles and requirements of the research governance framework are consistently applied	The Trust has a Research and Development strategy which is monitored by the R&D working group.

Domain 4 – Patient Focus

C13a	The Trust has systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect	Code of Conduct for all staff in place and adhered to. Complaints monitored closely by group led by the Trusts Chairman
C13b	Systems are in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information	Compliance with Information Governance legislation affirmed through IG Toolkit assessment.
C13c	Systems are in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary	Compliance with Information Governance legislation affirmed through IG Toolkit assessment.
C14a	Systems are in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services	Complaints policy and information readily available via leaflets on vehicles, in GP surgeries and on the Trust website. All complaints are asked for feedback on the management and outcome of their complaint.
C14b	Systems are in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made	Complaints procedure for review of all complaints management by Non Exec Director.
C14c	Systems are in place to ensure that patients, their relatives and carers are assured that the Trust acts appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery	All of the above plus monitoring of high risk complaints by formal Director level review group with Non Exec Director for further scrutiny.
C16	Information is made available to patients and the public on Trust services, to provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care	The Trust has a Communication Strategy which includes keeping the community it serves informed through press releases, Trust website and attendance at Health Overview and Scrutiny Panels.

WEST MIDLANDS AMBULANCE SERVICE NHS TRUST
Annual Health Check 2008-09

Domain 5 – Accessible and Responsive Care

C17	The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services	The Trust continues to build on LINKs involvement. It has developed a Patient and Public Engagement Group (PPEG) to ensure patients views are always considered in Trust business.
C18	Enable all members of the population to access services equally and offer choice in access to services and treatment equitably	The Trust continues to work on strategies to ensure equal service across the West Midlands. This includes introduction of new Community First Responder (CFR) schemes.

Domain 6 – Care Environment and Amenities

C20a	Services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment	The Trusts Vehicle and Clinical Equipment WG ensure compliance with and improvement on, National Patient Safety Agency (NPSA) specifications for ambulances. Design approved by NPSA for inclusion in their national spec documentation.
C20b	Services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality	As above
C21	Services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained	Maintenance and cleaning schedules are in place and followed for vehicles.

Domain 7 – Public Health

C22 a&c	The Trust promotes, protects and demonstrably improves the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations	The Trust has been instrumental in the introduction of care pathways in partnership with other organisations. These include Falls, Mental Health and Stroke care pathways across the West Midlands
C22b	The Trust promotes, protects and demonstrably improves the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's Annual Report informs their policies and practices	The Trust is meeting with PCTs to explore opportunities to assist in service provision to these areas and includes actions to address specific health inequality issues in business planning.
C23	The Trust has systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans.	The Trust is actively involved in the collation of data to inform national programmes such as MINAP data for cardiac care pathways. Through promotion of Public Health agenda in WMAS press releases and through its healthy workforce programme.

WEST MIDLANDS AMBULANCE SERVICE NHS TRUST
Annual Health Check 2008-09

C24	The Trust protects the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services	<p>The trust actively participates in preparing for emergencies as an organisation and with other partner agencies.</p> <p>We have a regional major incident plan that describes how our resources will be used in the event of an emergency supported by clear command and control arrangements and procedures. Additionally we have some specific scenario plans which support the major incident plan (flu, CBRN , adverse weather).</p>
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