

**Healthwatch Worcestershire's response to the Quality Account (draft sent 16/04/2025) of the West Midlands Ambulance University NHS Foundation Trust (WMAS) for the year 2024/25**

Approved at the HWW Public Board Meeting on 22<sup>nd</sup> May 2025.

Healthwatch Worcestershire [HWW] has a statutory role as the champion for those who use publicly funded health and care services in the county of Worcestershire. Healthwatch Worcestershire welcomes the opportunity to comment on the West Midlands Ambulance University NHS Foundation Trust Quality Account [QA] for 2024/25. This has been another challenging year for providers of NHS services and Healthwatch Worcestershire acknowledges the effort and commitment of the staff at the Trust. We note WMAS is not commissioned to deliver Non-Emergency Patient Transport in Worcestershire.

We have used national Healthwatch England guidance to form our response below. We would make the following comments:

**1. Do the priorities of the provider reflect the priorities of the local population?**

**Progress against 2024/25 Improvement Priorities**

- **Mental Health**

We welcome the use of mental health nurses within the emergency operations centre. As stated last year we would support the use of mental health response vehicles where these have been commissioned by the ICB. It is again not stated whether Hereford & Worcestershire ICB has commissioned mental health response vehicles.

The report has indicated that WMAS has been successful in reducing High Intensity Service Users (HISU) demand and increased availability of appropriate care plan documents for HISU patients. We would be interested in seeing data to support this statement.

- **Patient Experience**

We welcome the implementation of a Patient Advisory Committee which meets quarterly, however, it is not clear how this committee will draw on individuals to gain representation from counties like Worcestershire and how this committee discussion informs WMAS policies and procedures. Evidence of changes made through this group would be helpful to understanding its impact on patient care and service delivery.

We note that complaints are less than last year and there has been an increase in the number of compliments received by the Trust.

We commend the Trust on the achievement within the three measures of success of the 2024/25 patient experience (FFT, Patient Advisory Group and learning outcomes from service delivery).

- **Patient Safety Incident Response Framework (PSIRF)**

It is not clear from the report what has been done to meet this priority. Surveys and focused groups of those who are involved in patient safety incidents have not occurred, due to the process being declined by the Working Group due to capacity. We would like the opportunity to see and comment upon the alternatives that are being considered.

There has been a transition from using Serious Incident Framework (SIF) to Patient Safety Incident Response Framework (PSIRF). As stated last year we would welcome a breakdown to see the impact in Worcestershire. It would also be of interest to see examples of how this process has improved patient safety and service delivery.

- **Ambulance Handover Delays**

As previously stated in our response to the 2023/24 Quality Account, the main feedback we continue to receive from patients and carers is around response times. For this reason, we welcomed the inclusion of Ambulance Handover Delays as an improvement priority.

Although much work has gone on in greater engagement with Acute Hospitals, ICBs and NHS England, and the shared learning that has gone on, delays during handover remain consistently high. WMAS reported delays significantly deteriorated in Dec 24 and Jan 25.

It is good to see the timeliness standards comparison table across the 6 ICS systems, unfortunately the sea of red paints a sadly familiar picture, by adding a national comparator would help with the context of this information.

Timeliness standards/response times is the highest complaint category – the metric most visible to the public. We note only 2 out of the six timeliness standards were achieved resulting in WMAS being rated with segmentation 2, what does this mean? Looking at the Operational Performance section of the report the size of the timeliness/response problem is clear across the West Midlands. It would be useful to have more commentary on explaining the key reasons for these performance targets e.g. what are the key areas that WMAS is working with the six ICS systems to improve response times?

The Call Before You Convey programme appears to be working, please tell us more about this. We understand that in Worcestershire there are specific teams meeting ambulances, one of their aims is to have a more efficient handover. Are there any other programmes (specifically in Worcestershire) that are in place to improve response times – as examples of reassurance that this remains a key objective for WMAS.

We note that WMAS has assessed their progress against the agreed priorities for 2024/25 and have confirmed those that it needs to continue to ensure a high-quality service is maintained and continues to improve. In deciding its quality priorities for 2025/26 for improving patient experience, patient safety and clinical quality, WMAS has stated that it has reviewed outputs from:

- Discussions with stakeholders
- Engagement events
- Compliments
- Complaints
- Incident reporting

We note that these outputs are regularly reviewed and have been used to identify causes and priorities for improvement. We would welcome more detail about how these events have improved patient experience, patient safety and clinical quality.

### **Improvement Priorities for 2025/26**

- **Hospital Handover Delays Reduction**

Following the publication of NHS England's priorities and operational planning guidance priority to improve A&E waiting times and ambulance response times. We support WMAS priority to reduce hospital handover delays by working towards delivering hospital handovers to under 15 minutes and a maximum of 45 minutes.

Delays during hospital handovers remains consistently high and has deteriorated in Dec 24 and Jan 25. What steps are WMAS going to take this year that will improve on these figures?

Hospital Handover Delays Reduction – a priority for improvement in 2025/26: clearly a need for this as a metric. With the existing background of achievement in mind will WMAS hit the Cat 1 achievement objectives for H&W ICS? Can we have some commentary on what else needs to change for WMAS to be on the right trajectory to meet this objective?

No mention is made of NHS England's 2025/26 priorities and operational planning guidance stated aims of improving "hear and treat" rates, increasing the proportion of category 2 calls, and ensuring all 3 and 4 calls are clinically navigated, validated and where appropriate triaged in ambulance control centres or in single points of access in line with existing guidance.

- **Clinical Practice and Supervision Review**

We support the aim of WMAS to directly link the Trust's advancing clinical practice arrangements to understand how this meets the needs of patients and staff moving forward. We also welcome the Trust's priority to review clinical audits to evaluate the effectiveness of the reviewed clinical supervision model. How will the stated aim of meeting the needs of patients be measured within this priority? The measurements

outlined within this priority seem to be action points to achieve the priority rather than methods of measurement.

- **Patient Experience to include Equality, Diversity and Inclusivity for Communities**

We support all plans to improve patient experience whilst using the services provided by the NHS, however it is unclear what WMAS is intending to do to meet and measure success in this priority area.

We would like more evidence of greater patient involvement. NHS England 2025/26 priorities and operational planning guidance stated aims of increasing its focus on listening to, learning from and working with patients, carers and communities to drive improvements in the experience of all people using the NHS.

- **Use of Alternative Pathways for Patients**

We support the use of a clinical validation team and use of call before you convey systems. However, this priority area outlines what WMAS is currently doing through signposting patients via “hear & treat” or “see & treat” to better navigate patients to appropriate services. As a priority area we would expect WMAS to outline how it is going to promote alternative pathways to patients. We would be interested to know how this is working within Worcestershire and how this compares with the other ICS areas?

## **2. Are there any important issues missed?**

The report states that 54% of staff stated that if a friend or relative needed treatment, they would be happy with the standard of care provided by the Trust compared to 55% in 2023. 52% said that care of patients is the Trust priority. We would like to see greater detail regarding any further investigation by the Trust to establish why these responses are so low and what action is being taken to improve them?

Page 22 refers to 99 of 1323 deaths or 7.5% were considered more likely than not, to have been due to problems in the care provided to the patient. What was learned and how did the system wide learning and safety actions prevent recurrence?

Page 23 Operational Performance – It is not clear to the reader what is meant by “Timeliness Standards” or “Achievement”, these titles should be clearly explained. We would also like to know what the Trust is doing to improve its Category 2 response times.

To help understanding the report needs an appendix that explains the acronyms used such as E&U, EOC and PTS.

As stated in our response last year there has been a reduction in some CQC ratings that have not been commented on in either the 2023/24 or 2024/25 Quality Reports. In the CQC report on 22<sup>nd</sup> August 2019 the Trust achieved an overall rating of “Outstanding” because of five domains achieving “Outstanding” grades. In the CQC report published 23<sup>rd</sup> February 2024 the Trust achieved an overall rating of “Good” with one domain rated

as “Outstanding”. In one domain “Is the Service Effective” the rating was downgraded to “Requires Improvement”. This was not commented on in either the 2023/24 or 2024/25 Quality Account. We look forward to seeing a report on the impact of this improvement plan in the 2025/26 Quality Report.

**3. Has the provider demonstrated that they have involved patients and the public in the production of the Quality Account?**

There is no clear evidence that patients and the public have been involved in the production of the Quality Account beyond the normal feedback gained from compliments and complaints received by WMAS. We are not aware of the extent of patient engagement by WMAS in Worcestershire but would welcome any contact with the Public Governor representing the county. The Patient Advisory Committee may have had a role in producing this set of Quality Accounts, however, this is not stated, clarification regarding this would be welcomed.

**4. Is the Quality Account clearly presented for patients and the public?**

The Summary Document that has been provided is a useful overview in an accessible format. It is expected that appropriate versions will be made available for those who need other forms of presentations.

On page 56 of the report readers are directed to access “Service-based Annual Reports 2024/25” which can be found on the WMAS website. We have attempted to access these reports, however, they don’t seem to be available for 2024/25.

As WMAS covers a number of counties across the West Midlands a breakdown summary would be useful. The patients, carers and service users across Worcestershire would benefit from being able to compare WMAS performance across the different geographies that make up the West Midlands.

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