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. The Trust has a dedicated high level working group who monitors and reviews high risk incidents indentified through complaints, claims, incident reporting etc to ensure actions are completed and the Trust continues to learn from experience. This element was subject to scrutiny by both the Healthcare Commission and NHSLA during 2008 and achieved positive results. WMAS works closely with all UK ambulance services to ensure analysis and learning takes place on a national level at least every 6 months.	**Compliant**
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 a 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.	**Compliant**
C2	The Trust 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 a single point of access advice and reporting system. The Trust has recruited a new safeguarding team who will liaise more closely with Local Safeguarding Boards.	**Compliant**
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.	**Compliant**
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. The Trust is unable to declare full compliance at this point as a comprehensive register of all Trust equipment is under development and as such full assurance of all training and maintenance checks being completed is not available.	**Insufficient Assurance (Compliant by Year End)**
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. Losses and breakages of drugs are closely monitored, investigated and actions are taken to reduce the likelihood of further incidence in accordance with Home Office guidance and Local Intelligence Networks (LINs) arrangements.	**Compliant**
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.	**Compliant**

Domain 2 – Clinical and Cost Effectiveness

C5a	Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals.	The Clinical team monitor NICE updates and ensure that all relevant guidelines are adhered to where relevant.	**Compliant**
C5b	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.	The Trust is currently implementing a new model of Clinical Supervision which is not expected to be fully operational across all areas of the Trust until June 2010.	**Insufficient Assurance**
C5c	Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.	There has been an increased focus on training during 2009 and all staff have either attended or are scheduled to attend training by the end of March 2010	**Compliant**
C5d	Healthcare organisations ensure 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.	**Compliant**
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 is evidenced by increased use of alternative care pathways to reduce the pressure on hospital A&E depts.	**Compliant**

Domain 3– Governance

C7 a&c	Healthcare organizations apply the principles of sound clinical and corporate governance; and undertake systematic risk assessment and risk management.	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.	**Compliant**
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 Healthcare Commission in July 2008 as compliant with this standard and has continued to develop the standard during 2009.	**Compliant**
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.	**Compliant**
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 2009.	**Compliant**

C8b	Healthcare organisations support their staff through having organisational and personal development programmes.	The Trust supports personal development through its CPD programme. There has been an increase in the number of staff receiving personal development reviews with their managers.	**Compliant**
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.	**Compliant**
C10a	The Trust undertakes all appropriate employment checks and ensures that professionally qualified staff are registered with the appropriate bodies.	All professional registration checks are performed prior to employment and there are strict systems in place for ongoing checking of professional registrations.	**Compliant**
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 2009	**Compliant**
C11a	Staff 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.	**Compliant**
C11b	The Trust ensures that staff participate in mandatory training programmes.	There has been an increased focus on mandatory training during 2009 and all staff have either attended or are scheduled to attend training by the end of March 2010	**Compliant**
C11c	Healthcare professionals participate in further profession**al and occupational development.**	The Trust has a comprehensive CPD programme in place which is tailored to individual needs and includes a focus on leadership skills.	**Compliant**
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.	**Compliant**

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. Complaints are monitored closely and concerns raised are dealt with quickly.	**Compliant**
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 (IG) legislation affirmed through IG Toolkit assessment.	**Compliant**

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. The Trust has not had any confidential data losses during this period.	**Compliant**
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.	**Compliant**
C14b	Systems are in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.	The handling of complaints is dealt with in accordance with NHS guidance and best practice. A Non Executive Director undertakes a 6 monthly audit of completed complaints investigations to ensure a fair and equitable process.	**Compliant**
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.	All of the above plus monitoring of high risk complaints by formal Director level review group with Non Executive Director for further scrutiny. Feedback questionnaires are sent to all complainants and are reviewed by the Patient Experience Team.	**Compliant**
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.	**Compliant**

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.	**Compliant**
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.	**Compliant**

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 specification documentation.	**Compliant**
C20b	Services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.	As above.	**Compliant**
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.	**Compliant**

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	**Compliant**
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.	**Compliant**
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. WMAS promotes the Public Health agenda through press releases and though its healthy workforce programme.	**Compliant**
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.	The trust actively participates in preparing for emergencies as an organisation and with other partner agencies. There is a Regional Major Incident plan that describes how resources will be used in the event of an emergency supported by clear command and control arrangements and procedures. Specific scenario plans support the major incident plan (flu, CBRN, adverse weather).	**Compliant**