West Midlands Ambulance Service
University NHS Foundation Trust

**Annual Report
and Accounts**
1st April 2018—31st March 2019

**West Midlands Ambulance Service University
NHS Foundation Trust**

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1st April 2018 — 31st March 2019**

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(a) of the National Health Service Act 2006**

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A Message from the Chairman

I made a comment in last year's Annual Report in relation to how I always look forward to having the opportunity to make my contribution to the Annual Report.

I should have also said how quickly that opportunity seems to present itself in an organisation that is so dynamic with so much happening and no two days activities ever the same.

When I talk to people in the Service there are two issues that come up time after time. One is the concern that staff has for the patients and how our care for them can be improved, and the second one is that they find that in a challenging job that deals with such a wide range of incidents and is so busy that time passes so quickly. I have never heard any member of the West Midlands Ambulance Service say that they were suffering from boredom or that they were not proud to be a member of such a highly respected Service.

Members of the Service are modest about their achievements and even when they have done a magnificent job under the most difficult and sometimes dangerous conditions, they will dismiss it as "I was only doing my job."

This year has been one of maximum exposure for the Service when, due to the excellent coverage provided through a number of high profile television programmes, the public have been made aware of the true level of care and compassion the Service provides. Many organisations would have had some concern to have such a depth of scrutiny applied to them, but we had nothing to fear.

The standing and status of the West Midlands Ambulance Service increased with each programme and the public gained a true understanding of the professional standard of care that members of the Service deliver to our patients.

Our Annual Report has to contain the information about the Service required by law and thus it contains a lot of figures and data relating to matters such as finance, performance and clinical statistics all of which we can be proud of as they relate to a successful year for the West Midlands Ambulance Service. They are not the stuff that would excite a television producer. They do, however, ensure that readers of the report are aware of all the hard work and dedication that everyone in the Service carries out to ensure that we can expose the West Midlands Ambulance Service to the full glare of the TV cameras in the knowledge that they will report on a Service that we can all be justifiably proud of.

Sir Graham Meldrum. CBE OStJ
Chair, West Midlands Ambulance Service University NHS Foundation Trust
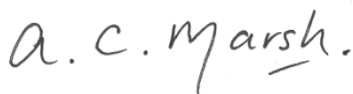
Chief Executive Review

There is no doubt that 2017-18 was tough due to the extended period of cold weather – who can forget the Beast from the East! Last year, 2018-19, our challenge was heat; weeks of warm weather added to which we had a World Cup and a successful England campaign. While that brought a huge amount of positivity, it also resulted in a very significant rise in demand. Thankfully, the winter proved to be much kinder than previous ones, but despite that, demand continued apace, with January 2019 one of our busiest months ever. Throughout it all, our Service has continued to do everything possible to make sure patients received the care we would all want for our loved ones.

The reason we coped so well is in no small part down to the extraordinary lengths that our staff went to. I also want to pay tribute to the many volunteers that support us, be they Community First Responders, the two local air ambulance charities (Midlands Air Ambulance and The Air Ambulance Service), British Association for Immediate Care (BASICS) doctors and groups such as Severn Area Rescue; they were all superb. The Annual Report gives me the opportunity to formally thank everyone who has helped the Trust – I truly am most grateful for your support.

I suspect you will not have missed the media coverage of the challenges our crews face trying to hand over their patients at some A&E Departments. The number of occasions this has happened has almost doubled in the last 12 months. I am fully aware of just how hard our colleagues in hospitals are working as they too have had to deal with levels of demand it would have been hard to imagine. However, the handover delays bring very considerable concerns. Whilst they result in poor patient experience for those waiting in hospital corridors, or indeed on the back of our ambulances, the real concern is those patients who we have not yet been able to reach. We are committed to working with partners to find solutions. Despite the challenges we have faced, the last 12 months have also seen many successes, including becoming the first university ambulance service in the country, which not only recognises the important part education plays in the training of our staff but also provides us with an opportunity to develop our role in pre-hospital research.

We continue to be the best performing Ambulance Trust in the country which is in no small part down to us having a paramedic on every vehicle, something no other ambulance service comes close to achieving. The benefits are clear: more patients treated at the scene, many more taken to alternative centres of care, all resulting in fewer being taken to A&E. In addition, we have maintained our position as the only ambulance service with no frontline vacancies – last year we took on over 300 new frontline staff. We have one of the lowest sickness rates anywhere in the NHS and I am also pleased to report that our commitment to staff welfare has been stepped up with additional support for their mental wellbeing, which is just as important as their physical health. We have also seen continued improvements in our national staff survey responses.

Our continued investment in frontline services means the future looks very bright for our organisation. I look forward to working with colleagues and volunteers to ensure the Trust continues to provide the very best patient care to our communities. I firmly believe that the public of the West Midlands should be justifiably proud of the team that protects them.

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Anthony C. Marsh
Chief Executive Officer

Performance Report 2018-19

Overview of Performance

This section includes a Summary of the Trust's Performance in 2018-19 from the Chief Executive, a brief history of the Trust, the areas it covers, the services provided, and the Vision and Values of the Trust.

The Chief Executive's Summary of Trust Performance in 2018-19

When I look back at the last two years, they could not have been more different in some respects; in others they were incredibly similar. In 2017-18, we faced extremes of temperature – who can forget the 'Beast from the East'. It resulted in our busiest day ever with over 5,000 999 calls. Move on a few months into the last year and we were faced with the opposite – temperatures into the mid 30s degrees Celsius and wall to wall sunshine. Throw into the mix an incredibly successful World Cup for England's football team and you can see that it was very similar with demand higher than it has ever been. Despite the considerable challenge, our staff rose to the task and continued to provide excellent care to the thousands of patients who called on our services every week.

The decision the Board of Directors made some years ago to work towards having a paramedic on every vehicle has proved to be a wise one. We have now seen this aspiration become a reality. When I look around the country, we are far beyond any other service in this regard. As well as providing excellent clinical care, it has helped us maintain our drive to reduce the number of patients being taken to A&E Departments. It has also made us the most efficient Trust in the country which in turn allows us to invest even more money in patient care.

Training of staff is a central plank of our plans to keep the Trust at the forefront of ambulance services. Once again, over 99% of frontline staff received their update training in 2018-19, the highest level in the country. Over 97% of our staff also received a personal development review with their line manager.

It for these reasons that I was particularly proud to be able to attend a ceremony in the Autumn when we were able to announce that we had become the first University Ambulance Service in the country. For a number of years, we have worked increasingly closely with the University of Wolverhampton, developing their student paramedic course as well as other developmental courses for managers in areas such as emergency preparedness. I am therefore delighted that this partnership has developed further such that the Trust recognised its educational focus by changing its name, after a public consultation, becoming 'West Midlands Ambulance Service University NHS Foundation Trust' on 1st November 2018. I am delighted to say that we are in the process of further developing this programme with formal links to all of the universities that we work with in the West Midlands: Coventry; Staffordshire; Worcester; and Warwick. These links undoubtedly demonstrate our commitment to the education of our workforce and I fully expect these links to result in further research and development in many areas of pre-hospital medicine.

I am pleased that the investments we have made providing additional support have borne fruit. Taking on two physiotherapists has reduced the number of staff who report musculoskeletal injuries; by taking on two psychotherapists, we hope to provide a similar improvement in the support that we provide to staff and their mental wellbeing. These developments along with other campaigns that have seen us become a national exemplar in regard to Health & Wellbeing have contributed to a reduction in the number of staff leaving. We have also seen a record number of staff take part in the National Staff Survey and produce better results than ever before. While there are still areas to address, the improvements are notable. I firmly believe that these areas of work have enabled us to continue to have the lowest sickness rate of any ambulance service and one of the lowest levels in the NHS.

There are a number of things that make us such a strong organisation. The most important is our staff who continue to show great strength under the never ending pressure that we now face. This is as true of those who work on the front line, be it in the emergency and urgent service or our non-emergency patient transport service; as well as those in our control rooms who take calls and dispatch the vehicles. However, I also want to pay tribute to the work of the many staff who support those roles, the people who enable those staff to carry out their vital roles. I am thinking of our mechanics, those that prepare the vehicles and our education and training department, but also the key 'back office' functions who make sure the organisation works effectively and efficiently such as those in finance, IT, workforce, recruitment, supplies and distribution, and communications. They may not be as high profile but they play a vital role nonetheless.

The West Midlands is second only to London as far as cultural diversity is concerned. While we have continued to make progress in creating a workforce that is representative of the people we serve, there is more to be done and we will re-double our efforts during the coming months.

It is only just over a year since we were all horrified by the terrorist attacks in London and Manchester. It is therefore vital that we remain vigilant and ready to deal with any such atrocity in this region. As an organisation we are determined to be as ready as we can be, so we continue to train large numbers of staff to be able to work in these challenging situations and deal with the potential horrors that could be visited on our region.

Over recent months, the finances of the NHS have hit many national headlines; new money for the NHS to celebrate the 70th anniversary of its creation; the 10 year plan. However, throughout all of this, all NHS Trusts continue to face a tough financial climate. This often results in difficult and unpalatable decisions, but as an organisation that is committed to investing the maximum amount in our frontline services, we will continue to face those challenges head on and make the necessary changes to ensure we continue to provide the highest standard of clinical care to our patients. With these commitments we were not only able to maintain our performance at high levels but also achieve our required Financial Control Total, thereby meeting all of our required financial duties.

NHS Improvement continued to rate our financial stability as being of the highest order as we continued to be placed in Segmentation 1 of their rating. There are literally only a handful of NHS organisations that are both rated as 'Outstanding' by the Care Quality Commission (CQC) and in Segmentation 1.

To conclude, I am confident that we are in a strong position to continue to provide world class services to our patients by recruiting, developing, training and supporting our staff to be the very best that they can be.

About the Trust

West Midlands Ambulance Service became an NHS Foundation Trust on 1st January 2013 following authorisation by the regulator and received its licence as a health service provider in April 2013. On 1st November 2018, we became the first University Ambulance Service in the country after a Memorandum of Understanding was signed with the University of Wolverhampton. Following a public consultation, the name of the Trust was changed to West Midlands Ambulance Service University NHS Foundation Trust.

The former West Midlands Ambulance Service NHS Trust was created on 1 July 2006 with the amalgamation of the original West Midlands Ambulance Service NHS Trust, Coventry and Warwickshire Ambulance NHS Trust and Hereford and Worcester Ambulance Service NHS Trust. Staffordshire Ambulance Service NHS Trust joined in October 2007.

The Trust has a budget of approximately £280 million per annum. It employs over 5,000 staff and operates from 15 operational hubs and 20 community ambulance stations together with other bases across the region. The maximum age of the operational fleet continues to be no more than five years old. In total the Trust utilises over 850 vehicles including ambulances, response cars, non-emergency ambulances and specialist resources such as major incident assets and helicopters.

There are two Emergency Operations Centres, located at Tollgate in Stafford and Brierley Hill in Dudley, taking almost 4,000 emergency '999' calls on average each day.

The Trust is supported by a network of volunteers. More than 500 people from all walks of life give up their time to become Community First Responders (CFRs). CFRs are always backed up at the incident location by ambulance service clinicians, but there is considerable evidence that their early intervention in life critical emergency situations saves lives; there are many people in our communities alive today because of the work of these volunteers.

The Trust is also assisted in its work by voluntary car drivers, BASICS emergency doctors, water-based rescue teams and off-roading (4 x 4) organisations. Midlands Air Ambulance and the Warwickshire and Northamptonshire Air Ambulance also play a crucial part in responding to patients.

Geographical Area and Population

The Trust serves a population of 5.6 million who live in the areas of Herefordshire, Worcestershire, Shropshire, Coventry, Warwickshire, Staffordshire, Birmingham, Solihull and the Black Country conurbation. The West Midlands is located in the heart of England, covering an area of over 5,000 square miles, of which 80% is rural landscape.

The West Midlands is an area of contrasts and diversity. It includes the second largest urban area in the country, covering Birmingham, Solihull and the Black Country where 43% of the population live. Birmingham is England's second largest city and the main population centre in the West Midlands, second only to the capital in terms of its ethnic diversity, which makes it vital that we work closely with the many different communities we serve, listening and responding to their suggestions and comments to ensure that our service meets the needs of everyone in the region.

The region is also well known for some of the most remote and beautiful countryside in the country including the Staffordshire Moorlands and the Welsh Marches on the border of Herefordshire and Shropshire with Wales.

Services Provided

The Trust provides out of hospital clinical triage, advice, assessment and treatment to patients who dial 999 and, where the clinical need arises, conveys patients to hospital or the most appropriate alternative destination for definitive treatment. The portfolio of Trust services includes:

- **Emergency and Urgent (E&U) Services**

This is the best known part of the Trust and deals with the emergency and urgent calls. This service is directed from the two Emergency Operation Centres (EOCs) at Brierley Hill near Dudley, and Stafford which answer and assess these calls. EOC will then send the most appropriate ambulance response to the patient or reroute the call to a Clinical Support Desk staffed by experienced paramedics. Where necessary, patients will be taken by ambulance to an Accident and Emergency Department or other NHS facility such as an Urgent Care Centre or Minor Injuries Unit for further assessment and treatment. Alternatively, they refer the patient to their GP. Emergency and Urgent (E&U) services are provided from 15 strategically located 'hubs' across the West Midlands which are supported by 20 'Community Ambulance Stations' (CASs).

- **Non-Emergency Patient Transport Services (NEPTS)**

The Trust is contracted to collect patients from their place of residence and convey them to hospital or treatment centre within pre-agreed parameters of out-patient appointment time. PTS staff will then carry out the return journey on completion of the appointment. There is also a high level of discharge, High Dependency and inter hospital transport activity which is serviced by NEPTS and has a direct impact upon hospital patient flows and throughput.

In many respects, this part of the organisation deals with some of the most seriously ill patients and crews are trained as patient carers. They transfer and transport patients for reasons such as hospital appointments, transfer between care sites, routine admissions and discharges and for continuing treatments such as renal dialysis. The Patient Transport Service has its own dedicated control rooms to deal with over one million patient journeys annually. Contracts are mainly for patients within the West Midlands region, but since the summer of 2016 the Trust has also been contracted to provide services for patients in Cheshire.

- **Emergency Preparedness**

This is a small but vitally important section of the organisation which deals with the Trust's planning and response to significant and major incidents within the region as well as providing support for large gatherings such as football matches and festivals. It also aligns all the Trust's Specialist Assets and Operations into a single structure. Such assets include the staff, equipment and vehicles from the Hazardous Area Response Team (HART), Air Operations, Decontamination Staff and the Mobile Emergency Response Incident Team (MERIT). The department arranges ongoing training for staff and ensures the Trust understands and acts upon intelligence and identified risk to ensure the public are kept safe in the event of a major incident.

- **Commercial Call Centre**

The Trust's Commercial Call Centre offers message handling for NHS, public sector and private sector clients, including GP in hours call answering, Public Health England, National Burns Bed Bureau and a number of specialist medical equipment providers (bariatric and wound management). In addition, we provide safeguarding call handling and referral services to a County Council and PTS and Healthcare Logistics out of hours cover.

- **Healthcare Logistics**

The Logistics and Courier Transport Services provide a wide range of services for mainly NHS customers, including clinical waste and mail collection, medical forms and supplies deliveries, specimen collections, patient and staff transport services.

- **Audit services**

The Trust hosts an Internal Audit Consortium which provides a range of audit services including internal audit, counter fraud, security management, risk management, specialist IT audit and management consultancy such as project management to the Trust, other NHS organisations in the West Midlands and East Anglian regions and Local Government bodies.

Vision and Values

Our Vision

> **"Delivering the right patient care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies"**

The vision of West Midlands Ambulance Service University NHS Foundation Trust places the patient at the centre of everything we do and provides a focus through which we deliver safe, high quality patient care and treatment, underpinned by sound values and commitment to collaborative working with staff, members, volunteers and stakeholders.

Our Values

World Class Service

- Deliver a first class service, responsible to individuals' needs
- Recognise and celebrate good performance by our staff
- Strive to maintain a positive, safe, supportive and enjoyable work environment for all staff
- Use our resources carefully, making sure that we provide the most cost-effective high quality service
- Be trustworthy and consistently deliver on our promises

Patient Centred

- Provide the highest quality service and care for our patients and their relatives within the available resources
- Every member of staff will help to improve patient care, either directly or indirectly
- Listen and respond to carers and staff
- Learn from our successes and our mistakes and work to improve our service to patients at all times
- Encourage staff to use their experiences to help develop the Trust and the services it provides to patients
- Observe high standards of behaviour and conduct, making sure we are honest, open and genuine at all times, and are ready to stand up for what is right

Dignity and Respect for All

- Show understanding of and respect for each other's roles and the contribution each of us makes to the organisation
- Listen to and take on board the views, ideas and suggestions of others

Skilled Workforce

- Recognise that our staff are our most valuable asset
- Recognise and encourage the contribution and personal development of individuals
- Ensure that we, through our good working practices, retain and recruit staff of the highest quality
- Encourage and support all staff in their personal development and training to increase and maintain their high levels of competency, skills and professionalism to meet their full potential regardless of role

Teamwork

- Our staff work closely with colleagues of all levels
- Our staff make their views known and have them taken seriously
- Promote teamwork and take a genuine interest in those whom we work with, offering support, guidance and encouragement when it is needed
- Inspire each other to work together to create better services for our patients

Effective Communication

- Open and honest in our communication with each other and with those outside the organisation
- There is a two way flow of communication throughout the organisation
- Plan our services and generate new ideas for service improvements in partnership with staff, patients and the community
- Respect confidential and personal information about patients, their relatives and colleagues.

Key issues and risks

This section covers the current issues and risks in delivering the objectives, and also contains the 'Going Concern' disclosure

Key issues and risks that could affect the Trust in delivering its objectives

Risk management is a key component of enhancing patient care and is a central part of the Trust's strategic management. It is the process whereby the Trust methodically addresses the risks attached to its activities with the goal of achieving sustained benefits to patient care and to the strategic agenda, within each activity and across the portfolio of all Trust activities. The focus of risk management at the Trust is the identification and treatment of risk.

The Trust Risk Register identifies and assesses risks at two levels:

Level 1	**Significant Risks** - Those risks that have major implications across the whole of the Trust and could prevent the Trust achieving its Strategic Objectives (High risks that are assessed by the Executive Management Board and/or the Quality Governance Committee as 'significant' and are accepted by the Board of Directors as such).
Level 2	**Operational Risks** - Risks identified and managed by the various Directors and Managers, and through sub-committees and working groups.

The Board of Directors acknowledges its responsibility to monitor the implementation and progress of risk management across the Trust's activities. The Board of Directors monitors the Trust's significant risks and gains assurance through the Board Assurance Framework that those risks are being correctly identified and managed.

The Trust's significant risks **currently are**:

Significant Risk 1: Failure to achieve Operational Performance Standards	
Resulting in:	The Trust fails to meet the national and locally set standards for responding to emergency and urgent calls resulting in delay to patient care, loss of reputation and possible financial penalties

Significant Risk 2: The Trust fails to manage its finances appropriately	
Resulting in:	The inability to meet financial obligations and maintain financial control e.g. EBITDA and cash flow to maintain a safe and effective Service.
Significant Risk 3: The Trust fails to comply with the Regulatory Body Standards and Quality Indicators	
Resulting in:	Non-compliance with the Care Quality Commission Standards and/or with the Regulator's compliance framework e.g. Single Oversight Framework which could result in failure to comply with Trust Licence conditions, and reputation damage as a quality provider.

These risks are regularly monitored and are reported at the highest level of the organisation. Each risk has a detailed list of current controls and mitigating actions.

Current Issues which could affect the delivery of Trust objectives include:

- Deterioration in the financial position of the NHS nationally
- Significant increases or decreases in E&U demand month on month
- Failure of hospitals to ensure effective hospital handover
- Failure of hospitals to ensure that any reconfiguration of Hospital Services is fully discussed and any ambulance resource requirements are fully funded

Directors' Conclusion on the Assessment of Going Concern

At the meeting of the Trust's Audit Committee on the 20 March 2019 a detailed discussion took place on the application of the Going Concern Concept to the Trust.

Taking account of the recommendation of the Audit Committee, and after considering the current financial and operational position of the Trust, the Directors at the meeting of the Board of Directors held on 27 March 2019 approved a resolution that there are **no material uncertainties** that may cast **significant** doubt about the Trust's ability to continue as a going concern and therefore there is a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, the Board of Directors continue to adopt the Going Concern basis in preparing the accounts for 2018-19.

Performance Analysis

This section contains an explanation of the performance measurements that the Trust uses and includes an overview of the Trust's policy on the Data Quality that is used to measure performance.

Performance Measures

Emergency and Urgent Service

The Trust is measured nationally against the following **operational standards for the E&U Service**:

Ambulance Response Programme

2018/19 represents the first full year of operation since the national roll-out of the metrics under the Ambulance Response Programme (ARP).

The key focus of the Trust in these changes has been to ensure that each patient where "Hear and Treat" isn't appropriate receives an Ambulance response where a double staffed Ambulance with at least one paramedic on board, arrives at the scene in the quickest time possible. This mode of operation has proven efficient, provides excellent quality and provides operational stability despite significant demand growth.

The detail of the new measures implemented from September 2017 is documented in a significant NHS Executive (NHSE) guideline release, which defines each response standard and the detail of the reporting requirements. These response standards were brought into being incrementally across the country from September 2017 in shadow-form and reported centrally, with the new performance standards becoming live from April 2018 onwards.

The Trust was able to report in 2017/18 that in all of the four categories, we were exceeding the national standards at a mean average, and 90th centile. Our operational achievements have continued throughout 2018/19 and we remain the only ambulance service in England that consistently meets all of the new standards.

The following standards have been measured from September 2017 onwards:

Ambulance Response Programme 2.3 Standards

999 Category 1 Mean	7 minutes
999 Category 1 90th Percentile	15 minutes
999 Category 2 Mean	18 minutes
999 Category 2 90th Percentile	40 minutes
999 Category 3 90th Percentile	120 minutes
999 Category 4 90th Percentile	180 minutes

Where:

999 Emergency Call - Category 1 is:	**Life Threatening -** Time critical life-threatening event needing immediate intervention and/or resuscitation.
999 Emergency Call - Category 2 is:	**Emergency -** Potentially serious conditions that may require rapid assessment, urgent on-scene intervention and/or urgent transport.
999 Emergency Call - Category 3 is:	**Urgent -** Urgent problem (not immediately life-threatening) that needs treatment to relieve suffering.
999 Emergency Call - Category 4 is:	**Non Urgent -** Problems that are not urgent but need assessment.

Ambulance Quality Indicators

National Audits

Ambulance Services are not included in the formal National Clinical Audit programme, however, during 2018/19 the Trust participated in the following National Ambulance Clinical Quality Indicators Audits:

1. **Care of ST Elevation Myocardial Infarction (STEMI)**
   This is a type of heart attack that can be diagnosed in the pre-hospital environment. Patients diagnosed with this condition are often taken directly to specialist centres that can undertake Primary Percutaneous Coronary Intervention (PPCI).

   Audit Element
   Percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the Trust during the reporting period.

2. **Care of Stroke Patients**
   A stroke is a brain attack. It happens when the blood supply to part of your brain is cut off. Blood carries essential nutrients and oxygen to your brain. Without blood your brain cells can be damaged or die. A stroke can affect the way your body works as well as how you think, feel, and communicate.

   Audit Element
   Percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the Trust during the reporting period.

> **Face –** can they smile or does one side droop? **Arms –** Can they lift both arms or is one weak? **Speech –** is their speech slurred/muddled? **Time to call 999.**

3. **Care of Patients in Cardiac Arrest**

   In patients who suffer an out of hospital cardiac arrest the delivery of early access, early CPR, early defibrillation and early advanced cardiac life support is vital to reduce the proportion of patients who die from out of hospital cardiac arrest. The Trust provides data to the Out of Hospital Cardiac Arrest Outcomes Registry.

   Audit Element
   Percentage of patients with out of hospital cardiac arrest who have return of spontaneous circulation on arrival at hospital and patients that survive to hospital discharge.

4. **Sepsis**

   Sepsis is a serious complication of an infection. Without quick treatment, *sepsis* can lead to multiple organ failure and death.

   Audit Element
   Percentage of patients where observations were assessed, oxygen administered where appropriate, fluids administration was commenced and recorded, and a Hospital pre-alert was recorded.

Plus the following National Clinical Audit included within STEMI above:

5. **Myocardial Infarction National Audit Programme (MINAP)**

   In patients diagnosed with STEMI it is important to get them to a Primary Percutaneous Coronary Intervention (PPCI) centre as quickly as possible - MINAP records the time that the PPCI balloon is inflated by the hospital.

   Audit Element
   The Trust measures 999 Call to catheter insertion by the mean and 90th percentile.

The reports of the National Clinical Audits were reviewed by the Trust in 2018-2019 and the following actions are intended to improve the quality of healthcare provided for patients:
   - Communications including compliance with indicators through the Trust "Weekly Briefing" and "Clinical Times"
   - Development of Electronic Patient Record reporting to enable real time auditing.
   - Development and review of individual staff performance from the Electronic Patient Record.

Local Audits

The reports of two local clinical audits were reviewed by the Trust in 2018-2019.

Examining the Management of Paediatric Pain in the Pre-Hospital Environment

Pain management is one of the most common symptoms that confronts the ambulance practitioner every day. It affects all age groups and ethnic backgrounds. Controlling pain is essential, not only for humanitarian reasons, but for the ambulance practitioner to be able to assess the patient and also the controlling of pain may prevent the patient's condition from deteriorating. Children are a specialist group to manage and have differing needs to the adult patient. Their ability to understand and cope with pain varies greatly with age.

Audit Element
Examine the standards in order to improve the clinical care provided to the paediatric patient in pain.

Patients Discharged at Scene

The Trust recognises that ambulance staff need support when making decisions on discharging patients at scene. Currently there is little advice contained within the UK Clinical Practice Guidelines to assist staff in making these decisions from an evidence base. Therefore, the Trust developed the internal Non-transportation and Referral Policy for staff to ensure there is a system in place for the safe discharge of patients. The Non-transportation and Referral Policy is the first step in improving the safety of patients left at home through:
1. Safety Netting
2. Introducing a repeatable process that works in the operational arena
3. Referral to alternative pathways, increasing the aim of improving safe care closer to home
4. Processes to ensure all decisions/actions are recorded and monitored

Audit Element
Identify whether the Non-transportation and Referral Policy enhances/makes a difference to patient safety and the delivery of appropriate patient care.

Non Emergency Patient Transport Services

The Trust operates a number of Patient Transport Service contracts, each of which has its own set of performance measures and thresholds for achievement. The ability to meet targets and patients' needs relies significantly upon careful scheduling to ensure that patients' journeys are completed swiftly and efficiently. All contracts have a set of standard measures in relation to punctuality both before and after hospital appointments.

Data Quality Policy

The Trust recognises that data quality is crucial to the delivery of fast and effective service provision. Complete, accurate and timely data is important in supporting care delivery, clinical governance, management of information, clinical audit and achieving service targets.

The effective use of performance information depends on data that is robust and accurate. Sufficient high quality information must be available to allow confidence that performance is tracked and, in particular, that the quality of key data entered by all control rooms across the region is monitored to ensure compliance with national and local requirements.

There are a number of specific reports available on the Trust's report portal, ORBIT, which the Emergency Operations Centre and operational managers can use to improve data quality. Additionally, a suite of automated data quality reports are circulated routinely to managers to help monitor data quality.

Examples of data quality checks include Routine/Referral categorisation and the triggers for clock starts

The Trust has a formal Data Quality Policy. The Quality Governance Committee has responsibility for reviewing and endorsing it, and both Internal and External Audit review internal controls and undertake testing of data produced.

Performance Achievement

This section shows the achievements during 2018/19 in Operational, Clinical and Financial performance and also includes the Business Plan targets. Information about Trust policies regarding environmental impact, social & human rights issues and any significant events that have taken place since the end of the financial year are also included.
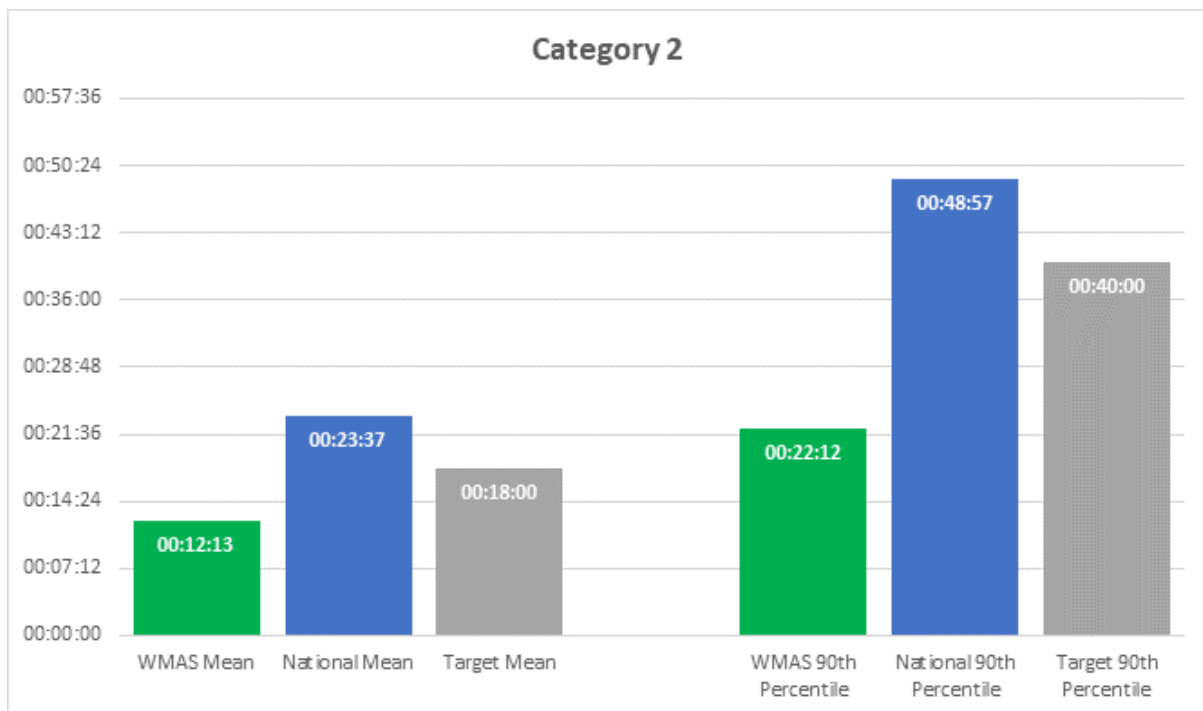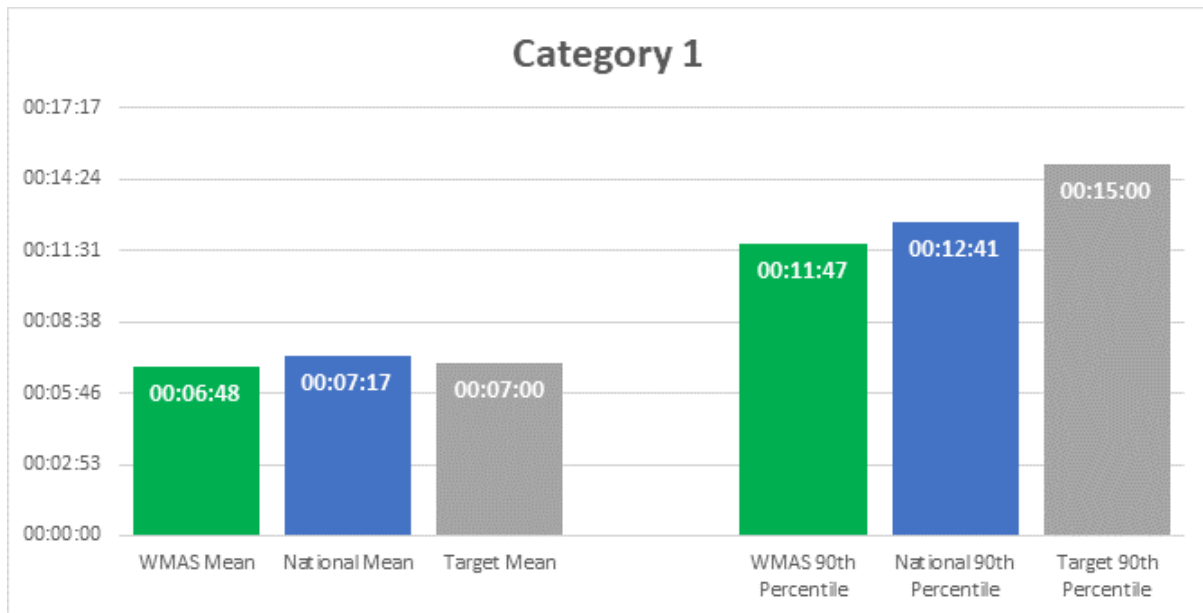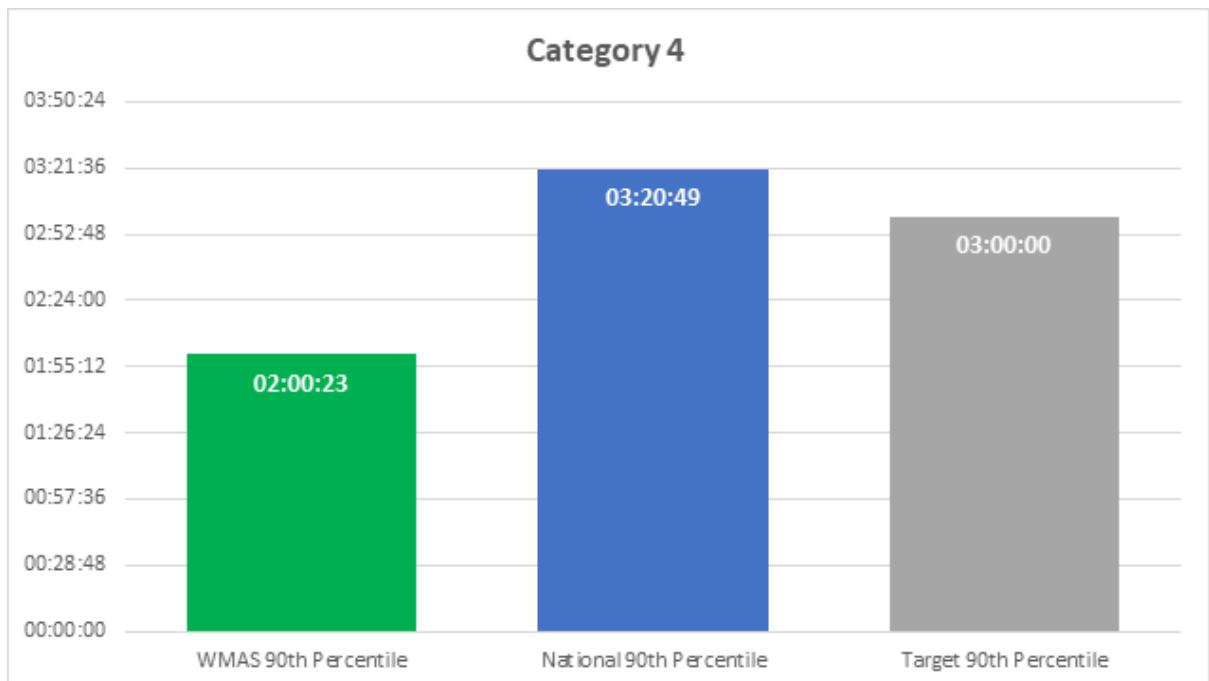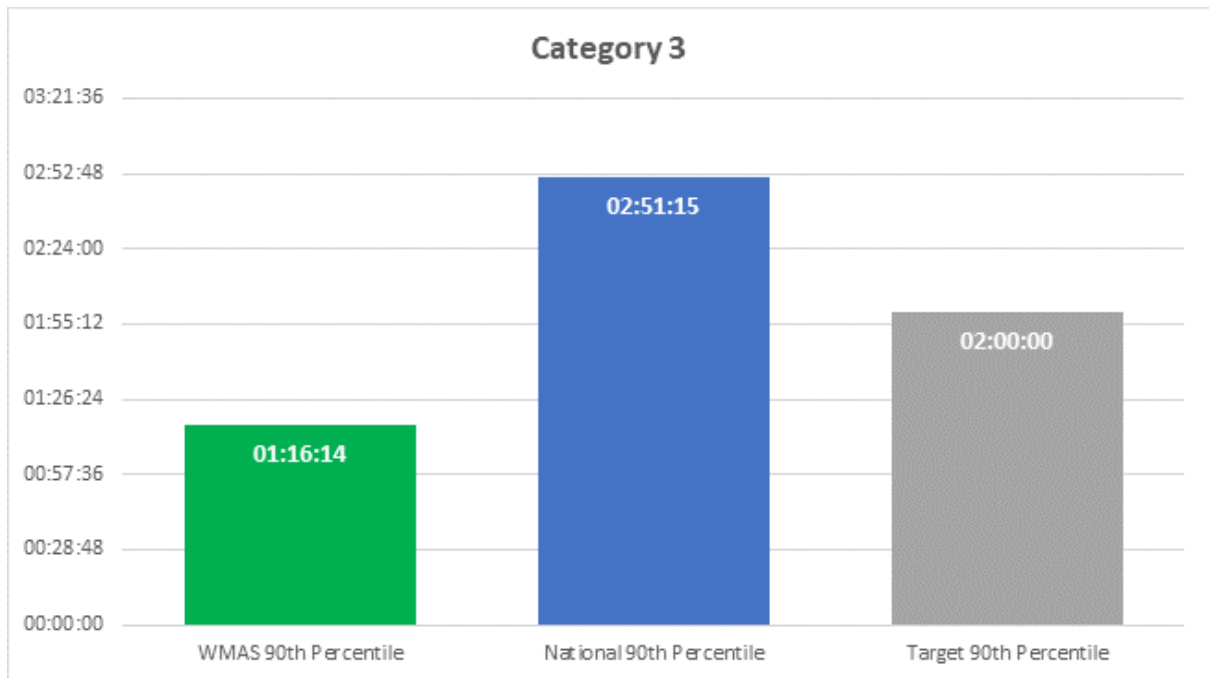
Operational Performance

This has been another exceptionally busy year. In 2017/18, for the first time, we received over a million calls. In 2018/19 we have seen a further 4% increase in demand. Despite this, we have continued to deliver care and performance that is outstanding. Whilst the pressures that our staff work under continue to increase, our response times continue to be the best in the country.

Several national reports have confirmed WMAS as leading the ambulance sector, such as Lord Carter's Review into unwarranted variation in NHS Ambulance Trusts, in which WMAS is cited as one of the most efficient services. The Variation in Non-conveyance Research Study was published in June 2018; most of the recommendations within this report are already adopted within the West Midlands. The Trust's consistent achievement as one of the top three Trusts in the country for non-conveyance is underpinned by making best use of alternative pathways where available and providing self-care advice.

The table and charts below show the Trust's operational performance for 2018-19 under the new Ambulance Response Programme 2.3 standards.

Category	Performance Standard	Achievement (WMAS)
Category 1	7 Minutes mean response time	6 Minutes 48 Seconds
	15 Minutes 90th Percentile response time	11 Minutes 47 Seconds
Category 2	18 minutes mean response time	12 Minutes 13 Seconds
	40 minutes 90th Percentile response time	22 Minutes 12 Seconds
Category 3	120 minutes 90th Percentile response time	76 Minutes 14 Seconds
Category 4	180 minutes 90th Percentile response time	120 Minutes 23 Seconds

Category 1

	WMAS Mean	National Mean	Target Mean	WMAS 90th Percentile	National 90th Percentile	Target 90th Percentile
	00:06:48	00:07:17	00:07:00	00:11:47	00:12:41	00:15:00

Category 2

	WMAS Mean	National Mean	Target Mean	WMAS 90th Percentile	National 90th Percentile	Target 90th Percentile
	00:12:13	00:23:37	00:18:00	00:22:12	00:48:57	00:40:00

A19

Category 3

	WMAS 90th Percentile	National 90th Percentile	Target 90th Percentile
	01:16:14	02:51:15	02:00:00

Category 4

	WMAS 90th Percentile	National 90th Percentile	Target 90th Percentile
	02:00:23	03:20:49	03:00:00

Clinical Performance

The Quality Account, which is included in full from page Q1 onwards, is a yearly report that highlights the Trust's progress against quality initiatives and improvements made over the previous year. The achievements against clinical performance targets and objectives are detailed within the Quality Account.

Since the completion of the Ambulance Response Programme Trial, of which WMAS was a key player, a set of new targets has been rolled out through the country. 2018-19 marks the first full year since implementation. NHS England collate and monitor information relating to the national Ambulance Quality Indicators, incorporating both system indicators and clinical outcomes, the results of which are published on their website:

https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/

Business Plan Objectives

The Trust's Strategic Plan sets out four priorities which are aligned to the overarching Strategic Objectives. The delivery of these is monitored through the implementation plans of a suite of enabling strategies. A high-level summary of achievement of these is provided below.

Strategic Priorities	Key Achievements
Business As Usual	- Achievement of all national performance standards - Achievement of most locally agreed targets (with the exception of two of the Commissioning for Quality and Innovation (CQUIN) targets, as explained below) - Efficient use of resources (recognition in Lord Carter's review of ambulance service efficiency as being the most efficient Trust in the country) - Continued optimum rate of response per incident - Operational skill mix continues to meet demand profile - Technology and use of information: - Successful bid to become a Global Digital Exemplar - Full analysis of roster arrangements continues to ensure the most efficient and effective roster to meet patient need - Full training of staff in the use of Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) - Implementation according to local commissioner readiness - Introduction of Child Protection Information System - Implementation of National Early Warning Score2 (NEWS2) as a feature of the electronic patient record - Full implementation of the national Learning From Deaths Framework - Locally definable clinical guidelines available to staff through the electronic patient record system
New Models of Care	Implementation of Strategic Capacity Cell to provide high level oversight, support and intervention whilst crews on scene with patients to ensure the optimum treatment and conveyance outcome. This level of strategic intervention ensures intelligent conveyance,

	according to the level of escalation of health providers throughout the region. • Enhanced tools and information available to crews whilst on scene (through electronic patient record); delivery of most appropriate care pathways to suit patient needs • Improvement in all care bundles, as measured by national ambulance quality indicators • Specialist community based models (e.g. Mental Health triage teams) • Continued use of CCTV and telematics system on emergency fleet • All Paramedic staff on Air Ambulance aircraft trained to Critical Care Practitioner status • Successful involvement in large research projects • Development of an alliance with two other ambulance Trusts to share best practice, work collaboratively and improve resilience

Prevention	• Health promotion:
	   o Making Every Contact Count
	   o management of high volume service users
	   o implementation of ReSPECT
	• Active development of Community First Responders in targeted rural areas
	• Restart a Heart Day in October 2018 within schools and communities – more than 30,000 young people trained
	• Education and Development – continued provision of skills and expertise to support the provision of care in a safe and appropriate environment
	• Ongoing development of Paramedic Skill Mix to ensure simplification of dispatch and operational model
	• Implementation of STAR5 service to enable crews on scene to seek support from the Clinical Assessment Service with a view to avoiding transport to Emergency Departments

Business Opportunities	• Development of the first National Ambulance Training Academy • Review of strategic partnerships • Successful tender for the Non Emergency Patient Transport Service contract in Cheshire • Extension to other Patient Transport contracts following reviews of service requirements

The Strategic Priorities are delivered through a suite of enabling strategies which are monitored on a quarterly basis.

Enabling Strategy	Milestones Monitored	Milestones Achieved
Operations	26	25
Clinical	33	33
Quality	9	9
Finance	40	40
People	43	43
Commissioning	28	27
Stakeholder Engagement	8	8
Risk Management	9	9
Security	6	6
IT	39	39
Estates	8	8
Procurement	8	8
Sustainability	9	9
Commercial Services	7	7
Total	**273**	**271**

The table below provides further details against the key deliverables that were not achieved or were delayed in 2018/19 and highlights where appropriate what actions are being taken to ensure delivery in 2019/20.

Strategy	Key deliverables not fully delivered in 2018/19	Further details
Operations Strategy	Commissioning for Quality and Innovation (CQUIN):	**Conveyance to Emergency Departments** Following national direction for all areas to set a target for reduced conveyance, the target for the West Midlands was 2%. Despite continuing efforts to reduce conveyance, the Trust remains focused on patient need and conveyance will only be avoided if there is an appropriate and safe alternative that is suited to the patient's condition. WMAS is already one of the best in the country for non-conveyance and, therefore, this target was particularly difficult to achieve. Despite fluctuations throughout the year, the target at the end of the year was not achieved. Various workstreams are in place to ensure patients continue to receive the best treatment from WMAS and that conveyances (including those to alternative destinations) are in the patient's best interests. **Staff Survey** The Staff Survey includes questions relating to health and well-being. In order to achieve the national target, it is expected that a 5% improvement must be seen in the number of respondents who respond positively to these questions. The timeframe for comparison is over two years, using 2017 survey as a baseline. WMAS' results improved in each area, though not to the extent that was required to achieve the target. The Trust will continue to liaise with staff and will develop an action plan to establish what, if anything further, can be done to support greater improvement in future surveys.

Financial Performance

In 2018/19 the Trust's total income was £276.7m, derived from the following sources:-

Service area	£m	%
E&U services	227.2	82.11
Non Emergency Patient Transport	34.2	12.36
Other income sources	15.3	5.53
All income	**276.7**	**100.00**

As is apparent from the table above, over 82% of the Trust's income is secured for the provision of E&U services commissioned by the 20 West Midlands Clinical Commissioning Groups (CCGs).

The key financial deliverables are set down in the table below. It will be noted that the Trust delivered an operational surplus for the year in line with its required Control Total issued by NHSI of £2.032m.

Achievement against key financial targets, 2018/19			
	Target	**Outturn**	**Notes**
Delivery of EBITDA (earnings before interest, tax, depreciation, amortisation)	£9.5m	£11.9m	See below – target exceeded by Operating Surplus and NHSI incentive/bonus payment.
Delivery of a surplus operating budget/Control Total	£2.0m	£5.4m	Control Total Target exceeded with an Operating Surplus of £753k. In recognition, the Trust was allocated an indicative incentive and bonus payment from NHSI of £2.603m.
Use of Resources risk rating ('UoR')	1	1	The Trust planned to achieve the highest level of UoR rating and this has been achieved.
Closing cash balance	£42.4m	£48.1m	Cash position better than Plan
Delivery of cost improvement programme	£3.6m	£3.6m	Target achieved
Capital programme (Adjusted Target – see below)	£9.3m	£9.3m	Target achieved

Reporting a satisfactory outturn on all financial targets in 2018/19 is a significant achievement against a challenging financial position for the NHS. The Trust position includes:

- the delivery of an operating surplus of £5.388m.
- a strong 'Use of Resources' Risk Rating of 1
- delivery of 100% of the Trust's Cost Improvement Programme
- a better than forecast Cash position
- delivery of the year's capital programme of £9.3m

Nonetheless, the Trust did face significant financial challenges during the year, particularly in managing costs for PTS contracts whilst meeting the Key Performance requirements of those contracts, and in continuing to meet the operational structure changes required for the new Ambulance Response Programme standards. E&U activity ran above contracted levels for 11 months of the year and finished 3.01% above contract for the whole year. The table below confirms the actual trend in assigned incidents since 2012/13. The Trust has set its budget for 2019/20 based upon a 3.1% funded growth in E&U activity.

	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Actual	878.5	907.7	948.8	978.6	1018.6	1079.0	1125.5
% change	+6.2	+3.3	+4.5	+3.2	+4.1%	+5.9%	+4.3%

The Trust spent some £198m on Pay which was £12.1m above plan, reflecting the additional E&U costs for increased workload above contract levels and for additional services required by reconfigurations in Acute Hospital services – both covered by increased income. The cost of the Apprenticeship Levy was also included and this was offset by income received.

Non Pay expenditure excluding depreciation and finance costs – at £66.6m – was also greater than plan. This reflected variances in a number of areas, however the net increase was principally due to additional training costs (including Apprenticeship Training) above the original plan but in line with additional income received, and the use of taxi services for Non-Emergency PTS due to delays in recruitment of funded staff posts.

Significant additional costs were also incurred by the Trust to prepare for 2019/20. A number of key financial challenges including:

- above inflation increases for vehicle fuel costs of £1.1m.
- costs of incremental drift – estimated at £0.6m
- general Non-Pay inflationary pressures of £0.8m
- loss of contribution from training fees of £0.4m.

resulted in a requirement to find £4.0m of savings and efficiencies to balance the 2019/20 budget plan. The Executive Management Board worked through all proposed Pay and Non Pay budgets to identify a list of Cost Improvement Plan proposals which were further discussed and agreed by the Board of Directors. A number of these proposals required enabling costs in 2018/19 including early return of leased/sale of owned Rapid Response Vehicles and further closure of Community Ambulance Station sites.

The **capital budget** for 2018/19 was set at £8.463m which was increased by an allocation of £724k from NHSI to support Global Digital Exemplar projects and by £100k for the Net Book Value of assets disposed of during the year. This gave the Trust a revised Capital Budget for the year of £9.287m and this was met with only a small underspend of less than £1k.

Apart from Global Digital Exemplar (GDE) Capital Funding received the Capital Programme was funded entirely from internal resources – depreciation, asset sales and cash balances. The table below summarises the application of those capital resources:

Application of capital resources 2018/19	
Area	**£m**
Information Technology incl. Electronic Patient Record	2.317
Clinical Equipment	0.394
Estates	1.421
Fleet	5.155
Total capital expenditure	**9.287**

The Statement of the Trust's Financial Position on 31 March 2019 showed total non-current assets of £43.2m.

The Trust has set a budget for 2019/20, based upon a turnover of £281.6m. Key figures from that budget are:-

Key planned financial metrics, 2019/20	£m
Income	**282.4**
Pay	(209.8)
Non-pay	(62.8)
Total expenditure	**(272.6)**
EBITDA	9.8
'Financials' (depreciation, interest and dividends payable)	(7.6)
Retained surplus	**2.2**
'Use of Resources' Risk Rating (on scale 1-4, with 1 being lowest risk)	**1**
Capital programme	**21.0**
Closing cash balance	**32.0**

Key points to note are:-

- E&U income has been funded by Commissioners at 3.1% overall increase in activity.
- The plan reflects a number of changes in workstreams, particularly around reductions in non-emergency PTS work where contracts have ended.
- The plan includes an increase in front-line staffing from 2,787wte operational staff to 2,944wte in order to meet activity and performance pressures.
- The plan meets the Control Total surplus required by NHSI of £2.203m
- In order to achieve the budget plan the Trust must achieve its £4.0m planned 'Cost Improvement Savings'.

Policies and Practice on Payment of Creditors

The Trust is committed to applying the Better Payment Practice Code (BPPC) to the payment of creditors. In line with most NHS bodies the Trust seeks to pay 95% of all NHS and non-NHS trade payables within 30 days of receipt of the goods or valid invoice. The Trust measures achievement in terms of the number of invoices and value of invoices. Commitment to this standard is embedded in the Trust's terms and conditions of contracting for the provision of goods and services.

The Trust only narrowly failed to achieve this target for 2018/19. Achievement is summarised in the table below:

Invoices		
Total number of invoices	**Number paid within 30 days**	**% paid within 30 days**
30,534	28,318	92.7%
Total value of invoices £'000	**Value paid within 30 days £'000**	**% paid within 30 days**
146,528	130,331	88.9%

These levels of performance represent a continued improvement upon the 2015/16 and 2016/17 levels of achievement and it is expected that the Trust will maintain achievement above 90% in 2019/20.

The Trust and the Environment

The West Midlands Ambulance Service NHS Foundation Trust as part of its normal operating processes consumes resources and produces waste materials which impact on the environment. As part of its continuing commitment to reducing its overall carbon footprint, it has striven to assess and review these impacts and identify ways to improve its sustainability management.

The Trust continues with its work regarding environmental issues relevant to the Estate. A number of initiatives have been implemented to reduce energy consumption under the Trust's Sustainability Policy. This includes the introduction of renewable energy sources and the replacement of lighting to primary sites for low energy light sources.

The Trust has also introduced an energy management and monitoring infrastructure including smart meters, enhanced tariff management and central energy control.

The Trust has implemented travel plans, car sharing and cycle shelters to encourage staff to consider the environment before travelling.

Work continues to reduce waste and encourage recycling, moving to a paperless work environment where possible.

The Trust secures its necessary goods and services from NHS approved sources. This ensures that suppliers have established environmental management systems. All resources procured continue to be considered for recycling and their potential impact on the Trust overall waste management stream capacity and carbon footprint.

Social, Community and Human Rights Policies

The geographical and demographic spread of the region served by the West Midlands Ambulance Service means that issues of diversity and inclusion are fundamental, yet also challenging, to the successful achievement of the Trust's strategic objectives as well as addressing health inequalities. There are clear health inequalities between areas, with indicators showing lower levels of health tending to be clustered in the metropolitan and urban areas and the Trust continues to work with Public Health England and Clinical Commissioning Groups to identify and address them. Through regular engagement and education, the Trust will work to improve accessibility and, where necessary, the quality of services for population groups to assist in reducing these inequalities.

Important events occurring after end of the Financial Year

• PTS Cheshire

The Contract for the provision of Non-Emergency Patient Transport Services to the six Cheshire Clinical Commissioning Groups was competitively tendered in 2018-19 and awarded to the Trust. The five year contract has now been signed and commenced on 1 April 2019.

• Strategic Capacity Cell (SCC)

The Strategic Capacity Cell (SCC) is a new concept, located within Emergency Operations Centre that went live at the beginning of March 2019. It proactively utilises data, intelligence, existing roles and functions (Regional Capacity Management Team, Hospital Desk, and Winter Room) to improve whole system operational efficiencies, specifically in relation to:
  • Intelligent conveyance
  • Increased alternative pathway usage
  • Reducing hospital handover delays
  • Decreasing on scene times
NHSE and NHSI recognise that the Midlands Region is one of the most challenged health economies in England with specific issues relating to Emergency Departments:
  • Failing 4-hour arrival to hospital discharge/decision to admit (DTA) target.
  • Worst 12-hour breaches (where a patient is still within the Emergency Department after 12 hours of arrival).
  • Worst handover delays.
The SCC aims to assist the wider health economy and partners in taking proactive approaches to reduce conveyance to EDs and remove handover delays at hospital by conveying patients to hospital sites with capacity to treat their condition.

- ## EU Exit Preparations

The Trust has followed the requirements set out by NHS England and NHS Improvement in order to prepare for EU exit, with particular emphasis in ensuring continuity of supply of essential drugs and medical consumables and also ensuring that the small number of staff who are EU (Non-UK) passport holders have completed the necessary formalities to enable them to continue to work for the Trust. The Trust will continue to ensure that any further requirements for EU exit preparations are followed.

- ## CQC Visit and Well Led Review

Following the Trust's last CQC inspection in July 2016 where the Trust was rated "Outstanding" the Trust has since received notification of our next Inspection. Focus Groups with a number of staff groups across Emergency and Urgent Care, Patient Transport Services and the Emergency Operations Centre were undertaken during April 2019. The unannounced inspection of Emergency and Urgent Care and PTS was undertaken between 24-26 April 2019 where a number of sites across the region were visited, observational shifts were undertaken and staff discussions were held. The Well Led inspection will be undertaken 25-27 June 2019.

Signed   *a. c. Marsh.*

Position: Chief Executive   Date: 23 May 2019

Accountability Report 2018-19

Directors' Report

This Directors' report has been prepared in accordance with relevant guidance, in particular the requirement adopted by NHSI from Sections 415, 416 and 418 of the Companies Act 2006 and further disclosures required under the Large and Medium Sized Companies and Groups (Accounts and Reports) Regulations 2008 (Regulation 10 and Schedule 7).

The Board of Directors serving during 2018/19 (1 April 2018 to 31 March 2019)

Position	Name
Voting Members of the Board of Directors	
Chair	Sir Graham Meldrum
Deputy Chair	Anthony Yeaman
Chief Executive Officer	Anthony Marsh
Non Executive Director	Anthony Arrowsmith (to 30.9.18)
Non Executive Director	Jacynth Ivey
Non Executive Director	Anthony Murrell
Non Executive Director	Caroline Wigley
Non Executive Director	Wendy Farrington-Chadd
Non Executive Director	Narinder Kaur Kooner (from 5.11.18)
Director of Corporate and Clinical Services/Deputy Chief Executive Officer	Diane Scott
Director of Finance	Linda Millinchamp
Medical Director	Dr Chaitra Hodegere (from 3.12.18)
Interim Medical Director	Dr Alison Walker (to 3.12.18)
Director of Clinical Commissioning and Service Development/Executive Nurse	Mark Docherty
Director of Workforce and Organisational Development	Kim Nurse
Non Voting Members of the Board of Directors	
Communications Director	Murray MacGregor
Strategic Operations Director	Craig Cooke

The Trust maintains a Register of Interests that is open to the public. The Register is available on the Trust website. It contains details of company directorships and other significant interests held by directors or governors which may conflict with their management responsibilities.

Enhanced Quality Governance

NHSI define Quality Governance as "*the combination of structures and processes at and below Board level to lead on trust-wide quality performance including:*

- *ensuring required standards are achieved*
- *investigating and taking action on sub-standard performance*
- *planning and driving continuous improvement*
- *identifying, sharing and ensuring delivery of best-practice*
- *identifying and managing risks to quality of care."*

As detailed in the Annual Governance Statement, arrangements are in place within the Trust to assure the Board of Directors and stakeholders that quality governance arrangements suitably scrutinise the quality of the organisation and present a balanced view of the organisation.

Lord Darzi established a single definition of quality in his 2008 review "High Quality Care for All". This definition is now enshrined in law through the Health and Social Care Act 2012 and comprises three dimensions of quality, all of which are required for a high-quality service:
- clinical effectiveness;
- patient safety; and
- patient experience.

The quality of care provided impacts directly on health outcomes, the way patients experience care, the safety of care and the cost of care.

A robust governance framework for quality is essential throughout every NHS organisation. It provides assurance to the Chief Executive, the Chairman, the Board of Directors, the Council of Governors, senior managers, clinicians and staff that the essential standards of quality and safety are being delivered by the organisation. It also provides assurance that the processes for the governance of quality are embedded throughout the organisation.

Governance and Leadership

The Trust has appointed a Medical Director. The Medical Director and the Director of Clinical Commissioning & Service Development/Executive Nurse advise the Board of Directors on matters relating to compliance with standards of quality.

The Trust also has a Non-Executive Director with clinical experience who works closely with the Executive leads.

Systems and Processes

The Trust has a Quality Governance Committee (QGC) which reports directly to the Board of Directors and is chaired by one of the Non-Executive Directors. The Committee provides assurance and risk analysis to the Board against clinical standards and registration compliance requirements. The Committee has primary responsibility for monitoring and reviewing quality and clinical aspects of performance and development plans together with associated risks and controls, corporate governance and quality/clinical assurance to the Board. For these aspects, the Committee ensures that appropriate standards are set and compliance with them monitored on a timely basis, for all areas that fall within the duties of the Committee.

This Committee offers scrutiny to ensure that required standards are achieved and that action is taken where sub-standard performance is identified. It seeks assurance that the organisational systems and processes in relation to quality are robust and well-embedded so that priority is given, at the appropriate level within the organisation, to identifying and managing risks to the quality of care.

There is a schedule of business that includes appropriate review of nationally and regionally agreed quality performance measurements such as ambulance quality indicators (AQIs) relating to aspects of clinical care, workforce data, patient and staff feedback and timeliness of operational response targets.

The Committee may allocate workstreams, where appropriate, based on a 'task and finish' principle. The Committee may, where appropriate, through the Medical Director, obtain external expert advice as required to provide assurance to the Board.

The Chair will provide, as a scheduled item of business, written feedback for discussion at each public meeting of the Board on an 'assurance, exception & escalation' basis for all business scheduled for the most recent meeting of the Committee. The feedback report will be supported by approved minutes of meetings of the Committee.

In addition the Executive Management Board has established a Professional Standards Group which:

- promotes Clinical Leadership and ensures ownership of the Clinical and Quality agenda at a local level with clinical expertise provided regionally.

- ensures the organisation remains Safe, Effective and Responsive and that opportunities to further improve are reviewed and actioned accordingly.

- supports the organisation's Well led programme of work by ensuring a timely and effective response to work required.

- takes appropriate actions to mitigate risks as identified.

- provides updates to the Confidential Session of the Trust Board of Directors presenting any recommendations from the group.

- ensures through its Health, Safety, Risk and Environment Group the effective prevention and control of Healthcare Associated Infection (HCAI) for the organisation and provides a key role in monitoring the organisation's performance against the Trust's Infection Prevention and Control Policy including external objectives/targets and compliance with the Code of Practice for the prevention of infections (2015) and the CQC Essential Standards of Quality and Safety specifically Outcome 8.

- ensures through the Clinical Audit and Research Group that an annual clinical audit programme and Research and Development programme is in place, that they are completed to plan, that learning is identified and ownership of subsequent actions has been accepted and monitored to completion.

- ensures through the Immediate Care Governance Group that immediate care schemes are compliant with the requirements of Quality Governance as outlined in the CQC Essential Standards of Quality and Safety

The Chair of the Professional Standards Group will provide, as a scheduled item of business, written feedback for discussion at a subsequent meeting of the Executive Management Board on an 'assurance, exception & escalation' basis for all business scheduled for the most recent meeting of the Group.

The Group is chaired by the Director of Corporate & Clinical Services/Deputy Chief Executive.

Risk Management

Risk is managed in accordance with the Trust's Quality and Risk Management Strategies as detailed in the Annual Governance Statement.

The Chair of the Quality Governance Committee provides the Board of Directors with information to inform their decision making when attending to quality matters.

Significant Risks to achieving the Trust's Strategic Objectives are reviewed at least four times each year by the Board of Directors through the Board Assurance Framework. In addition the risks rated 12 and above are also presented to the Executive Management Board, Quality Governance Committee, Audit Committee and the Board through their individual schedules of business.

Remuneration Report

This section contains details of the Remuneration Committee, the annual statement of remunerations, senior managers' pay and directors' pay.

Remuneration, Terms of Service and Nominations Committee Membership

The Remuneration and Nominations Committee (the Committee) is a committee of the Board of Directors. Members of this Committee are appointed in accordance with the Trust's Constitution.

The Committee manages the appointment of Executive Directors and agrees their remuneration, allowances and terms of service. The Committee does not determine the terms and conditions of office of the Chair and Non-Executive Directors. These are determined by the Council of Governors.

The Chair conducts the Chief Executive's appraisal and the Chief Executive appraises the other Executive Directors. In determining remuneration, the Committee takes account of Executive Director appraisals and assesses progress against personal and corporate objectives in order to ensure performance conditions are met. When determining remuneration, the Committee is sensitive to overall financial pressures, pay and employment conditions elsewhere in the Trust, other NHS Foundation Trusts and comparable organisations both regionally and nationally.

During the year, and at the request of the Chair, advice was provided to the Committee by the Chief Executive and Director of Workforce and Organisational Development. In its deliberations the Committee takes account of national advice to ensure all decisions are defensible and equitable and takes advice from external professional bodies if required.

As at 31 March 2019 the members of the Committee were: Sir Graham Meldrum (Chair) and six Non-Executive Directors - Anthony Yeaman, Anthony Murrell, Anthony Arrowsmith (until 30th September 2018), Narinder Kooner (from 5th November 2018), Jacynth Ivey, Wendy Farrington-Chadd and Caroline Wigley. The Committee met on nine occasions during the year.

Permanent open-ended contracts, with a notice period of three months are held by the Chief Executive and Executive Directors.

The Trust does not pay compensation for the early termination of a contract. None of the Trust's Executive Directors received a performance related element to their pay in 2018/19, with the exception of the Chief Executive Officer.

Senior Managers' Pay

Since the inception of the Trust as an NHS Foundation Trust on 1 January 2013, Executive Directors have been remunerated under a contract that mirrors the Very Senior Managers Pay Framework with a single point personal salary. This salary is determined by members of the Remuneration and Nominations Committee who review salary levels by considering benchmarking data every 3 years to ensure they remain competitive. The Committee has adopted the NHSI published document entitled *Guidance on pay for very senior managers in NHS trusts and foundation trusts*, dated February 2017 as its policy on matters relating to remuneration and other matters within its terms of reference.

The terms and conditions of the contracts of employment for Executive Directors also reflect the NHS Agenda for Change handbook, which is utilised to retain consistency across all employees of the Trust, wherever possible.

The Remuneration and Nominations Committee considers the pay and benefits of all Executive Directors on the VSM pay framework. The Chief Executive Officer considers the performance of each Executive Director against the specific strategic objectives set for them for the year, and the Chairman further considers under grandparent rights, the achievements of each Director. There is no Performance Related Pay (PRP) process utilised by the Trust for Senior Managers or Executive Directors. Pay uplifts are based on the recommendations of the Pay Review Body published each year. The only exception to this approach is in the remuneration of the Chief Executive Officer, where there is a performance related pay scheme in place. Each year the Chief Executive Officer's performance is considered by the Remuneration and Nominations Committee against criteria on which up to a 10% PRP payment can be awarded based on successful achievement of key strategic objectives. An Award is non-pensionable.

The PRP Scheme assesses the performance of the Chief Executive Officer in line with the Trust's objective setting and performance appraisal process and the CEO is marked as an A, B, or C performer.

- A= Exceeds Expectations;
- B=Meets Expectations;
- C=Fails to Meet Expectations.

The Remuneration and Nominations Committee have determined the outcome of this performance review for 2018-19, and a payment has been agreed.

Non Executive Directors

The Chair and Non Executive Directors have not had their remuneration considered or reviewed since becoming an NHS Foundation Trust in January 2013.

Directors' Salaries and Allowances

Name and title	April 2018 - March 2019					April 2017 – March 2018				
	Salary (bands of £5,000) £'000	Performance related Bonus (bands of £5,000) £'000	Benefits in kind (rounded to the nearest £00) £'00	Pension related benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000	Salary (bands of £5,000) £'000	Performance related Bonus (bands of £5,000) £'000	Benefits in kind (rounded to the nearest £00) £'00	Pension related benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000
Mr A C Marsh, Chief Executive	185 - 190	35 - 40	181	37.5 – 40.0	280-285	185-190	0	176	47.5-50.0	255-260
Mrs K Nurse, Director of Workforce and Organisational Development	105 - 110	0	139	2.5 – 5.0	125-130	105-110	0	130	15.0 - 17.5	135-140
Ms D Scott, Director of Corporate and Clinical Services	110 - 115	0	112	37.5 – 40.0	160-165	100-105	0	101	5.0 - 7.5	120-125
Mrs L Millinchamp, Director of Finance	105 - 110	0	95	50.0 – 52.5	165-170	95-100	0	87	15.0 – 17.5	120-125
Mr M Docherty, Director of Clinical Commissioning and Service Development/Executive Nurse	105 - 110	0	150	60.0 – 62.5	180-185	95-100	0	115	22.5-25.0	135-140
Dr C Hodegere, Medical Director (from 3.12.18)	15 - 20	0	0	17.5 – 20.0	35-40	0	0	0	0	0
Dr Alison Walker, Interim Medical Director (to 3.12.18)	15 – 20	0	0	0	15-20	15-20	0	0	0	15-20
Sir G Meldrum, Chairman	45 – 50	0	0	0	45 – 50	45–50	0	0	0	45 – 50
Mr A Arrowsmith, Non-Executive Director (to 30.9.18)	5 – 10	0	0	0	5 – 10	10–15	0	0	0	10 – 15
Mr A Murrell, Non-Executive Director	10 – 15	0	0	0	10 – 15	10–15	0	0	0	10 – 15
Mr A Yeaman, Non-Executive Director	10 - 15	0	0	0	10 - 15	15-20	0	0	0	15-20
Mrs J Ivey, Non-Executive Director	10 – 15	0	0	0	10 – 15	10–15	0	0	0	10 – 15
Mrs C Wigley, Non-Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
Mrs W Farrington-Chadd, Non-Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
Mrs N Kooner, Non-Executive Director (from 5.11.18)	0-5	0	0	0	0-5	0	0	0	0	0

- This note relates only to those senior managers with a voting right on the Trust's Board of Directors. The benefits in kind relate to lease cars.
- Dr A Walker was Interim Medical Director from 2 September 2017 to 3 December 2018.
- The clinical element of the remuneration of Dr C Hodegere as Medical Director and Dr A Walker as Interim Medical Director was £0.

Directors' Pensions - Cash Equivalent Transfer Value

Name and title	Real increase in pension at age 60 (bands of £2,500) £'000	Lump sum at aged 60 related to real increase in pension (bands of £2,500) £'000	Total accrued pension at age 60 at 31 March 2019 (bands of £5,000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2019 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 31 March 2019 £'000	Cash Equivalent Transfer Value at 31 March 2018 £'000	Real increase in Cash Equivalent Transfer Value £'000	Employer's contribution to stakeholder pension To nearest £'000
Mr A C Marsh, Chief Executive	2.5-5.0	0.0-2.5	45-50	105-110	926	771	105	0
Ms D Scott, Director of Corporate and Clinical Services	0.0–2.5	5.0-7.5	40-45	130-135	1055	888	125	0
Mrs K Nurse, Director of Workforce and Organisational Development	0.0–2.5	0.0–2.5	50-55	160-165	1309	1150	110	0
Mrs L Millinchamp –Director of Finance	2.5-5.0	7.5-10.0	55-60	165-170	0	0	0	0
Dr C Hodegere – Medical Director (from 3.12.18)	0-2.5	0-2.5	10-15	30-35	181	138	10	0
Mr M Docherty – Director of Clinical Commissioning and Service Development/ Executive Nurse	2.5–5.0	2.5–5.0	40-45	115 - 120	911	742	132	0

Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme.

A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme, or arrangement when the member leaves a scheme and chooses to transfer the benefits in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV - This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

CETVs are calculated by the Government Actuary Department (GAD) based on the assumption that benefits are indexed in line with CPI. The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2016.

Pension Related Benefits of Single Total Remuneration

The Large and Medium-sized Companies and Groups Regulations require that the Trust includes the value of pension related benefits in the table of Salaries and Allowances.

This figure includes those benefits accruing to a director from membership of the NHS Pensions Scheme. Accrued pension benefit balances represent the annual increase in pension entitlement at the end of the financial year and the rate payable at the start of the year.

Name and title	All Pension related benefits 2018/19	All Pension related benefits 2017/18
	£'000	£'000
Mr A C Marsh, Chief Executive	37.99	49.49
Ms D J Scott, Director of Corporate and Clinical Services	38.81	5.88
Mrs K Nurse, Director of Workforce and Organisational Development	4.15	16.40
Dr C Hodegere, Medical Director (from 3.12.18)	19.49	0
Mr M Docherty, Director of Clinical Commissioning and Service Development / Executive Nurse	61.19	24.56
Mrs L Millinchamp, Director of Finance	52.03	15.19

Expenses of the Governors and Directors

Reporting bodies are required to disclose the information relating to the expenses of the governors and the directors:

		Period April 2018 to March 2019	Period April 2017 to March 2018
Governors	Number of Governors in Office in the period	26	23
	Number of Governors receiving expenses in the period	8	7
	Sum of expenses paid to Governors in the period	£2.3 (£'00)	£1.6 (£'00)
Directors	Number of Directors in office in the period	15	14
	Number of Directors receiving expenses	10	13
	Sum of expenses paid to Directors in the period	£ 17.0 (£'00)	£ 18.7 (£'00)

Median Pay

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce. The banded remuneration of the highest paid director in West Midlands Ambulance Service in the financial year 2018/19 was £234,638 (2017/18, £189,606). This was 9.5 times (2017/18 – 6.6 times) the median remuneration of the workforce, which was £24,828 (2017/18, £28,746).

In 2018/19, 0 (2017/18, 0) employee received remuneration in excess of the highest-paid director. Remuneration ranged from £7,257 to £140,860 (2017/18 £1,386 to £129,995.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Signed   *a. c. marsh.*

Position   Chief Executive

Date   23 May 2019

Staff Report and Survey

This section contains in detail staff numbers, sickness absence data, staff policies, results of and commentary on the staff survey together with details of Exit Packages agreed in the year and Off-Payroll arrangements

Staff Report

The Trust has a good mix of male and female staff at all levels within the Trust.

Breakdown of Staff - by Gender as at 31 March 2019

Job Role	FTE Female	Male	Total FTE	Headcount Female	Male	Total Head-count
Directors (excluding NEDs)	3.00	2.40	5.40	4	3	7
Senior Managers	8.00	15.96	23.96	8	17	25
Employees (excluding Directors and Senior Managers)	2081.48	2899.80	4981.28	2291	3076	5367
Grand Total	2092.48	2918.16	**5010.64**	**2303**	**3096**	**5399**

Breakdown of Staff - by Contract type as at 31 March 2019

Job Role	FTE Bank	Fixed Term Temp	Permanent	Total	Headcount Bank	Fixed Term Temp	Permanent	Total
Directors (excluding NEDs)	0.00		5.40	5.40	1		6	7
Senior Managers		1.64	22.32	23.96		2	23	25
Employees (excluding Directors and Senior Managers)	0.00	74.11	4907.17	4981.28	94	77	5196	5367
Grand Total	**0.00**	**75.75**	**4934.89**	**5010.64**	**95**	**79**	**5225**	**5399**

Sickness absence has been managed well, with an average for the year of 3.40% - exceeding the ambitious target of 4% and being the best performing Ambulance Service in the country.

Sickness Absence Data

West Midlands Ambulance Service	% Sickness Absence Rate (FTE)
Apr-18	3.28%
May-18	3.23%
Jun-18	3.08%
Jul-18	3.26%
Aug-18	3.25%
Sep-18	2.97%
Oct-18	3.55%
Nov-18	3.45%
Dec-18	3.67%
Jan-19	3.93%
Feb-19	3.66%
Mar-19	3.48%
Average for the Year: Apr 18 to Mar 19	**3.40%**

The Government Financial Reporting Manual 2017/18 (FReM) requires all reporting entities to which it applies to disclose sickness absence data, provided by the Department of Health. The sickness absence figures are reported on a calendar year basis, rather than for the financial year.

Average Absence Days Lost (FTE) per FTE

January 2018 to December 2018	Total Staff Years (FTE)	Total Days Lost (FTE)	Average Working Days Lost (FTE) per FTE
	4,829	37,791	7.83

Analysis of Staff Costs

Staff costs

	Permanent	Other	2018/19 Total	2017/18 Total
	£000	£000	£000	£000
Salaries and wages	161,979	315	**162,294**	148,437
Social security costs	14,954	-	**14,954**	13,766
Apprenticeship levy	803	-	**803**	732
Employer's contributions to NHS pensions	19,840	-	**19,840**	18,189
Pension cost - other	-	-	**-**	-
Other post employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	-	-	**-**	-
Temporary staff	-	0	**0**	0
Total gross staff costs	**197,576**	**315**	**197,891**	**181,124**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**197,576**	**315**	**197,891**	**181,124**
Of which				
Costs capitalised as part of assets	-	-	**-**	-

Average number of employees (WTE basis)

	Permanent	Other	2018/19 Total	2017/18 Total
	Number	Number	Number	Number
Medical and dental	-	-	**-**	-
Ambulance staff	3,857	-	**3,857**	3,619
Administration and estates	823	-	**823**	798
Healthcare assistants and other support staff	201	-	**201**	196
Nursing, midwifery and health visiting staff	2	-	**2**	2
Nursing, midwifery and health visiting learners	-	-	**-**	-
Scientific, therapeutic and technical staff	2	-	**2**	1
Healthcare science staff	-	-	**-**	-
Social care staff	-	-	**-**	-
Other	-	-	**-**	-
Total average numbers	**4,885**	**-**	**4,885**	**4,616**
Of which:				
Number of employees (WTE) engaged on capital projects	-	-	**-**	-

The Trust has a full set of Workforce Policies which are regularly reviewed. These include the Recruitment and Selection Policy, the Sickness Absence Management Policy, the Education and Training Strategy, Health and Safety Policy and the Freedom to Speak Up (Whistleblowing) Policy.

The Trust has an effective mature framework of Industrial Relations and a multi layered consultation machinery with elected Trade Union representatives.

The Trust issues a Weekly Briefing to all staff and this is the primary mode of information sharing.

The Trust is a certified Disability Confident Employer (previously the two tick Disability Symbol) and is proud of its record of employing and maintaining employment of colleagues who consider themselves to have a disability.

NHS Staff Survey 2018

The NHS Staff Survey 2018 was carried out in Quarter 3 from 27th September to 30th November 2018. This year the survey was conducted by Picker, on behalf of West Midlands Ambulance Service NHS Foundation Trust and as last year the Board of Directors took the decision to run a census for the 2018 survey rather than using a randomised selection of staff. The results shown here summarise the findings from the Staff Survey 2018. 3000 staff of West Midlands Ambulance Service took part. This a response rate of 60% which is an increase in the response rate which was 48% in the 2017 survey. The average response rate for Ambulance Trusts in England was 49%. The final national response rate for the 309 Trusts and specialist organisations that took part in the survey was 46%. The Trust was very pleased to note another considerable increase in the number of responses received from BME staff compared with previous years. 184 BME staff at WMAS took part in the survey in 2018 compared to 110 in 2017 and 58 in 2016.

A number of actions were taken to encourage staff to take part in the 2018 survey:

1. All staff were allocated 15 minutes protected time to complete their survey.
2. All members of the Staff Survey Response Action Group actively promoted and encouraged staff to fill in their survey on visits to hubs and through other means of communications.
3. Weekly results from Picker Europe were posted on the information screens at all locations and in the Weekly Briefing to provide clarity and show progress.
4. Posters and information about confidentiality were sent to all Managers to be displayed at all sites
5. A "Z Card" was printed and handed out to each staff member, outlining all the health and well-being benefits available at WMAS, and linking these to the Staff Survey
6. Weekly emails with Staff Survey results were sent to all Senior Operations Managers and Directors to share with their staff and to remind them to keep encouraging their staff to complete their survey questionnaire.
7. A banner reminding staff to complete their staff survey was displayed on the intranet home page as a constant reminder for staff.
8. All email signatures were assigned a staff survey tag at the bottom.
9. The CEO announced an extra day off by the end of the financial year if we reached a final response rate of 80%. Whilst this step did boost up the number of responses

received in the last couple of weeks of the survey, unfortunately we did not manage to reach this target. However, this is something to bear in mind for the next survey and may be announced at the beginning of the survey rather than towards the end.

The staff survey results feedback focused on 32 key areas referred to as Key Findings. The Key Findings are further grouped into the following themes:

- Equality & Diversity
- Health and Wellbeing
- Immediate Managers
- Morale
- Quality of Appraisals
- Quality of Care
- Safe Environment- Bullying and Harassment
- Safe Environment- Violence
- Safety Culture
- Staff Engagement

The table below presents the results of significance testing conducted on this year's theme scores and those from last year*. It details the organisation's theme scores for both years and the number of responses each of these are based on. The upward arrow indicates a significant increase in score compared to last year.

Theme	2017 score	2017 respondents	2018 score	2018 respondents	Statistically significant change?
Equality, diversity & inclusion	8.3	2187	8.4	2914	Not significant
Health & wellbeing	5.1	2230	5.1	2937	Not significant
Immediate managers	5.7	2228	6.0	2953	↑
Morale		0	5.8	2875	N/A
Quality of appraisals	4.1	1956	4.4	2611	↑
Quality of care	7.5	2046	7.5	2701	Not significant
Safe environment - Bullying & harassment	7.1	2174	7.3	2903	Not significant
Safe environment - Violence	8.5	2171	8.7	2892	↑
Safety culture	6.1	2198	6.4	2899	↑
Staff engagement	6.1	2277	6.3	2990	↑

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

Of the 32 key findings, 16 were better than the 2017 staff survey, while there was no significant change in the remaining 16 Key Findings (See Appendix B for full details). Significant improvements were seen in the following areas where WMAS was ranked in the top 3 performers within the Ambulance Trusts benchmark group:

Significant improvement noted	2017/18	2018/19
Key Finding 14. Staff satisfaction with resourcing and support	3.35	3.43

Question 4f I have adequate materials, supplies and equipment to do my work

	2014	2015	2016	2017	2018
Best	63.9%	61.4%	62.3%	64.8%	68.7%
Your org	49.7%	61.4%	62.3%	64.8%	68.7%
Average	47.8%	47.6%	49.6%	50.8%	54.0%
Worst	21.5%	31.7%	37.9%	43.3%	40.5%
Responses	244	218	1,323	2,274	2,976

Question 4g There are enough staff at this organisation for me to do my job properly

	2014	2015	2016	2017	2018
Best	25.4%	37.0%	27.0%	33.5%	41.8%
Your org	23.3%	37.0%	27.0%	33.5%	41.8%
Average	16.6%	16.8%	20.2%	22.9%	27.7%
Worst	10.3%	12.2%	9.1%	11.1%	13.6%
Responses	244	217	1,318	2,273	2,985

Significant improvement noted	2017/18	2018/19
Key Finding 15. Percentage of staff satisfied with the opportunities for flexible working patterns	35%	42%

	2015	2016	2017	2018
Best	37.1%	36.3%	37.4%	41.6%
Your org	32.5%	35.9%	37.4%	41.6%
Average	32.5%	33.5%	33.8%	35.0%
Worst	27.6%	16.6%	29.2%	27.7%
Responses	217	1,322	2,251	2,953

Significant improvement noted	2017/18	2018/19
Key Finding 24. Percentage of staff/colleagues reporting most recent experience of violence	71%	78%

Note: This question was only answered by staff who reported experiencing at least one incident of violence in the last 12 months.

	2014	2015	2016	2017	2018
Best	72.0%	76.6%	74.0%	83.8%	77.8%
Your org	69.6%	76.1%	70.8%	71.2%	77.8%
Average	66.3%	62.2%	64.1%	65.2%	68.3%
Worst	48.3%	56.3%	55.7%	54.4%	62.4%
Responses	87	82	448	843	1,019

Significant improvement noted	2017/18	2018/19
Key Finding 6. Percentage of staff reporting good communication between senior management and staff	21%	27%

	2014	2015	2016	2017	2018
Best	40.2%	29.2%	31.9%	31.0%	35.1%
Your org	20.9%	19.6%	26.5%	30.4%	35.1%
Average	20.9%	19.6%	26.4%	25.3%	27.6%
Worst	12.5%	15.9%	10.8%	15.4%	19.6%
Responses	240	216	1,307	2,225	2,947

Significant improvement noted	2017/18	2018/19
Key Finding 30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.47	3.63

Question 17a My organisation treats staff who are involved in an error, near miss or incident fairly

	2015	2016	2017	2018
Best	43.9%	48.7%	48.3%	61.2%
Your org	42.5%	36.2%	36.1%	47.6%
Average	36.4%	37.2%	38.9%	47.6%
Worst	27.5%	28.7%	31.4%	36.0%
Responses	182	1,103	1,912	2,393

Question 17c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again

	2015	2016	2017	2018
Best	55.0%	59.5%	60.2%	65.8%
Your org	50.9%	54.3%	57.9%	65.8%
Average	43.7%	49.8%	51.6%	56.0%
Worst	38.3%	36.4%	38.8%	49.3%
Responses	188	1,168	2,053	2,610

Significant improvement noted	2017/18	2018/19
Key Finding 8. Staff satisfaction with level of responsibility and involvement	3.59	3.66

Question 3b I am trusted to do my job

	2014	2015	2016	2017	2018
Best	85.5%	83.3%	87.0%	89.9%	92.2%
Your org	79.2%	83.3%	81.5%	83.2%	84.8%
Average	79.9%	81.7%	82.2%	83.2%	84.0%
Worst	60.7%	68.8%	76.8%	74.9%	78.9%
Responses	244	217	1,317	2,269	2,978

Question 4c I am involved in deciding on changes introduced that affect my work area / team / department

	2014	2015	2016	2017	2018
Best	45.8%	33.9%	37.6%	36.6%	43.2%
Your org	23.5%	20.1%	25.2%	23.6%	26.4%
Average	26.0%	28.0%	28.8%	25.7%	29.3%
Worst	17.3%	20.1%	24.0%	23.6%	22.9%
Responses	244	217	1,323	2,274	2,983

The results show that 72.1% of respondents would be happy for a friend or relative to be treated at the Trust and 55.2% would recommend WMAS as a place to work.

Our staff engagement score remains above the NHS average at 6.3 and is the highest score recorded in the last 5 years.
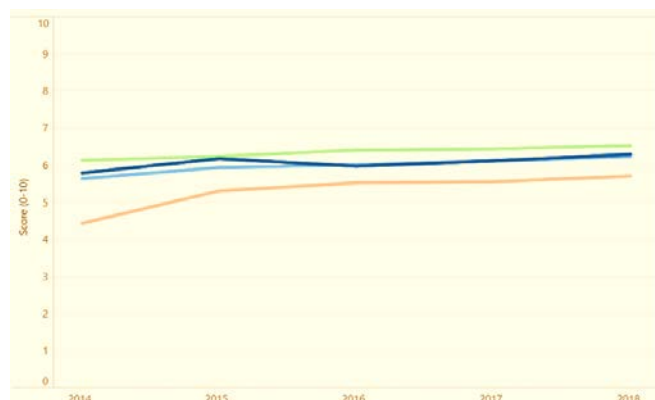
■ Organisation score   ■ Benchmark group – Best
■ Benchmark group – Average   ■ Benchmark group – Worst

The following tables show the engagement score for each sector compared with the trust average score. Staff Engagement consists of three categories: "Advocacy", "Involvement" and "Motivation". Each category consists of three questions from the NHS Staff Survey 2018 (nine in total) detailed in the tables. Higher scores are better. 10 is the maximum score, 0 is

Comparisons with the Organisation's 2017 scores By Locality 3	Number of respondents	Staff Engagement Score	I would recommend my organisation as a place to work.	If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.	Care of patients / service users is my organisation's top priority.	I am able to make suggestions to improve the work of my team / department.	There are frequent opportunities for me to show initiative in my role.	I am able to make improvements happen in my area of work.	I look forward to going to work.	I am enthusiastic about my job.	Time passes quickly when I am working.
				Advocacy			Involvement			Motivation	
Organisation 2017 Average	2284	6.1	5.8	7.0	5.8	5.4	6.4	4.3	6.3	7.2	6.5
Organisation Average	3,041	6.2	6.1	7.0	6.1	5.7	6.5	4.5	6.4	7.2	6.5
Air Ambulance	19	7.8	7.1	7.2	7.0	8.4	7.8	7.2	8.3	9.2	7.8
Corporate Services	35	7.6	7.3	7.7	7.1	8.0	7.5	7.5	6.9	8.0	8.5
Coventry & Warwick Sector	247	5.9	5.8	7.0	5.5	5.2	6.4	3.6	6.3	7.1	6.2
Delivery/Logistics	47	5.9	5.7	6.9	7.1	5.5	5.5	4.6	5.8	6.3	5.6
Dudley Sector	211	6.5	6.6	7.2	6.3	5.9	6.7	4.8	6.8	7.4	6.5
Emergency Operations Centre	316	6.0	6.2	7.6	7.1	5.8	5.8	4.3	5.3	6.8	5.4
Emergency Preparedness	60	6.4	6.0	6.5	5.7	6.3	6.9	5.5	6.8	7.5	6.8

Below Average	Average	Above Average

the minimum. This is a new way of reporting the Staff Engagement scores, effective as of NSS18.

Comparisons with the Organisation's 2017 scores By Locality 3	Number of respondents	Staff Engagement Score	Advocacy			Involvement			Motivation		
			I would recommend my organisation as a place to work.	If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.	Care of patients / service users is my organisation's top priority.	I am able to make suggestions to improve the work of my team / department.	There are frequent opportunities for me to show initiative in my role.	I am able to make improvements happen in my area of work.	I look forward to going to work.	I am enthusiastic about my job.	Time passes quickly when I am working.
Organisation 2017 Average	2284	6.1	5.8	7.0	5.8	5.4	6.4	4.3	6.3	7.2	6.5
Organisation Average	3,041	6.2	6.1	7.0	6.1	5.7	6.5	4.5	6.4	7.2	6.5
Erdington & Lichfield Sector	244	5.9	5.6	6.6	5.4	5.2	6.4	4.0	6.3	7.0	6.4
Finance	49	6.9	6.5	7.6	7.5	6.7	6.8	5.9	6.1	6.9	7.8
Hollymoor & Bromsgrove Sector	348	6.2	6.2	7.1	6.0	5.4	6.8	4.3	6.5	7.3	6.5
NARU	12	*	*	*	*	*	*	*	*	*	*
PTS North	198	6.2	5.7	6.4	6.0	5.6	6.3	4.5	6.6	7.6	7.5
PTS South	235	6.5	6.3	6.8	6.4	5.6	6.6	4.4	7.3	7.8	7.4
Shrewsbury & Donnington Sector	182	6.2	6.1	6.9	5.4	5.6	6.7	4.7	6.5	7.4	6.3

| Below Average	Average	Above Average

Comparisons with the Organisation's 2017 scores By Locality 3	Number of respondents	Staff Engagement Score	Advocacy			Involvement			Motivation		
			I would recommend my organisation as a place to work.	If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.	Care of patients / service users is my organisation's top priority.	I am able to make suggestions to improve the work of my team / department.	There are frequent opportunities for me to show initiative in my role.	I am able to make improvements happen in my area of work.	I look forward to going to work.	I am enthusiastic about my job.	Time passes quickly when I am working.
Organisation 2017 Average	2284	6.1	5.8	7.0	5.8	5.4	6.4	4.3	6.3	7.2	6.5
Organisation Average	3,041	6.2	6.1	7.0	6.1	5.7	6.5	4.5	6.4	7.2	6.5
Stafford Sector	88	5.8	5.8	6.7	4.8	3.9	6.3	4.0	6.5	7.2	6.4
Stoke Sector	162	5.9	5.6	6.4	5.8	5.5	6.7	4.2	5.9	7.2	6.2
Strategic Operations	104	7.3	6.6	7.9	7.8	7.3	7.4	6.7	6.7	7.6	7.5
Willenhall & Sandwell Sector	273	6.0	5.9	6.9	5.6	5.3	6.5	4.0	6.3	7.3	6.5
Worcester & Hereford Sector	139	5.8	5.7	6.6	5.4	5.2	6.5	4.0	6.1	7.1	6.1
Workforce & Organisational Development	72	7.3	7.0	7.9	7.9	7.5	7.2	6.8	6.6	7.3	7.4

| Below Average	Average	Above Average

A49

Indicator 5- % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
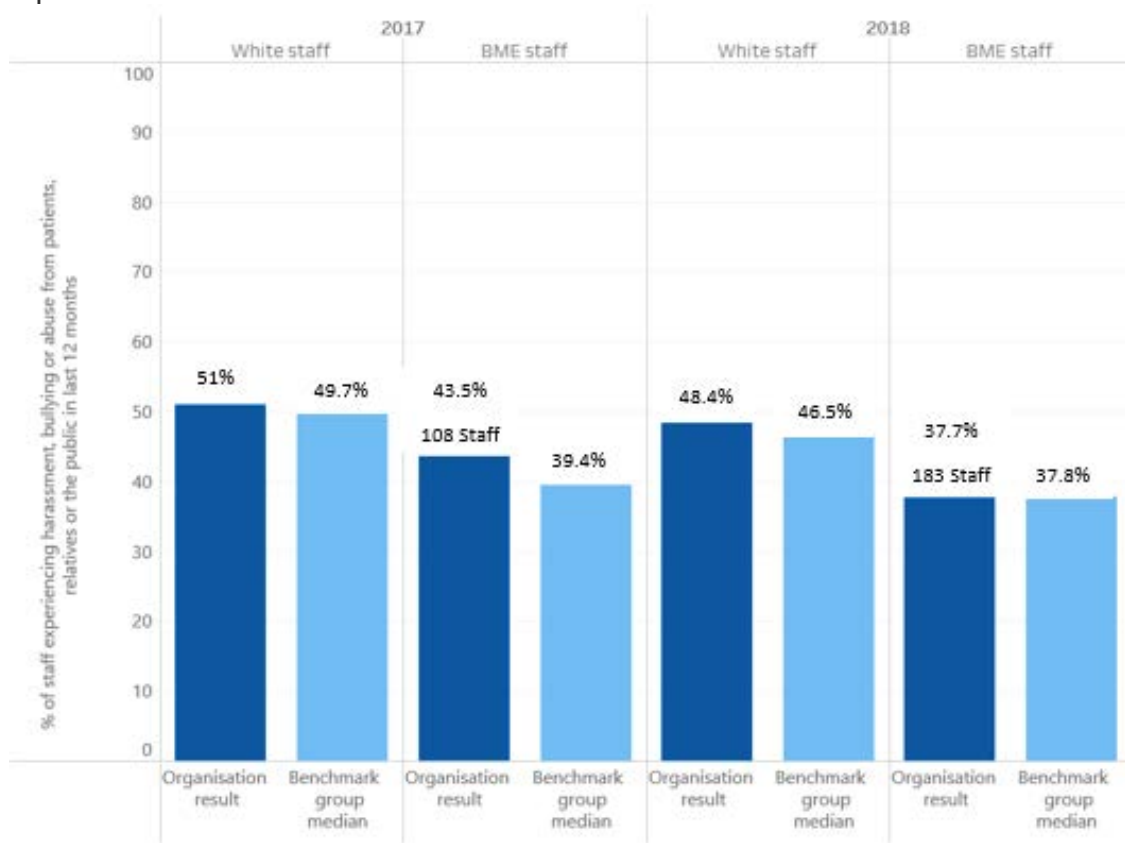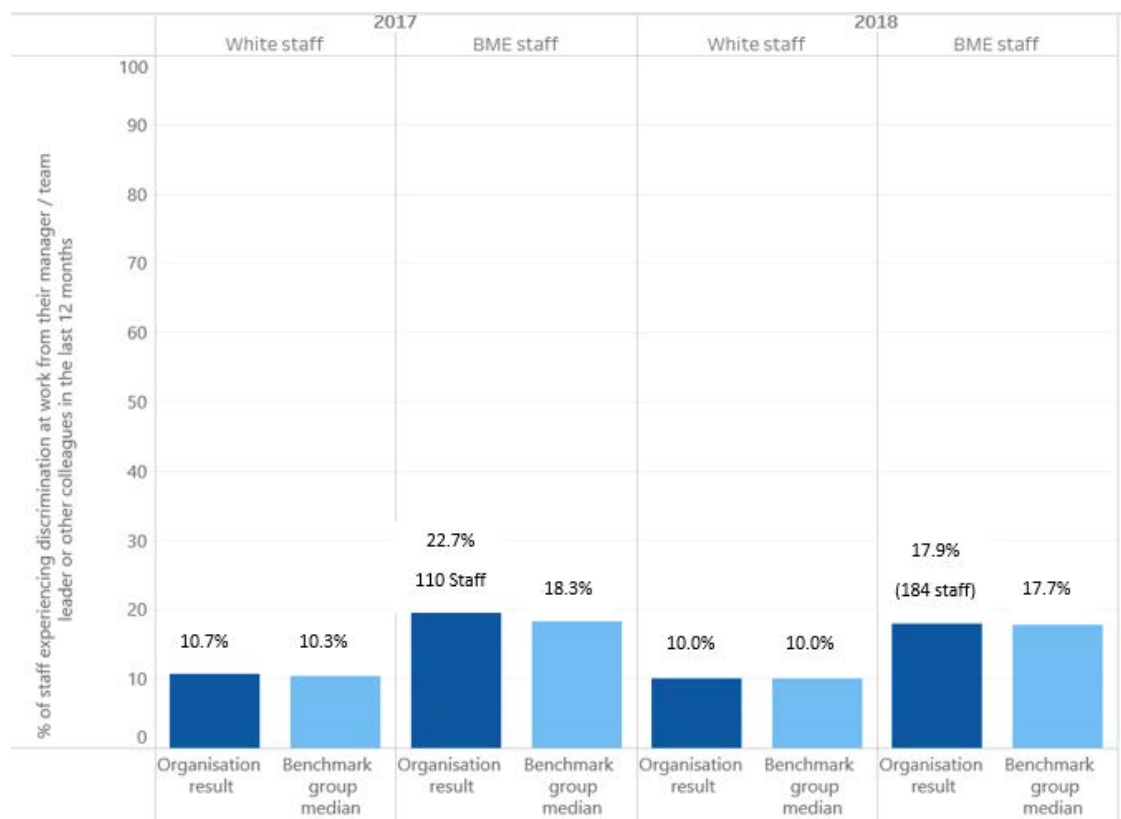

Indicator 6- % of staff experiencing harassment, bullying or abuse from staff in last 12 months
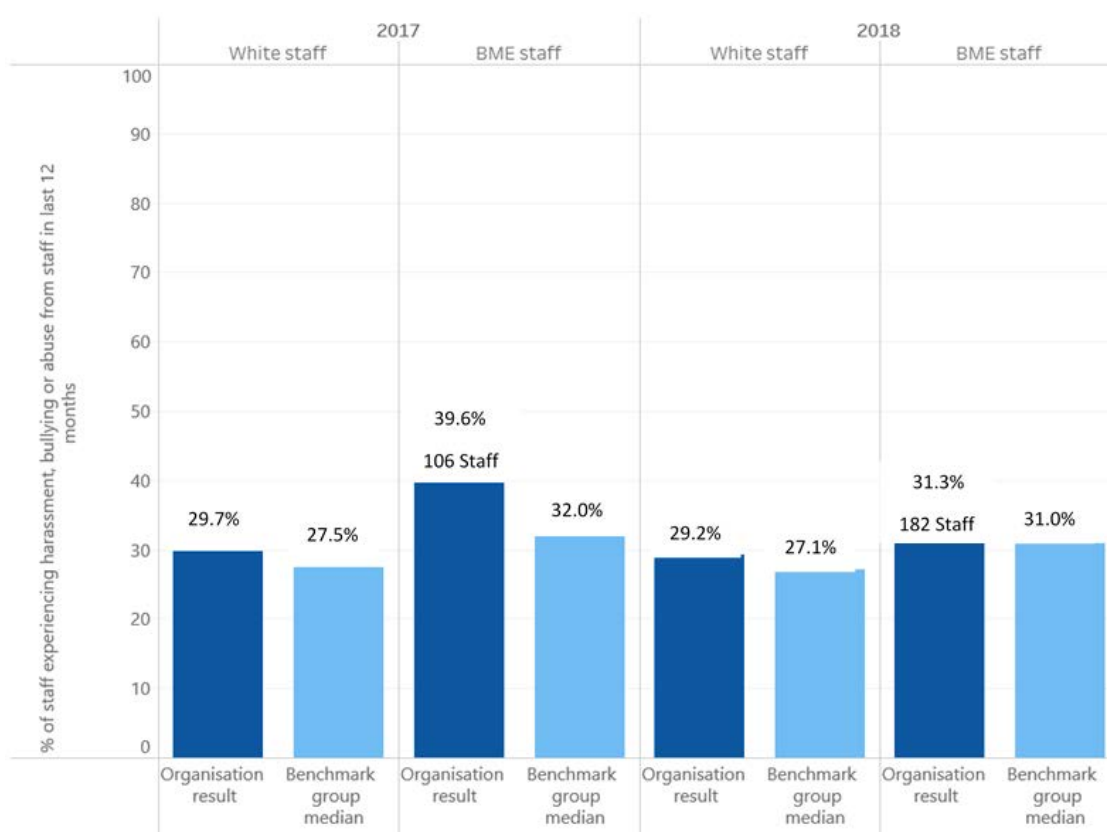
Indicator 7- % of staff believing that trust provides equal opportunities for career progression or promotion
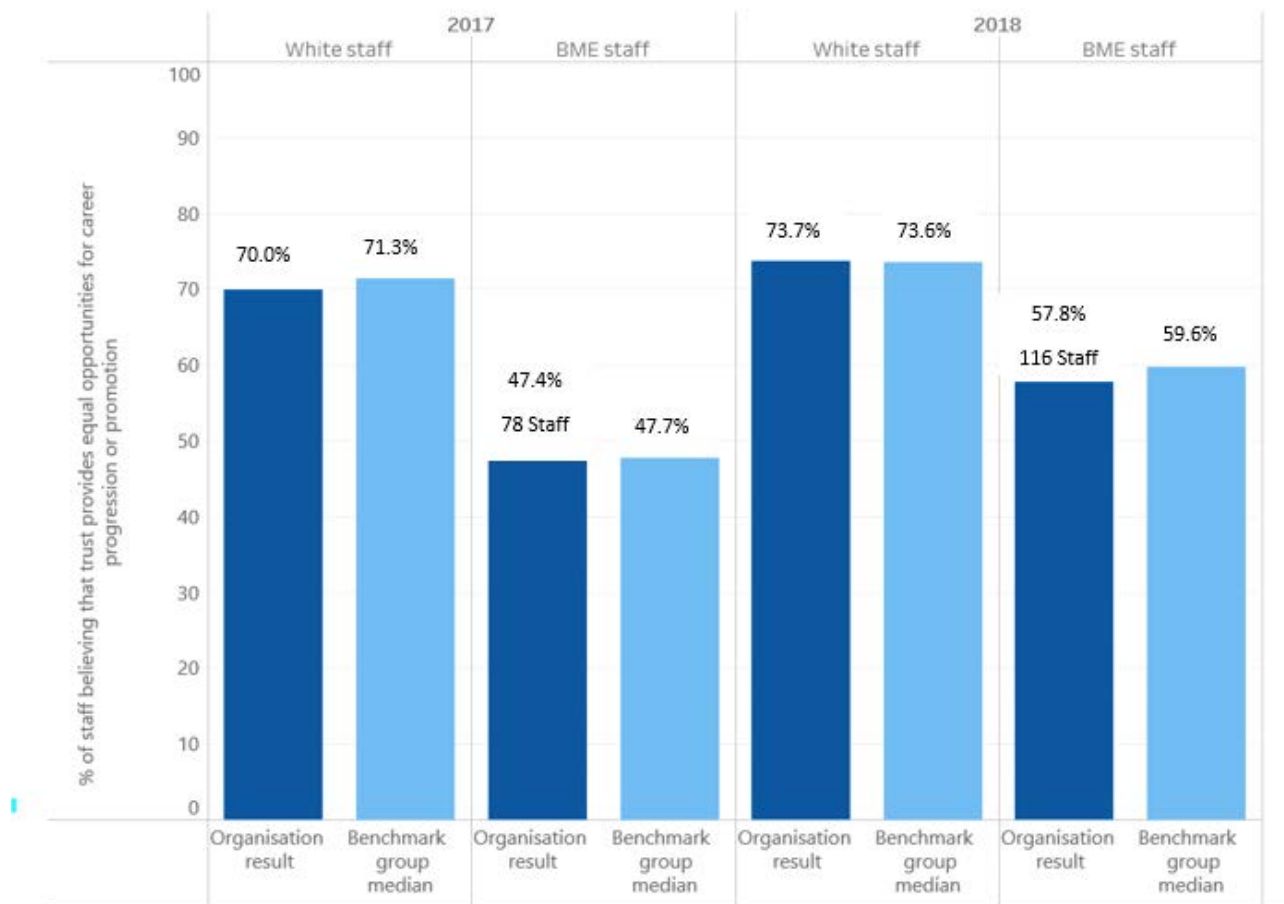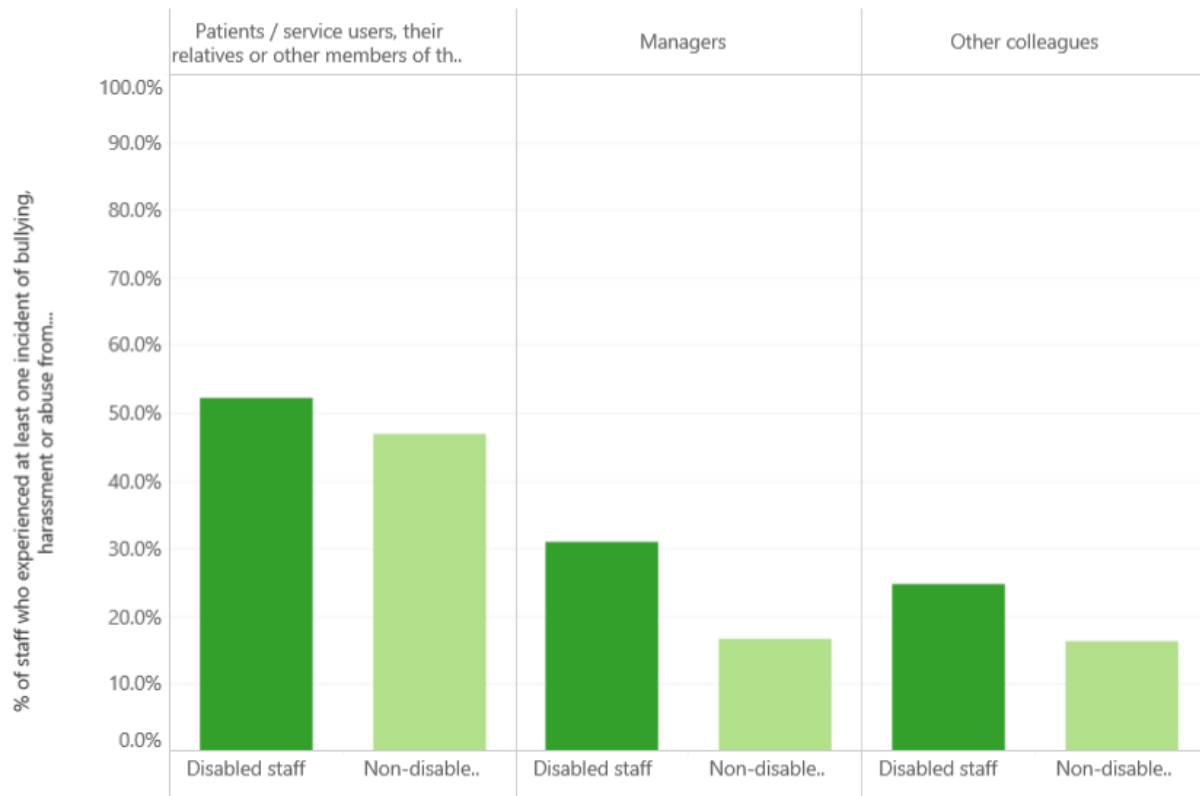

Indicator 8- % of staff experiencing discrimination at work from their manager / team leader or other colleagues in the last 12 months
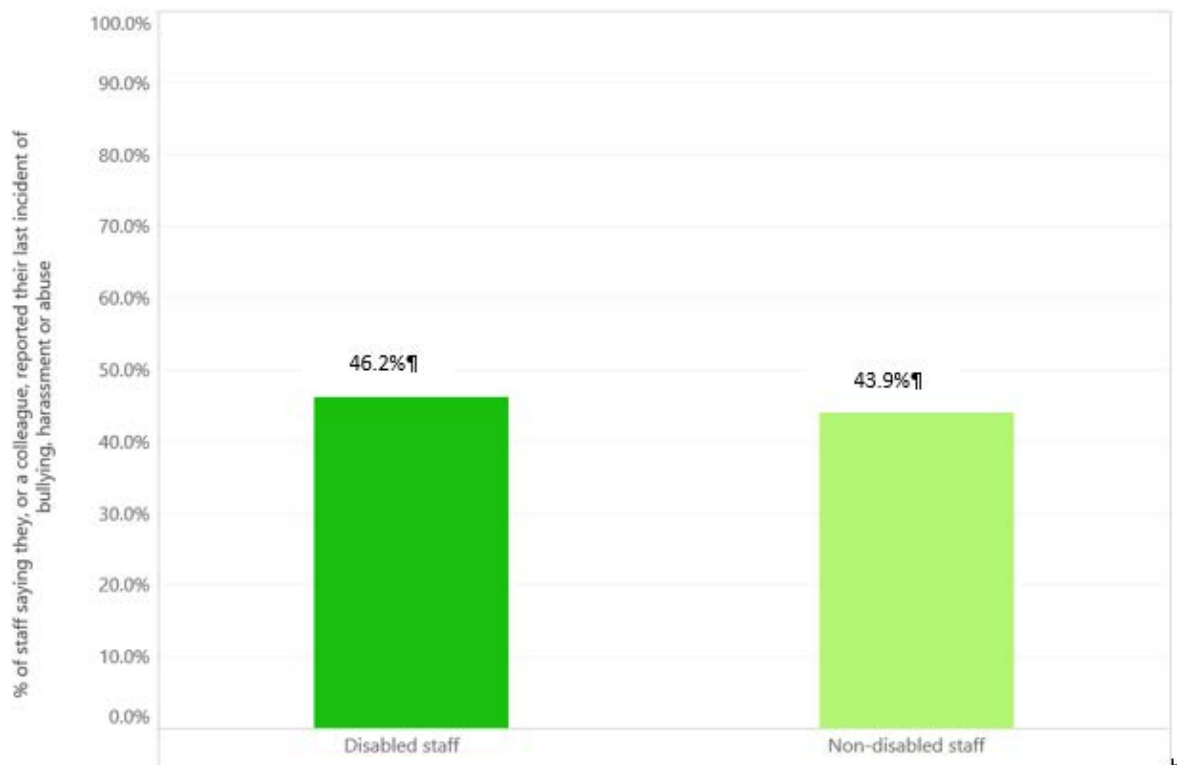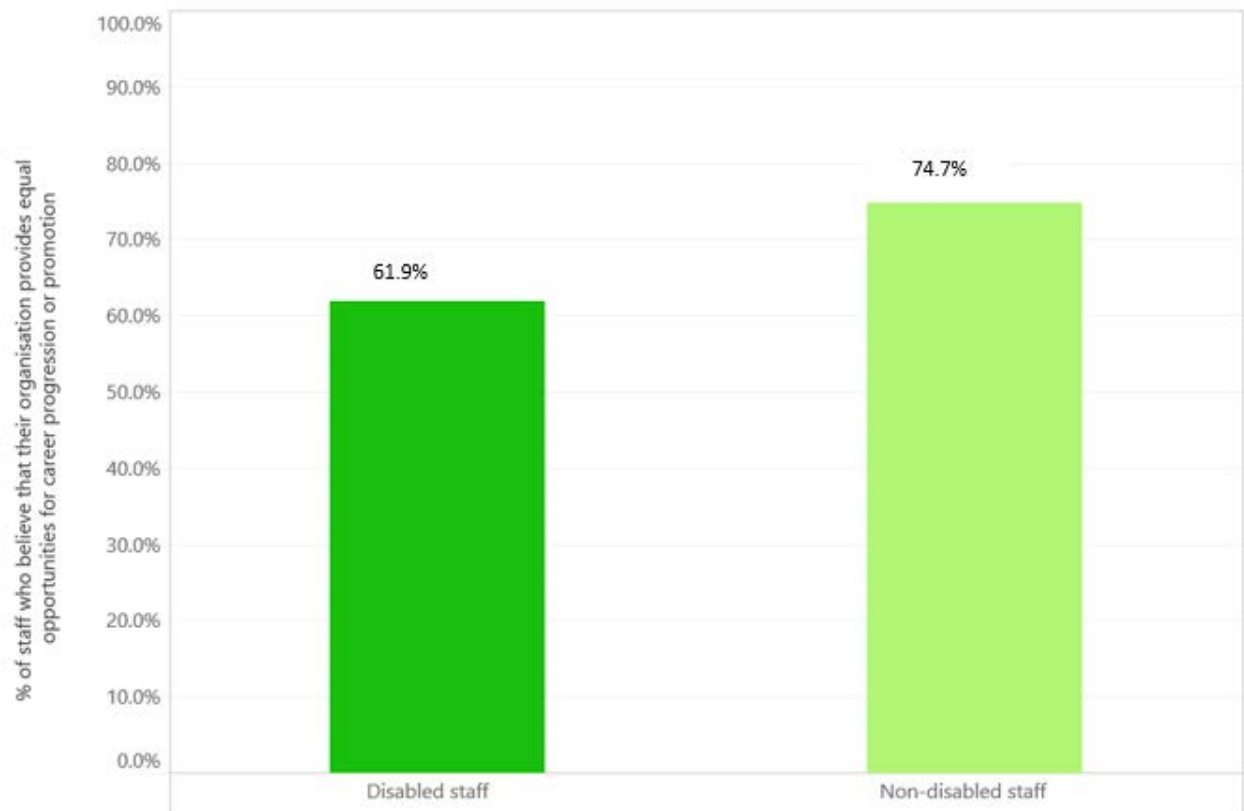
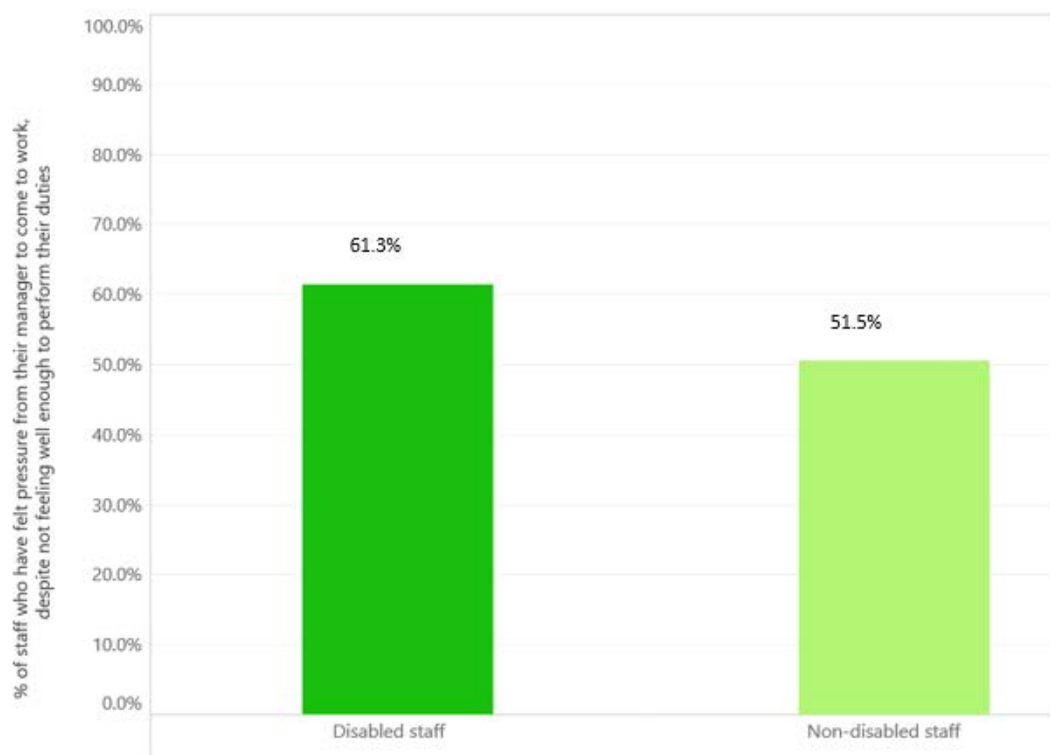## Indicator 4a- Harassment, Bullying and Abuse

Indicator 4b-Reporting Harassment, Bullying and abuse

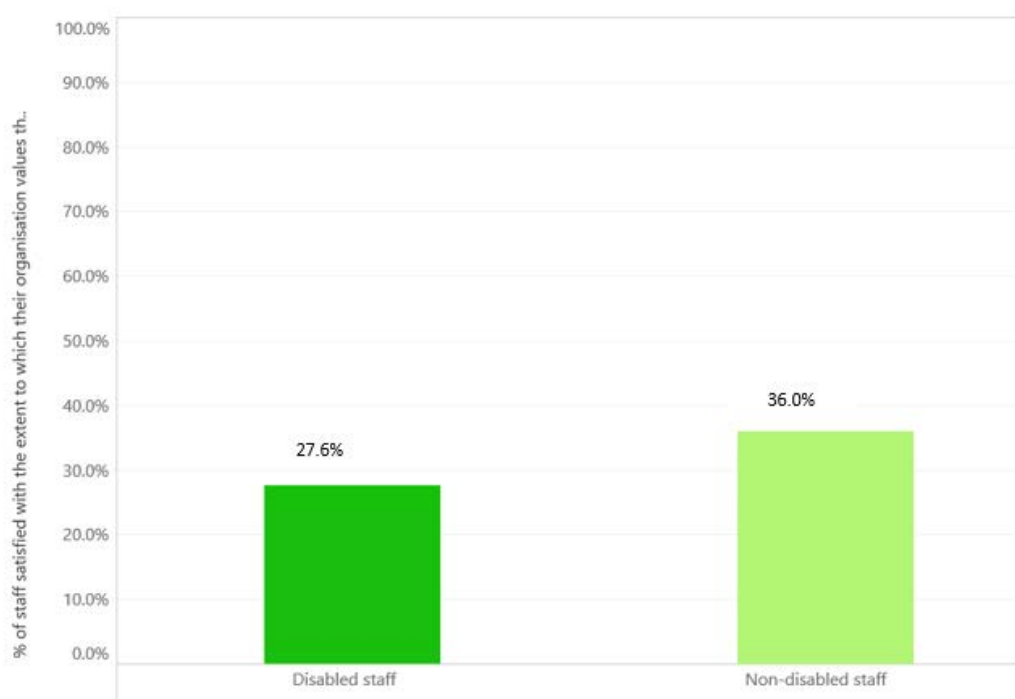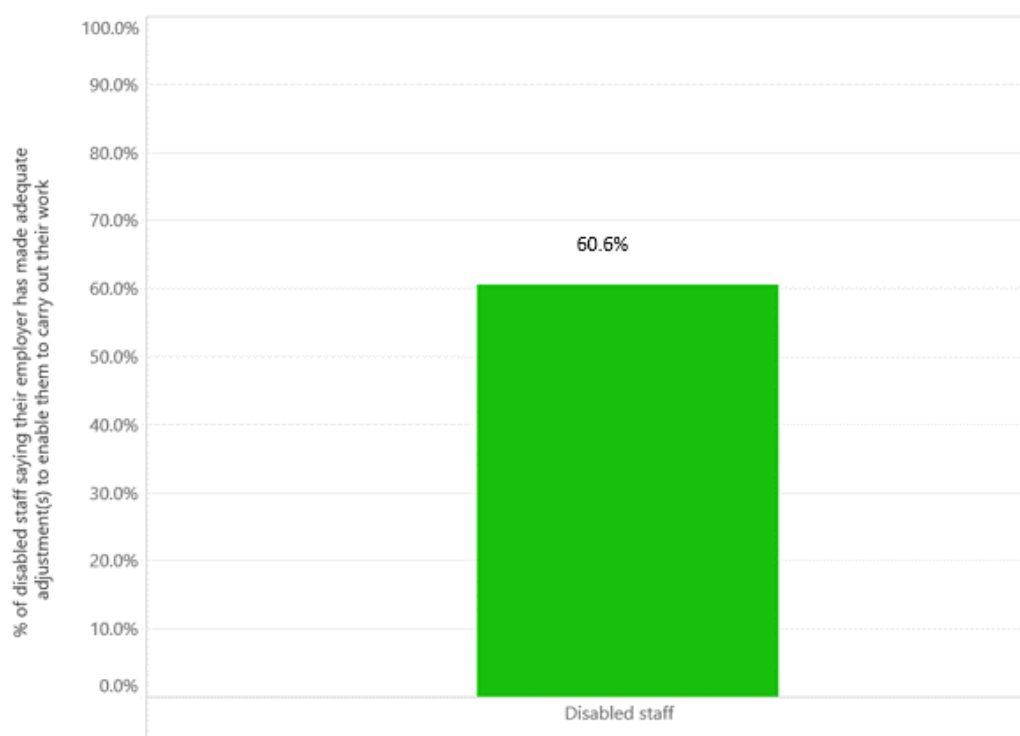# Indicator 5 Equal opportunities for career progression/promotion

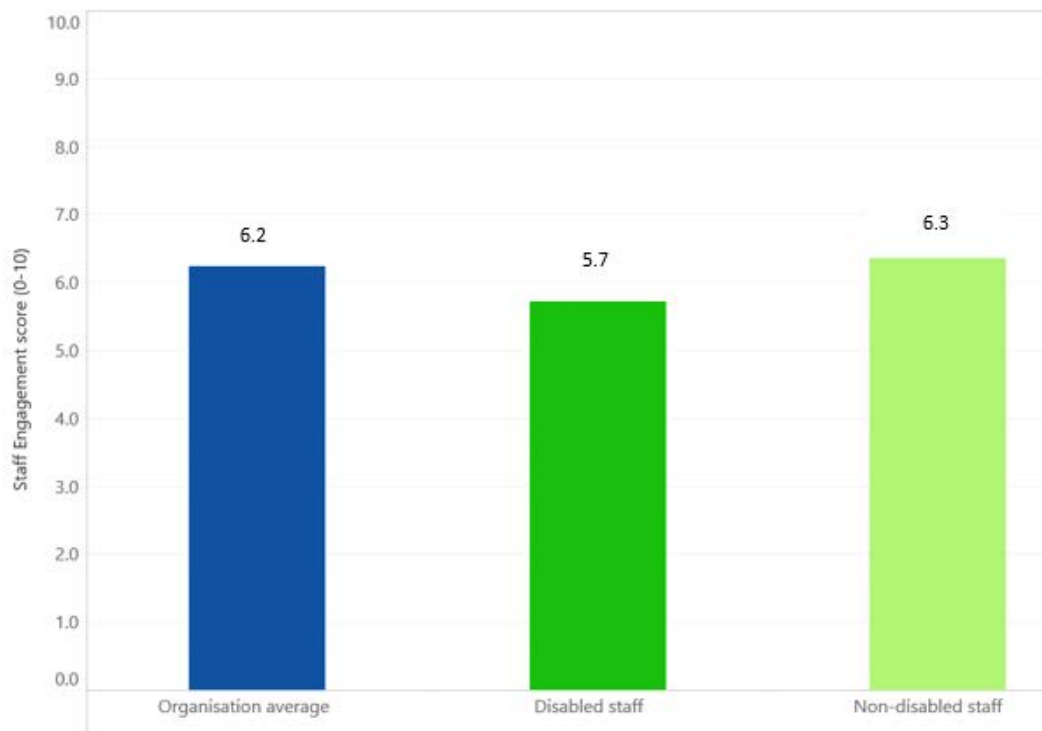# Indicator 6 Experiencing pressure form manager to attend work when unwell

A53

Indicator 7 Staff satisfaction with extent of work is valued by organisation

Indicator 8 Adequate adjustments made for disabled staff

A54

Indicator 9 Staff Engagement

The scores presented below are the un-weighted question level score for question Q17b and un-weighted scores for Key Findings 25, 26, and 21, split between White and Black and Minority Ethnic (BME) staff, as required for the Workforce Race Equality Standard.

In order to preserve the anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score.

			Your Trust in 2017	Average (median) for ambulance trusts	Your Trust in 2016
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	51%	50%	51%
		BME	44%	39%	31%
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	30%	27%	33%
		BME	40%	32%	41%
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	70%	71%	71%
		BME	47%	48%	40%
Q17b	In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	11%	10%	10%
		BME	23%	18%	35%

Off Payroll Arrangements

An 'Off Payroll' arrangement is where contracted individuals are paid directly or through their own companies and so are responsible for their own tax and NIC arrangements. They are not classed as employees.

It is the Trust's policy that all off-payroll engagements have been subject to a risk based assessment as to whether assurance is required that the individual is paying the correct amount of tax and, where necessary, that the assurance has been sought. Prior to commencement, for each engagement the individual must have signed a contract stating that they are responsible for accounting for the relevant taxes, national insurance, liabilities, charges and duties. Notwithstanding this, the Trust would not agree to such arrangements except in very exceptional circumstances, and there were no such arrangements in 2018/19 (2017/18 none)

For all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last for longer than six months

No. of existing engagements as of 31 March 2018	**Nil**
Of which...	
No. that have existed for less than one year at time of reporting.	**Nil**
No. that have existed for between one and two years at time of reporting.	**Nil**
No. that have existed for between two and three years at time of reporting.	**Nil**
No. that have existed for between three and four years at time of reporting.	**Nil**
No. that have existed for four or more years at time of reporting.	**Nil**

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019, for more than £245 per day and that last for longer than six months

No. of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	**Nil**
No. of the above which include contractual clauses giving the trust the right to request assurance in relation to income tax and National Insurance obligations	**Nil**
No. for whom assurance has been requested	**Nil**
Of which...	
No. for whom assurance has been received	**Nil**
No. for whom assurance has not been received	**Nil**
No. that have been terminated as a result of assurance not being received.	**Nil**

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	**Nil**
No. of individuals that have been deemed "board members and/or senior officials with significant financial responsibility" during the financial year. This figure should include both off-payroll and on-payroll engagements.	**8**

Staff Exit Packages

Three exit packages were agreed by the Trust during the year. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Business Services Authority - Pensions Division. Ill-health retirement costs are met by the NHS Business Services Authority - Pensions Division.

Reporting of compensation schemes - exit packages 2018/19

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
<£10,000	-	-	-
£10,000 - £25,000	-	1	1
£25,001 - 50,000	-	-	-
£50,001 - £100,000	1	-	1
£100,001 - £150,000	-	-	-
£150,001 - £200,000	1	-	1
>£200,000	-	-	-
Total number of exit packages by type	**2**	**1**	**3**
Total cost (£)	£214,000	£20,000	**£234,000**

Reporting of compensation schemes - exit packages 2017/18

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
<£10,000	-	-	-
£10,000 - £25,000	-	-	-
£25,001 - 50,000	-	-	-
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	**-**	**-**	**-**
Total cost (£)	£0	£0	**£0**

Exit packages: other (non-compulsory) departure payments

	2018/19		2017/18	
	Payments agreed	**Total value of agreements**	**Payments agreed**	**Total value of agreements**
	Number	**£000**	**Number**	**£000**
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	-	-
Exit payments following Employment Tribunals or court orders	1	20	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**1**	**20**	**-**	**-**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Governance Disclosures

This section contains the disclosures in accordance with the NHS Foundation Trust Code of Governance

The West Midlands Ambulance Service University NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a 'comply or explain' basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The Trust received a rating of 'Outstanding' following the CQC inspection in 2016, and this rating has been maintained, for providing caring and effective services and 'good' for being safe, responsive and well-led. Resilience was rated 'outstanding' overall.

In 2018/19 the West Midlands Ambulance Service University NHS Foundation Trust is the only ambulance service in England to have held a CQC "Outstanding" rating.

In terms of the Segmentation of providers under the NHS Improvement Single Oversight Framework the Trust has been placed in Segment 1 which is the highest segment. Providers in this segment have maximum autonomy − no potential support needs identified, lowest level of oversight, and expectation that the Segment 1 provider will support providers in other segments.

Assessment by the Regulator is based on the following themes:

•	Quality of care
•	Finance and use of resources
•	Operational performance
•	Strategic change
•	Leadership and improvement capability

Statement as to Disclosure to Auditors

The Directors of the Trust are responsible for preparing the Annual Report and Accounts. The Board of Directors consider that the Annual Report and Accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators, and stakeholders to assess West Midlands Ambulance Service University NHS Foundation Trust's performance, business model and strategy.

Each individual who is a director at the time that the report is approved has taken all steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the Trust's Auditor is aware of that information, and as far as each individual Director is aware, there is no relevant audit information of which the Trust's Auditor is unaware. 'Relevant audit information' means information needed by the Trust's Auditor in connection with preparing their report.

A statement of the accounting policies for pensions and other retirement benefits are set out in a note to the accounts and the details of senior employees' remuneration can be found in the Remuneration Report above.

The Trust has not made any use of financial instruments during the period of this Annual Report.

Income Disclosures

The Trust has considered the information it is required to disclose under S43 (2A) and (3A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) in relation to income it has received for purposes other than for the provision of the health service in England. The Trust confirms that it has met the requirement that the income it received in 2018/19 for the purposes of the health service in England was greater than its income from the provision of goods and services for any other purpose.

The Trust furthermore discloses, as required by S43(3A) of the NHS Act 2006 that the Trust received a total of £451,941 for the provision of crew hire to commercial events for which a commercial rate was charged. This included music festival and sporting events and the net contribution from these services was used to support the provision of health services.

The Trust applies relevant guidance issued by HM Treasury on cost allocation and charging.

Board of Directors

The Board of Directors is responsible for formulating and driving strategy, ensuring accountability and shaping culture. It is ultimately accountable for everything that goes on in the organisation and it is responsible for putting the right people, the right quality of information and the right systems in place to make decisions.

The Trust's Board of Directors produces the strategic direction for the Trust, reviews and ratifies strategies and policies, reviews organisational performance, ensures the availability of adequate financial resources, approves budgets and is accountable to the public for the organisation's performance. The Standing Financial Instructions of the Trust set out a Scheme of Delegation and specify matters retained for determination by the Board of Directors. All other matters are delegated to the Chief Executive.

The Standing Financial Instructions are reviewed biennially by the Audit Committee and appropriate recommendations are made to the Board of Directors to ensure that the Scheme of Delegation provides appropriate safeguards whilst allowing enough flexibility to enable the business to function in a challenging environment. The schedule of matters reserved for the Board of Directors sets out the matters delegated to the Chief Executive and those matters retained by Board of Directors for determination, and also matters that are referred to the Council of Governors.

The Board of Directors gains its assurance through a number of sources, primarily its Committee structure.

The Board meets formally, both in public and private sessions throughout the year to discharge its duties. The Chief Executive through the Executive Directors has the day-to-day

responsibility for managing the Trust and for translating decisions made by the Board on the Trust's strategic direction into action. The Board is then responsible for the oversight of performance of the Trust in terms of outcomes.

The Board of Directors has in place a strong governance framework with a number of Committees that are chaired by a Non-Executive director and that report directly into the Board of Directors. These Committees are able to undertake detailed scrutiny of clinical, operational and financial performance. Management and Committee structures have been developed and implemented to ensure that the Board receives appropriate assurance of compliance with registration requirements and timely reports on significant risks to maintaining compliance.

There are also Management Groups that report into the Executive Management Board that deal with the detailed work of the Trust. There are in place comprehensive and robust clinical governance structures. Quality Accounts are published each year to highlight achievements and priorities for development. Ongoing monitoring of the Quality Account priorities are reported within the Trust's comprehensive clinical dashboard. The Trust publishes Annual Reports in relation to Infection Prevention and Control, Controlled Drugs, Safeguarding, Patient Safety, Better Births and Patient Experience which are reviewed by the Quality Governance Committee and an appropriate report on assurance is then presented to the Board of Directors. The Trust publishes these Annual Reports on the Trust's Website.

In addition to the Quality Governance Committee Chair's report and the Minutes of the Committee meeting, the Board also receives a Trust Information pack setting out performance for Ambulance Quality Indicators, Operational KPIs, Financial Performance, Workforce Indicators, and Corporate and Clinical Performance. These documents are publicly available for scrutiny on the Trust's website. In addition, Board members have access to electronic data showing up-to-date Operational performance.

The Board Assurance Framework (BAF) sets out the significant risks identified by the Trust, current mitigating actions and internal and external assurances. It also identifies control systems and processes and further mitigating actions to be taken for each risk area.

Assurance can be provided through the review of the risk grading matrix, risk register and BAF by relevant groups and committees of the Trust. Internal Audit has carried out its annual review of the BAF and Risk Framework.

The Board also opens the majority of its meetings to the public and invites questions from the public present at the meeting on any matter contained on the agenda for the meeting and any other matter of public interest.

The majority of business of the Board is in public; any matter to be considered in private is first considered by the Board and if they agree that the report contains information that should be considered in private an appropriate resolution to exclude the public is passed. The presumption is that the matter will be considered in public and only if the matter would not be disclosed under a Freedom of Information request can the matter be discussed in private. The Trust also includes on its website an open invitation to submit questions to the Board of Directors on any matter of concern or interest. This has been used on several occasions by the public. The points raised and the responses are minuted as part of the proceedings of the Board and are available for inspection.

The Chief Executive Officer as part of his report to each meeting of the Board of Directors includes a high level Integrated Performance Dashboard (called the Trust Information Pack) that highlights any trends in performance both operational and clinical and enables triangulation across Quality, Performance, Workforce and Finance metrics.

The Board is also mindful that whilst quantitative data assurance is essential, it is important to support it by soft or qualitative data that involves more personal interaction and measurement throughout the organisation, and allows the Board of Directors to gain further assurance. An example of this is "The Board Day in the Life of…" through which both Executive and Non-Executive Directors undertake several site visits in the year based on the principles of "Ward to Board". These involve, for example, sitting with call takers and despatchers and listening in to calls to understand patient needs and how the Trust responds. The directors also attend as observers on operational shifts to meet with staff and patients and witness at first hand the patient experience. Each member of the Board is linked to a Hub and is encouraged to visit the Hub for the purpose of listening to staff and feeding back any concerns to the Board or to the Chief Executive. Given the Ambulance Service is a transient service this enables members of the Board to engage with staff.

In addition, at public meetings of the Board of Directors there is a regular patient experience story. These can highlight matters that have gone well and also those where the Trust can learn from the experience. They are minuted as part of the proceedings of the Trust.

The majority of business was conducted in public session during May, July, October 2018, January, and March 2019. Board meetings in April, June, September 2018 and February 2019 were given over to strategy and development sessions and were in private. Extraordinary Board meetings were convened in November 2018 and February 2019 to consider and determine appropriate business requiring Board determination.

Individual directors of Foundation Trusts now have the following individual statutory duties:

- a general duty to promote the success of the Trust; and
- the duties to avoid conflict of interests, not to accept any benefits from third parties and to declare interests in any transactions that involve the FT.

The directors of the Trust are aware of these duties.

The Trust under its Constitution is required to put in place insurance to cover the risk of legal action against its directors, governors and appropriate officers. This insurance cover is in place.

All of the Trust's Directors subscribe to a Code of Conduct based on the Nolan Principles, and every year the Directors are required to reaffirm their commitment to these Principles. All Directors are aware of their obligations under the Fit and Proper Persons test as defined in regulations and guidance issued by the Care Quality Commission, and also the Duty of Candour. They are also aware of the Fit and Proper Persons Test as set out in the Trust's licence, issued by the Regulator. In May 2019 the Board will review the Annual Assurance Statement relating to the obligations under the Fit and Proper Persons regulations which should confirm that every member of the Board is compliant and that all appropriate checks on Directors have been undertaken. This will then be endorsed by the Board.

At least twice a year the Board receives the standing Declarations of Interest for directors which is published on the website. The Board and the Council of Governors have adopted the content of the document published by NHS England entitled "*Managing Conflicts of Interest in the NHS*".

At each meeting of the Board of Directors, there is an item requiring those present to declare any conflicts of interest in matters on the agenda. Directors are also aware that Standing Orders require them to declare any conflict as soon as they become aware.

The Board of Directors has a range of skills and experiences gained from both the public and private sectors that complement all areas of Trust business. Each year the Board undertakes a skills audit to ensure that that the Board remains fit for purpose and to provide appropriate guidance in terms of succession planning. The Board 'Skills Audit Matrix' allows the Non-Executive Directors and the Council of Governors to develop an overview of the balance and experience of the Board and is utilised to highlight gaps in the desired skills profile at Board level, and to influence the recruitment for positions to the Board.

During 2018/19, the Remunerations and Nominations Committee reviewed its succession plan for Executive Directors.

A succession plan has been in place for a number of years, and this is refreshed at least twice a year, and also when senior managers leave the organisation.

There is a mentoring scheme in place as part of the staff development programme to bring forward talent within the Trust. The intended outcome of this mentoring is that staff in the organisation have a first-hand insight into higher level roles and their work streams, enabling two-way communication, and a means of motivating the workforce to aspire to higher level roles, thereby supporting succession planning.

The Scheme can be summarised as:

1 The opportunity for participants of the senior Engaging Leaders Programme to access a board-level mentor.

2 An agreed mentoring contract is in place to ensure there is a clear start/finish/ duration of the arrangement (of say, 3 meetings over 6 months).

3 There is an expectation that the mentee will be facilitated to shadow up to three events in addition to the mentoring meetings (for example, a Board of Directors meeting, an Executive Management Board / Non-Executive Directors' meeting, a Trust Committee Meeting).

The Board of Directors operates through the Executive Management Board and has established a range of communication links to engage with staff which includes the *Weekly Briefing* and *Clinical Times*. Each Trust site holds a series of scheduled meetings for staff throughout the year. Formally the Trust engages with staff through the Regional Partnership Forum, at which management and staff-side discuss issues of mutual interest.

In addition, the Non Executive Directors are each "Buddied" with a specific Governor normally from the area close to where the NonExecutive Director lives. In relation to the Staff Governors and Appointed Governors, these are buddied with the Trust Chair. The purpose of the Governor-NED Buddying scheme is to enable the Non Executive Directors to gain an understanding of the views of Governors and members about the Trust on an informal basis. Governors are always invited to attend Board meetings and directors are invited to attend Council of Governor Meetings.

The Board of Directors and Council of Governors receive at each meeting a breakdown of the membership and how representative it is of the community through the Trust Information Pack. Members who wish to communicate with Governors are facilitated through the Membership and Governor Engagement Officer.

Skills Audit Matrix

The Skills Audit Matrix assesses the membership of the Board of Directors against a number of key themes and skill areas that are agreed by the Board of Directors to be required for the stewardship of the Foundation Trust. These are in addition to those obligations under regulation that the Board must have a suitably qualified finance director, nursing director and medical director. The additional essential requirements are as follows:

- Strategic Leadership and Impact and Influence
- Risk Management
- Financial Acumen
- Legal Awareness
- Public Policy
- Directors are also required to exercise informed and sound judgment and maintain ethical, integrity and accountability standards
- At least one Non-Executive Director has an appropriate Financial Qualification
- At least one Non-Executive Director has an appropriate Clinical and Health Qualification or experience
- At least one member of the Board has a Legal Qualification.

In addition, the following desirable elements are also considered relevant:

- Corporate Communications and Media
- Commercial Focus
- Human Resource Management

The Skills Matrix of the Board of Directors for 2018/19 is set out below.

Non-Executive Directors

Skill	Sir Graham Meldrum	Tony Yeaman	Tony Murrell	Tony Arrowsmith 01/04/18-30/09/18	Jacynth Ivey	Caroline Wigley	Wendy Farrington Chadd	Narinder Kooner from 05/11/18
Strategic Leadership	✓	✓	✓	✓	✓	✓	✓	✓
Informed and Sound Judgment	✓	✓	✓	✓	✓	✓	✓	✓
Ethics, Integrity and Accountability	✓	✓	✓	✓	✓	✓	✓	✓
Impact and Influence	✓	✓	✓	✓	✓	✓	✓	✓
Risk Management	✓	✓	✓	✓	✓	✓	✓	✓
Financial qualification							✓	
Financial acumen	✓	✓	✓	✓	✓	✓	✓	✓
Public policy	✓	✓	✓	✓	✓	✓	✓	✓
Track record of personal achievement	✓	✓	✓	✓	✓	✓	✓	✓
Clinical and Health Experience					✓			
Health Experience: Non Clinical	✓	✓	✓	✓		✓	✓	
Legal awareness		✓		✓		✓	✓	
Corporate Communications and Media		✓		✓		✓		✓
Commercial focus	✓	✓	✓	✓	✓		✓	✓
Human Resource Management	✓		✓			✓		✓
Clinical Registration/ Professional Membership	Fellow, Inst of Fire Engineers Companion: Chartered Institute of Management	The Law Society (England and Wales) SRA ID:138630	None	Fellow of Institute of Practitioners in Advertising	None	Fellow CIPD	Chartered Institute of Public Finance and Accountancy	None
Professional/ Business Qualification/ Experience	Doctorate (Honorary) from Birmingham City University	Solicitor, MBA	Financial Controller/ Director	Diploma CAM	Former General Nurse, Midwife Health Visitor. PG Diploma Collaborative Community Care.	BA Law; Diploma in Coaching, Employment Tribunal Panelist	Qualified Accountant. BA(Hons) English Lit Certificate in Executive Coaching	Business Experience. Local Authority Counsellor

Executive Directors

Skill	Anthony Marsh	Diane Scott	Linda Millinchamp	Kim Nurse	Mark Docherty	Dr Chaitra Hodegere from 03/12/18	Dr Alison Walker* (Medical Advisor) to 3.12.18	Craig Cooke*	Murray MacGregor*
Strategic Leadership	✓	✓	✓	✓	✓	✓	✓	✓	✓
Informed and Sound Judgment	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ethics, Integrity and Accountability	✓	✓	✓	✓	✓	✓	✓	✓	✓
Impact and Influence	✓	✓	✓	✓	✓	✓	✓	✓	✓
Risk Management	✓	✓	✓	✓	✓	✓	✓	✓	✓
Financial qualification			✓						
Financial acumen	✓	✓	✓	✓	✓	✓	✓	✓	✓
Public policy	✓	✓	✓	✓	✓	✓	✓		
Track record of personal achievement	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clinical and Health Experience	✓	✓			✓	✓	✓	✓	
Health Experience: Non Clinical	✓		✓	✓					✓
Legal awareness		✓	✓	✓					
Corporate Communications and Media	✓	✓			✓		✓		✓
Commercial focus	✓	✓	✓	✓	✓		✓		
Human Resource Management	✓			✓					
Clinical Registration/ Professional Membership	None	HCPC Paramedic PIN PA05381	ICA – England and Wales	Chartered Institute of Personnel and Development	Registered Nurse (Adult) NMC PIN 83L3134E	GMC Registration 6065585	GMC Registration 4210643	HCPC Paramedic PIN PA02247	None
Professional/ Business Qualification/ Experience	Extended Ambulance Aid [NHSTA] (former Paramedic) Professor (Honorary) Wolverhampton University. MSc Strategic Leadership, MBA. MA.|	Diploma in Healthcare Mgt BSc Health and Social Care MSc Healthcare Mgt	Chartered Accountant B.Com (Hons) Commerce, Foreign Trade and Languages	Post-Grad Dip Personnel Mgt & Industrial Relations. MSc HRMgt. MBA, Certif. in Consulting Essentials. Visiting Fellow, Staffordshire University	BSc, (Hons) Nursing MSc Healthcare Commissioning	MBBS, MRCGP, PG Cert Pain Management, FRCA Primary	MBBChir. A&E Consultant. MBBChir, FRCEM, FIMCRCS, FRCS, FDSRCS, Dip Health Research, Cert Medicolegal	None	HNC Radio Broadcasting

*Associate Director

The Roles on the Board

The only appointments required by regulation to the Board of Directors are:

- A Non-Executive Director Chair
- A Chief Executive (and Accounting Officer)
- A Director of Nursing
- A Medical Director who must be a registered medical practitioner.
- A Finance Director.

There is also good practice guidance such as appointing a person who has clinical experience to the position of Non-Executive Director to provide appropriate challenge on quality. There is also guidance that at least one member of the Audit Committee should have recent and relevant financial experience. The Board and Council of Governors have taken this into consideration when making appointments to the Board.

The Board of Directors are compliant with the above requirements or good practice.

The Chair and Chief Executive have complementary roles in leadership:

- The Chair leads the Board of Directors and ensures its effectiveness and also chairs the Council of Governors
- The Chief Executive leads the organisation and the Executive Management Board (EMB)

Sir Graham Meldrum was Chair of the Board of Directors and as such was also Chair of the Council of Governors throughout the period of this Annual Report. In addition, Sir Graham Meldrum chaired all meetings of the Remuneration and Nominations Committee during 2018/19. Tony Arrowsmith continued in the role and carried out the duties of the Senior Independent Director (SID) until he retired on 30th September 2018, and the role of SID was taken over by Wendy Farrington Chadd from February 2019. Tony Yeaman has continued in the role of Deputy Chair.

The Chair has not disclosed any other significant commitments during the period of this Annual Report.

Wendy Farrington Chadd was Chair of Audit Committee from January 2017 to date.

The respective roles for the above positions, and indeed all positions within the governance structure of the Foundation Trust, are set out in the Trust's Charter of Expectations the contents of which was approved by both the Board of Directors and the Council of Governors and is published on the Trust's website.

All Directors on the Board of Directors and all Governors on the Council of Governors meet the "Fit and Proper" Persons test described in the provider licence, and in relation to directors all meet the requirements of the CQC fundamental standards guidance. Both directors and governors are subject to a "Disclosure and Barring Service" check.

The Senior Information Risk Owner (SIRO), must be an Executive Director or Senior Management Board Member. In the period covered by this Annual Report Diane Scott, the Director of Corporate and Clinical Services carried out the duties of the SIRO. The SIRO takes overall ownership of the Trust's Information Governance Policy, acts as the 'champion' for information risk on the Board and provides advice to the Accounting Officer (CEO) on the content of the Organisation's Statement on Internal Control in regard to information risk.

The Caldicott Guardian is the senior person responsible for protecting the confidentiality of patient or service-user information and enabling appropriate information sharing. They usually have a clinical background, and it is common for them to be the Medical Director. The Medical Director undertakes this role for the Trust.

Following the report by Sir Robert Francis on whistleblowing within the NHS, the Board of Directors appointed Caroline Wigley as nominated Non-Executive Director and Diane Scott as the nominated Executive Director for Freedom To Speak Up (FTSU). Barbara Kozlowska, as a Freedom to Speak Up Guardian, receives concerns directly from employees and Trust Volunteers, and acts upon them as appropriate. The FTSU Guardian produces regular monitoring reports for the Learning Review Group and the Board of Directors, and reports quarterly to the National FTSU Guardian Office.

The complementary roles of Executive and Non-Executive Directors

The Board of Directors operate on the principle of a "unitary Board" which means that the Executive Directors and Non-Executive Directors make decisions as a single group and share responsibility and liability. All directors whether Executive or Non-Executive constructively challenge during Board discussions and help develop proposals on priorities, risk mitigation, values, standards and strategy. The statutory membership of the Board ensures that it has clinicians such as a Medical Director and a Director of Nursing.

All of the Non-Executive Directors are classed as independent as defined by the Regulator's Code of Governance. The Constitution provides direction on the appointment and removal of the Non-Executive and also Executive Directors.

The Board has a Non-Executive Director with clinical experience to provide appropriate challenge at Board level. This role is undertaken by an experienced former senior nurse. The Strategic Operations Director is also a non-voting member of the Board and reports on performance against national operational indicators. During the period of this report the Communications Director was also a non-voting member of the Board of Directors. The Board, therefore, has a strong mix of skills with both Executive and Non-Executive Directors that are capable of reviewing and challenging the clinical, operational and financial performance presented to the Board and its Committees.

Profiles – Board of Directors (2018/19)

Sir Graham Meldrum – Chair

Sir Graham Meldrum was appointed as Chair of the Trust on 1 February 2007 following a career in the Fire and Rescue Service spanning over forty-two years. Sir Graham was appointed as Chief Fire Officer for the West Midlands Fire Service in 1990 and served in that position until 1998 when he became HM Chief Inspector of Fire Services for England and Wales. He has served on national bodies associated with the emergency services and has particular experience in respect of emergency planning having led the Government's planning team following the World Trade Centre disaster. Since becoming Chair of the Trust Sir Graham has continued his interest in matters related to equality and diversity and has served as Deputy Chair of the National Ambulance Service Equality, Diversity and Inclusion Forum. He is currently a Board member of the national NHS Providers organisation and the Chair of the Association of Ambulance Chief Executives Council and a member of their Board. During the time Sir Graham has been a member of West Midlands Ambulance Service NHS Foundation Trust he has taken a particular interest in the following areas of the Trust:

- Health education and prevention
- Alternative care pathways
- Reducing patient conveyance rates
- Policy and strategy development

Sir Graham has been involved with St John Ambulance Association for over twenty years. He served on the West Midlands Council of St John for over ten years and was awarded the Order of a Brother of St John in 1999 in recognition of his work for the Association. He lives in Kineton in Warwickshire, is married with two grown up children and can be found at events involving steam engines most weekends.

Anthony Marsh – Chief Executive

Anthony Marsh started his Ambulance Service career in Essex in 1987. Anthony has held a number of senior posts with the Ambulance Service in Hampshire, Lancashire, Greater Manchester and West Midlands. Anthony holds three Masters Degrees: an MSc in Strategic Leadership, a Master in Business Administration (MBA) and a Master of Arts. Anthony also holds the National Portfolio for Emergency Planning, Response and Resilience and is the lead for the National Ambulance Resilience Unit.

Diane Scott – Director of Corporate and Clinical Services / Deputy Chief Executive Officer - QAM

Diane joined the Ambulance Service in 1985 and during her career has held a number of senior posts in the emergency and urgent service, and routine patient transport. In 2002 she left Hampshire Ambulance Service as the Acting Director of Operations and joined a Private Healthcare Company as a Board Director. In 2003 she re-joined the NHS as the Director of Corporate Services for Warwickshire Ambulance Service and has since undertaken Director roles within both West and East Midlands Ambulance Services. Diane brings with her the experience, knowledge and skills of 18 years as a Director at Board level. Diane is a Health and Care Professions Council registered Paramedic and she is also Strategic Commander trained. As an Executive Director Diane is responsible for Corporate and Clinical Governance, which includes Patient Safety and Experience, Safeguarding, Legal Claims, Foundation Trust Membership and Governors, Risk Management and Health & Safety, Security Management, Information Governance, Infection Prevention & Control and Patient Experience. She is also the Director responsible for liaison with the Regulator.

Linda Millinchamp – Director of Finance

Linda has an Honours Degree in Commerce, Foreign Trade and Languages from the University of Birmingham and joined the NHS in 1983 after qualifying as a Chartered Accountant with Spicer and Pegler (now Deloitte) in 1980. She was originally responsible for the financial management of Mental Health Services in South Worcestershire as well as Hereford and Worcester Ambulance Service. In 1986 she was transferred to the Acute Service becoming Finance Director of what grew over 6 years to become Worcester Royal Infirmary combining Acute, Maternity, Mental Health and Elderly Care services, but she also retained responsibility for the Ambulance Service. When both entities applied for Trust status she elected to move full-time to the Hereford and Worcester Ambulance Service NHS Trust and was Director of Finance from its establishment in 1994 until it merged with the other West Midlands services in 2006. During this time she was Chair of the West Midlands HFMA and was also Acting Chief Executive of the Hereford and Worcester Ambulance Service between 2000 and 2002. She was appointed Deputy Director of Finance of WMAS in 2006 and Director of Finance for the Trust in May 2016.

Mark Docherty – Director of Clinical Commissioning and Service Development/ Executive Nurse

Mark graduated from Leeds with a First-Class honours degree in Nursing in 1983. He has worked in a variety of acute clinical settings across Yorkshire and the Midlands. In 1997 Mark was a finalist in the Nurse of the Year Awards, and since then has held a variety of senior clinical posts in provider organisations, as well as a Director of Operations and Nursing Post. Mark has worked as Ambulance Commissioning Director for the West Midlands, Chair of the National Ambulance Commissioners Group and Director of Ambulance Commissioning for London before joining the West Midlands Ambulance Service University NHS Foundation Trust in 2014. He holds a MSc from the University of Birmingham, has co-authored a book on "Management of Emergency Ambulance Services", contributed to "The Silver Book - Quality Care for Older People with Urgent and Emergency Care Needs", has recently co-authored a publication in the New England Journal of Medicine, and gave evidence to the House of Commons Health Committee for the Report on Urgent and Emergency Care. He is a judge for the National Air Ambulance Awards of Excellence and is an active clinician who regularly spends time working with ambulance staff in the clinical environment.

Dr Chaitra Hodegere– Medical Director (from 3 December 2018)

Dr Hodegere joined the Trust in December 2018 and works part time for two days a week. He has had a varied NHS career starting as an Anaesthetist in 2004 and then briefly moving through various surgical specialities and Emergency Medicine before joining General Practice. He has worked as a GP since 2012 and been in management for the last five years in Primary Care before joining WMAS. As well as WMAS, he works as a clinical lead in a community setting. Married with a young family, he also enjoys watching cricket.

Kim Nurse – Director of Workforce and Organisational Development

Kim is a qualified HR professional, holding both an MSc in HRM and an MBA. In October 2006 Kim joined WMAS to deliver a portfolio that covers workforce strategy and integration, clinical education and training and organisational development. Kim started her HR career in Local Government whilst providing workforce advice and guidance to two pan-London regeneration partnerships, before moving to the NHS in 2000. With substantial public-sector experience holding senior level posts, 18 years of these at Executive Board Director level, Kim leads on a wide range of key business areas, including strategic HR, workforce planning and transformation, cultural change, staff health and wellbeing and integrated staff engagement plans. Kim's close collaborative working with the university sector in the Region has further enhanced the design and delivery of a substantial education and development programme and was recognised by Staffordshire University with a Visiting Fellowship Award in March 2019.

Craig Cooke – Strategic Operations Director (Non-Voting)

Craig joined the Warwickshire Ambulance Service as a Cadet in 1990. Craig worked in Operations and Control before working his way to the rank of the Director of Operations prior to the merger of the Coventry & Warwickshire Ambulance Service in 2006. Since the merger of West Midlands Ambulance Service Craig has been instrumental in the implementation of the reconfiguration of the Emergency Operations Centre, he has

also been responsible for a major Fleet modernisation plan and the realisation of the innovative Make Ready programme for the Region. Craig is a Health and Care Professional Council Registered (HCPC) Paramedic and is currently the Strategic Operations Director and an Associate Director of the West Midlands Ambulance Service University NHS Foundation Trust Board, who is responsible for the Emergency and Urgent Service, PTS and Commercial Services and wider operational support functions. Craig is currently the appointed chairperson for the National Director of Operations group, reporting to Association of Ambulance Chief Executives.

Murray MacGregor – Communications Director (Non-Voting)

Murray MacGregor has been working in the media and public relations since 1995, with the last 12 years as Communications Director for WMAS. During that time he has overseen a significant upgrade in the way the Trust's internal communications are handled and has helped raise the profile of the organisation within the Region and nationally. Prior to moving to the West Midlands, Murray worked for three years with Essex Ambulance Service and two years with Cambridgeshire Police. He was heavily involved in managing the media coverage surrounding the Alton Towers incident in 2014. Murray's background is as a radio journalist and he worked for both the BBC and independent radio stations in Scotland and the south east of England.

Alison Walker, Interim Medical Director (to 3 December 2018)
Alison has worked in the NHS for over 30 years. She is a Consultant in Emergency Medicine with a Specialist interest in Prehospital Care. She was a regional NHS Ambulance Service Medical Director from 2005-2013 and has worked with WMAS as an Interim Medical Director and Honorary Medical Advisor since 2010. She was the chair of the National Ambulance Services Medical Directors Group 2012-13. She is an examiner for the FIMC and DipIMC examinations for the Faculty of Prehospital Care of the Royal College of Surgeons of Edinburgh. She holds Clinical Research network lead roles and has authored publications on ambulance service clinical pathways and other prehospital topics. She has also been a member of the JRCALC (Joint Royal Colleges Ambulance Liaison Committee) national committee since 2005 and is a member of the Trauma and Audit Research Network Committee (TARN).

Tony Yeaman - Deputy Chair, Non Executive Director
Tony has worked for both the public and private sector in the last 30 years and became a Non-Executive Director with the Trust in 2006 and Vice Chair in 2010. He started his career in private practice training to be a solicitor. He joined British Gas at a time of the privatisation programme. After qualifying as a solicitor he moved back into private legal practice specialising in complex personal injury claims. He later joined the Health Service and served as one of a team of regional solicitors at the Regional Heath Authority based in Hampshire. Following major NHS reforms and six years' service he joined the private sector where for the last 24 years he has continued his specialism in Health Service related issues for two national law firms.
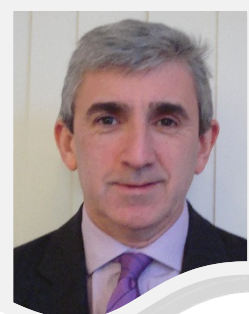
Tony Arrowsmith - Non Executive Director and Senior Independent Director (to 30 September 2018)
Tony Arrowsmith confessed "I was a Mad Man – my career has been in the advertising business, and yes the TV series was pretty accurate!". Tony was originally a founder member of a new ad agency in Birmingham which grew to be one of the largest in the Midlands, and part of a London based group. As Chief Executive he became responsible for developing the group's advertising and marketing companies across the UK, and when the group listed on the stock market joined the PLC board. He subsequently became Chairman of the American based McCann-Erickson Central UK agency. He is a Fellow of the Institute of Practitioners in Advertising and served as an elected council member, and Chair of the AMAA, the body responsible for the industry's trade union relations. At WMAS, Tony is the Senior Independent Director, and sits on the Audit, Resources and Remuneration Committees. Home is in Codsall, Staffordshire with his wife Yvonne, and they have three children.

Tony Murrell - Non Executive Director

Tony Murrell, started his career in a small timber merchant's where he served a commercial apprenticeship before joining the Xerox Corporation in 1976. He worked his way through the organisation fulfilling roles in the US and Europe. Tony then had the opportunity to specialise in Supply Chain Management and was appointed European Director, Customer Supply Chain management. Prior to retirement in 2005, he was appointed Director of Business Operations, centralising European back office processes and systems.

Jacynth Ivey - Non Executive Director

The Trust appointed its first clinical non-executive director in July 2011. Jacynth has over 25 years of NHS experience, starting her career as a nurse, midwife and health visitor. She progressed throughout her career to become an executive director of clinical leadership within a Primary Care Trust and acting Director of Nursing within a Strategic Health Authority. In addition Jacynth also serves as an Associate Non Executive Director on the Board of Health Education England.

Caroline Wigley – Non Executive Director

Caroline has over 25 years' experience as a Director in the NHS both in Human Resources and general management. She joined the NHS as a National Graduate Management Trainee. She has worked in a variety of health authorities and hospitals in the North of England and moved to Birmingham in 1987. She had a brief spell working for Ernst & Young, Accountancy Management Consultants. She then re-joined the NHS in 1988 as Director of Personnel for Birmingham Health Authority and has since undertaken a variety of posts in Birmingham's health services. She was Chief Executive of Birmingham Women's Health Care Trust from 2000 to 2005. Her last role was Director of Leadership at West Midlands Strategic Health Authority (SHA) where she took early retirement in 2012. She is a Fellow of the CIPD and a qualified coach. She left the West Midlands SHA on 31st October 2012. Caroline lives in Worcester and has three grown-up children.

Wendy Farrington-Chadd – Non Executive Director

Wendy has over 25 years' experience at Executive Board level within the NHS both in Finance and General Management and has undertaken several Executive roles at Chief Executive and Finance Director level. She has worked across the complete spectrum of the healthcare system both in hospital providers and in commissioning and has experience in both England and Wales. Wendy joined the NHS through the National Graduate Financial Management Training Scheme in the North West and undertook several senior roles prior to obtaining Finance Director positions. She has also undertaken several national and regional Chair and leadership roles including: Chairman of the West Midlands HFMA; lead Chief Executive for the National Specialist Orthopaedic Alliance; Chair of the Local Education and Training Committee informing workforce strategy for NHS providers, and Chair of NHS West Midlands Providers. Wendy has worked as a Management Consultant since 2015 and undertakes Chief Executive and Financial Turnaround and Strategic Consultancy assignments for the NHS and private sectors. She is also a qualified Executive Coach. Wendy lives with her husband Trevor near Shrewsbury in Shropshire and has two grown up children.

Narinder Kaur Kooner – Non Executive Director (from 5 November 2018)

Narinder Kaur Kooner has been a local authority Councillor since 2006 and has held the prominent position of Assistant Leader of Birmingham City Council. Narinder is a Local Government Association Labour Peer and on the Executive of Sikh Council UK. She is also a qualified Neuro-Linguistics Programming Practitioner and Mental Health First Aider. Narinder was recognised as one of 350 influential Sikh Women across the world and has had numerous awards in recognition of her Leadership and Community Work.

Narinder was instrumental in shaping devolution in Birmingham and is passionate about tackling unemployment and supporting and empowering local community groups. She has strong links with businesses, voluntary, third sector and community organisations within the city.

She is a Director of Sikh Women's Action Network (SWAN), an organisation which provides one to one support to victims of abuse, Child Sexual Exploitation and Grooming. SWAN delivers workshops to raise awareness of the impact of abuse on families and children and works in partnership with statutory organisations to feed into policy, influence service delivery. Narinder also co-hosts a talk show on TV to address issues that exist within South Asian communities that are not openly discussed.

Attendance at meetings of the Board of Directors from April 2018 to March 2019, (of which 5 were Public Board meetings, 5 were Strategy and Development sessions and there were 4 Extraordinary Board meetings in April, September, November 2018 and February 2019) were as follows:

Name	Position	Attendance out of 14 meetings
Sir Graham Meldrum*	Chair and Non Executive Director	14
Anthony C Marsh*	Chief Executive Officer	14
Tony Arrowsmith* (to 30.9.18)	Non Executive Director	7
Jacynth Ivey*	Non Executive Director	11
Tony Murrell*	Non Executive Director	12
Tony Yeaman*	Non Executive Director	8
Caroline Wigley*	Non Executive Director	12
Wendy Farrington-Chadd*	Non Executive Director	10
Narinder Kaur Kooner* (from 5.11.18)	Non Executive Director	6
Mark Docherty*	Director of Clinical Commissioning and Service Development/Executive Nurse	11
Dr Chaitra Hodegere* (from 3.12.18)	Medical Director	4
Craig Cooke	Strategic Operations Director	14
Linda Millinchamp*	Director of Finance	12
Kim Nurse*	Director of Workforce and Organisational Development	12
Diane Scott*	Director of Corporate & Clinical Services/Deputy Chief Executive Officer	12
Murray MacGregor	Communications Director	9
Alison Walker (to 3.12.18)	Interim Medical Director	7

*Voting members of the Board

The Non-Executive Directors

The Non-Executive Directors contribute to the development of strategy and play an important role in scrutinising the management in achieving agreed goals and objectives and monitoring the reporting of performance. Non-Executive Directors are drawn from the local community and live within the area covered by the Trust; all of the Trust's Non-Executive Directors are also Members of the Foundation Trust. The Non-Executive Directors act as a conduit between the Council of Governors and the Board of Directors and can ensure that the voice of the public is heard in decision-making processes and that the interests of patients remain at the heart of Board

discussions. Non-Executive Directors also have a role in working with the Chair in the appointment and remuneration of the Chief Executive and other Executive Directors as members of the Trust's Remuneration and Nominations Committee. There are seven Non-Executive Directors including the Chair as set out in the Constitution of the Foundation Trust. The Trust has purposely staggered their periods of office to ensure that extensive knowledge and experience is not immediately lost to the Foundation Trust.

The Council of Governors is responsible for the appointment of the Non-Executive Directors. Under the Constitution of the Foundation Trust the removal or suspension of the Chair or Non-Executive Directors requires the approval of three quarters of the members of the Council of Governors. Appointments will also be terminated if, in accordance with the Constitution, they become disqualified from holding their appointment or they resign from office by giving notice.

All Non-Executive Directors are considered to be independent by the Trust based on the provisions of section B1.1 of Monitor's Code of Governance.

As allowed for within the Constitution of the Trust the Council of Governors had reappointed Tony Arrowsmith to serve as Non-Executive Director for 12 months from 1 October 2017; at the completion of this period of office the position was advertised. Following a recruitment process the Council of Governors appointed Narinder Kooner to serve as a Non-Executive Director for a period of 3 years from 5 November 2018. The Council of Governors have also agreed to the reappointment of Tony Murrell for a period 12 months from 1 October 2018. The Council of Governors have agreed that the position will be advertised at the conclusion of the term. The Council of Governors have agreed to extend the period of office for one year for both Tony Yeaman and Jacynth Ivey, the table below incorporates the revised date. The Council of Governors during the period of this Annual Report, sought the support of an external organisation in the process for appointing Narinder Kooner.

All Non-Executive Director appointments to the Board of Directors are made by the Council of Governors for a period of three years as required by the Constitution:

Non-Executive Director	Period of Office Expires
Tony Murrell	30 September 2019
Sir Graham Meldrum	31 January 2020
Wendy Farrington-Chadd	25 January 2020
Jacynth Ivey	30 April 2020
Tony Yeaman	30 September 2020
Caroline Wigley	30 November 2020
Narinder Kooner	5 November 2021

The Chair holds monthly meetings with the Non-Executive Directors without the Executive Directors present. At least one meeting a year is chaired by the Senior Independent Director without the Chair present as part of leading the annual appraisal of the Chair.

The Non-Executive Directors are buddied with an Executive Director as well as at least three Governors. This enables the Non-Executive Director to act as a conduit for any concerns raised by a Governor into the Trust either formally through the Board meeting or informally through their Executive Director "buddy".

All Non-Executive Directors were subject to appraisal within the process framework approved by the Council of Governors during the period of this Annual Report.

Executive Directors

Executive Directors share the same corporate responsibilities as Non-Executive Director colleagues but bring detailed knowledge of the organisation's management systems and processes and of the health sector, as well as specialised clinical and managerial expertise. As required by the Constitution the Trust has six Executive Directors who are all employed by the Trust on permanent contracts with appropriate notice periods.

There is a statutory requirement to have:

- A Chief Executive (and Accounting Officer)
- A Director of Nursing
- A Medical Director who must be a registered medical practitioner.
- A Finance Director.

Board Level Committees

The Trust has a robust committee structure to provide assurance that its governance arrangements are strong and effective. The Board of Directors receive a Chair's Report from all its Committees at each meeting and, once approved as an accurate record by the relevant Committee, the minutes of the Committee are submitted for noting by the Board. The Board of Directors may refer any matter to its Committees for closer review. The Constitution and the Trust's Standing Financial Instructions apply to the Committees of the Board of Directors.

The Board of Directors reviews its Committee structure annually with the exception of the **Audit Committee** and the **Remuneration and Nominations Committee** that are required under the Constitution. The membership of these two Committees is made up of Non-Executive Directors, although the Chair only attends meetings of the Audit Committee at the invitation of the Audit Committee; the Board has established several other Committees where the membership consists of Executive and Non-Executive Directors.

To strengthen its quality governance, the Board established a **Quality Governance Committee** to:

- have the primary responsibility for monitoring and reviewing quality and clinical aspects of performance and development plans together with associated risks and controls, corporate governance and quality/clinical assurance. For these aspects, the Committee shall ensure that appropriate standards are set and compliance with them monitored on a timely basis, for all areas that fall within the duties of the Committee.
- develop proposals or priorities for business continuity and sustainability, risk mitigation, values and standards, and contribute to the development of strategy.
- ensure that relevant Key Performance Indicators, strategic and operational milestones and timescales, are identified and monitored for achievement and effectiveness.
- allocate work streams, where appropriate, based on a 'task and finish' principle. The Committee may, where appropriate, through the Medical Director, obtain external expert advice as required to provide assurance to the Board.

In order to strengthen sufficient scrutiny the Quality Governance Committee has the following working groups:

- Health, Safety, Risk and Environmental Group
- Learning Review Group
- Equality, Diversity and Human Rights Group

These groups support the Quality Governance Committee to:

- ensure the patient remains central to all decision making
- develop, implement and monitor the Annual Clinical Audit and Research programmes
- ensure ongoing compliance with legislation and CQC essential standards relevant to the work of the group
- provide guidance and assurance that the clinical care delivered to patients is safe and effective
- ensure that learning from adverse incidents takes place and actions to reduce harm are implemented
- have oversight of the delivery of the Equality, Diversity and Inclusion Agenda for the Trust

The Health, Safety, Risk and Environmental Group exists to meet the following objectives formerly in the Terms of Reference of the Infection Prevention and Control Group:

- ensure the effective prevention and control of Healthcare Associated Infection (HCAI) for the organisation.
- provide a key role in monitoring the organisation's performance against the Trust's Infection Prevention and Control Policy including external objectives/targets and compliance with the Code of Practice for the prevention

of HCAI (2010) and the CQC Essential Standards of Quality and Safety specifically Outcome 8.

- ensure there is adequate learning from incidents to minimise impact on patient safety/trust business.
- ensure there is a strategic response to new legislation, national guidelines and learning from incidents.

  And to

- ensure the correct identification, assessment, management and reporting of risk and health and safety issues.

To enable closer monitoring of financial and operational performance the Board has established a **Resources Committee** that has primary responsibility for monitoring and reviewing the adequacy and utilisation of resources. The purpose of the Committee is to assure the Board of the efficient and effective delivery of strategic and operational plans and objectives, together with any associated development plans, risk and financial/non-clinical assurance. For all areas that fall within its remit the Committee ensures that appropriate standards are set and compliance with them is monitored on a timely basis.

The Board of Directors is also the Trustee of the West Midlands Ambulance Service Charitable Fund, and to discharge this duty has established a **charitable funds Trustee Committee**.

In addition to the above Committees, the **Executive Management Board** (EMB) normally meets every two weeks in a formal capacity to review organisational performance and other management matters. The EMB reports formally to each meeting of the Board of Directors through the Chief Executive Officer's update report which is a standing item on every Board of Directors' agenda. In the period of this Annual Report the EMB was made up of all Executive Directors and the Trust Secretary.

Attendance at Board level Committees and EMB from 1 April 2018 to 31 March 2019 is set out in the following charts:

Executive Management Board

Between April 2018 and March 2019 the Executive Management Board met a total of 18 times.

Name	Position	Attendance out of 18 meetings
Anthony C Marsh	Chief Executive	14
Diane Scott	Director of Corporate and Clinical Services/Deputy Chief Executive Officer	18
Mark Docherty	Director of Clinical Commissioning and Strategic Development/Executive Nurse	12
Linda Millinchamp	Director of Finance	17
Kim Nurse	Director of Workforce and Organisational Development	17
Craig Cooke	Strategic Operations Director	17
Murray MacGregor	Communications Director	12
Phil Higgins	Trust Secretary	9
Chaitra Hodegere	Medical Director (from 3.12.18)	4 out of 8
Alison Walker	Interim Medical Director (up to 3.12.18)	2 out of 10

Audit Committee

Name	Position	Attendance out of 5 meetings
Wendy Farrington-Chadd	Committee Chair and Non Executive Director	5
Tony Arrowsmith	*Non Executive Director (up to 30.9.18)*	*2*
Jacynth Ivey	Non Executive Director	3
Tony Murrell	Non Executive Director	5
Tony Yeaman	Non Executive Director	3
Caroline Wigley	Non Executive Director	5
Narinder Kooner	*Non Executive Director (from 5.11.18)*	*2*

The Terms of Reference for the Committee are available upon request from the Trust Secretary.

The Trust's External Auditors comply with the Audit Code published by NHSI. On occasion it may be appropriate for external audit to undertake additional non audit services on behalf of the Trust. These services are subject to a number of safeguards to confirm that they do not impact on the objectivity or the independence of the auditor. All non audit services are subject to approval by management and by the Trust's Audit Committee. In addition to the checks made by the Trust the external auditor also undertakes its own internal checks prior to commencing any work. These checks require an assessment of the work against Ethical Standard 5. KPMG's ethics and independence manual is fully consistent with the professional practice rules of the Accounting Principles Board's Ethical Standards by whom they are regulated for audit

purposes. For any audit related or advisory services work requiring prior Audit Committee approval, the Audit Partner must undertake an assessment of the proposed work, governed by the firm's ethical compliance lead and incorporating the issues raised in the APB's Ethical Standard 5. The principal threats to an auditor's objectivity and independence are:

- self interest threat
- self review threat
- management threat
- advocacy threat
- familiarity (or trust) threat
- intimidation threat

The internal checks include the approval of the non-audit services by the firm's ethical compliance lead.

Remuneration and Nominations Committee

Name	Position	Attendance out of 8 meetings
Sir Graham Meldrum	Chair and Non Executive Director	8
Tony Arrowsmith	Non Executive Director (to 30.9.18)	3
Jacynth Ivey	Non Executive Director	8
Tony Murrell	Non Executive Director	7
Tony Yeaman	Non Executive Director	7
Caroline Wigley	Non Executive Director	6
Wendy Farrington-Chadd	Non Executive Director	5
Narinder Kooner	Non Executive Director (from 5.11.18)	5

The Terms of Reference for the Committee are available upon request from the Trust Secretary.

Any Board appointments are subject to a robust appointments process, are subject to open competition and are advertised externally.

Trustee Committee

The Terms of Reference for the Committee are available upon request from the Trust Secretary.

Resources Committee

Name	Position	Attendance out of 11 meetings
Tony Murrell	Chair and Non-Executive Director	11
Wendy Farrington-Chadd	Non-Executive Director	6
Tony Arrowsmith	Non-Executive Director (to 30.9.18)	5
Narinder Kooner	Non-Executive Director (from 5.11.18)	3
Caroline Wigley	Non-Executive Director	8
Linda Millinchamp	Director of Finance	9
Craig Cooke	Strategic Operations Director	9
Mark Docherty	Director of Clinical Commissioning and Service Development/Executive Nurse	6
Kim Nurse	Director of Workforce and Organisational Development	10
Michelle Brotherton	Non Emergency Services Delivery Director	7

The Terms of Reference for the Committee are available upon request from the Trust Secretary.

Quality Governance Committee

Name	Position	Attendance out of 8 meetings
Jacynth Ivey	Non-Executive Director & Chair	6
Caroline Wigley	Non-Executive Director & Vice Chair	5
Dr Chaitra Hodegere	Medical Director (from 3.12.18)	2
Dr Alison Walker	Interim Medical Director (to 3.12.18)	1
Mark Docherty	Director of Clinical Commissioning & Service Development/ Executive Nurse	6
Kim Nurse	Director of Workforce & Organisational Development	8
Diane Scott	Director of Corporate & Clinical Services/Deputy Chief Executive Officer	7
Craig Cooke	Strategic Operations Director	6

The Terms of Reference for the Committee are available upon request from the Trust Secretary.

Performance evaluation of the Board and Directors

The Directors and Governors of the Trust have jointly established a Director and Governor Development and Constitution Panel which reports into both the Board of Directors and the Council of Governors (CoG). The Panel supports the CoG and the Board of Directors by carrying out its role of providing a forum for:

- the Board of Directors and the Council of Governors to discuss the operation and application of the Constitution and any other governance document, and if appropriate recommend any amendment
- the review of the interaction between the Council of Governors and the Board of Directors.
- the evaluation, review and design of the Directors' and Governor development.

The Panel is responsible for developing and monitoring the Director and Governor Development Plan. The plan ensures that the development programme is linked to the Trust's Organisational Development Programme. Development for directors appointed to the Board commences at Induction. All Directors are provided with an induction the contents of which are reviewed by the Director and Governor Development and Constitution Panel and endorsed by the Board.

The Board of Directors at the conclusion of each meeting reviews its performance as a Board and also assesses whether it has breached its Guiding Principles; the Guiding Principles reflect the Values of the Trust and the NHS Constitution. The Board of Directors at each meeting is also invited to reflect on whether the values of the Trust have guided its decision making. The Board of Directors evaluates its performance at each meeting using a series of questions. The responses to the questions are then collated by the Trust Secretary and reviewed by the Trust's Director and Governor Development and Constitution Panel to assess the development needs of the Trust.

Each Committee of the Board undertakes an annual self-assessment where it reviews itself against the objectives contained within its Terms of Reference as agreed by the Board of Directors.

Committees (and those groups reporting to them) conduct a formal 'Review of Effectiveness' on an annual basis. Each Committee (and group) is required to demonstrate to the Board (and each group to its appointing Committee) that it has fulfilled its remit, remained within its Terms of Reference and has satisfactorily discharged its duties; adding value in terms of assurances and identifying and mitigating risk. A report is then presented to a Board meeting each year when the Board of Directors agree to the establishment of Committees for the year ahead with appropriate and refreshed (if necessary) Terms of Reference for the Board committees.

During the period of this Annual Report the Board has reviewed the Trust Committee structure and all of the Terms of Reference have been reviewed.

The Trust Chair appraises the performance of the Chief Executive Officer annually and also carries out a mid-year review against objectives set by the Remuneration and Nominations Committee.

The Chief Executive Officer appraises the performance of each Executive Director annually and also carries out a mid-year review against previously agreed objectives.

As a Foundation Trust, it is the role of the Council of Governors to ensure that there is an effective and meaningful performance assessment and appraisal process in place for both the Chair and Non-Executive Directors.

During the spring and summer of 2018 the Chair undertook the appraisals of the Non-Executive Directors, and the Senior Independent Director undertook the appraisal of the Chair. Various stakeholders were consulted as part of the appraisal process, this included the Council of Governors and directors of the Trust as well as those Non-Executive Directors that were not the subject of the appraisal. The outcome of the appraisals was reported to the Council of Governors, and was used by the Governors in determining whether to reappoint the Non-Executive Directors as their period of office came to an end.

Declaration of Interests

The Board and the Council of Governors have adopted the "*Managing Conflicts of Interest in the NHS: Guidance for staff and organisations"* published by NHS England. The Chair, all members of the Board of Directors and also the Governors declare any conflict of interest that arises in the course of conducting NHS business. Upon appointment, members of the Board of Directors are asked to declare any business interests, directorships, positions of authority in a charity or voluntary body in the field of health and any connection with contracting bodies for NHS services. They are also asked to declare their independence as defined by NHSI's Code of Governance. All such declarations are entered in a register and are available for public scrutiny and reviewed twice a year by the Board of Directors. The Board members are reminded of their responsibilities and possible liabilities under the Bribery Act.

There are registers in place that are regularly reviewed that give details of company directorships and other significant interests held by directors and governors which may conflict with their respective duties and responsibilities. The registers are open to the public and are published on the Trust's website. A copy of the register of interests is available upon request to the Trust Secretary. In addition, Senior Managers and those responsible for the procurement or letting of Contracts are reminded of their obligations under the guidance published by NHS England, and are similarly asked to make declarations of interest.

The Audit Committee reviews the Trust' Anti-fraud and Anti-corruption policies in line with the Bribery Act 2010 and the Fraud Act 2006 and receives regular reports from the Trust's Local Counter Fraud Specialist.

Council of Governors

The Council of Governors is the accountable forum between the Board of Directors and its Membership and key stakeholders. It represents local interests as well as staff and key partnership stakeholders. The Council of Governors comprises 26 Governors, and is regarded by the Trust to be of a size and scope that is manageable.

It is in the mid-range when compared with other Foundation Trusts and its size also enables it to be representative of the community.

The Chair of the Board of Directors is also Chair of the Council of Governors and is responsible for leadership of both the Board and the Council of Governors. A report from the Chief Executive is a standing item on Council of Governors' agenda, and other Executive Directors are invited to present to the Council on any issues relevant to their directorate. This also enables a Q&A session for Governors. All Non-Executive Directors are invited to attend each meeting of the Council of Governors and are invited at least once a year to present to the Council of Governors on their role to date and also on their specific portfolio if they are a Committee Chair.

Induction training for newly elected and appointed Governors is convened as soon as possible after election or appointment. This includes a one to one meeting with the Chair.

All Governors are made aware of the Fit and Proper Persons test as described in the provider licence and upon election are subject to a "Disclosure and Barring Service" check.

The following are the duties and role of the Governor and these provide a focus for governor development. This is further strengthened by the obligation under statute for the Trust to take steps to secure that the Governors are equipped with the skills and knowledge they require in their capacity as such.

The most significant obligation for Governors are the duties to:

- hold the Non-Executive Directors individually and collectively to account for the performance of the Board Directors; and
- represent the interests of the members of the Trust as a whole and the interests of the public.

In addition, Governors are asked to determine matters of a financial and commercial nature. This can include transactions described as "significant transactions". The Governors have agreed a **Significant Transactions Panel** to assist their consideration of such matters and cannot proceed unless a majority of Governors agree to them.

These are significant responsibilities for a group of people who are effectively volunteers. The Trust takes these duties into account and the development programme for Governors includes providing them with the knowledge and skills to carry out their role.

The main duties of the Governors either contained within statute or a requirement of the role are to:

- Appoint or remove the Chair and the other Non-Executive Directors
- Determine the remuneration and allowances, and the other terms and conditions of office, of the Non-Executive Directors
- Appoint or remove the Auditor

- Understand the content of the approved Annual Accounts, any report of the Auditor on them and also the Annual Report
- Consider and determine disputes as to membership
- Consider resolutions to remove a Governor
- Approve the appointment of the Chief Executive (and Accounting Officer)
- Determine whether to refer a question to the NHSI panel, if a majority of the Council of Governors are of the opinion that the Trust is failing to comply with its Constitution.
- Convey their views to the Directors for the purposes of the preparation (by the Directors) of the forward plan in respect of each Financial Year
- If the forward plan contains a proposal that the Trust carry on an activity of a kind other than the provision of goods and services for the purposes of the health service in England then it is the Governors who must determine whether the activity will not to any significant extent interfere with the fulfilment by the Trust of its principle purpose or the performance of its other functions
- If the Trust proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods or services for the purposes of the health service in England, then the Trust may only implement the proposal if Governors approve its implementation.
- Approve any merger, acquisition, separation or dissolution.
- The Trust may make amendments of its constitution only if the Governors of the Trust approve the amendments.
- Provide views to the Board of Directors on the strategic direction of the Trust and targets for the Trust's performance, and on the monitoring of the Trust's performance in terms of achieving those strategic aims and targets which have been set;
- Develop and recruit a representative membership;
- Represent the interests of the Members of the Trust as a whole and the interests of the public;
- At least every three years review the membership strategy of the Trust and its policy for the composition of the Council of Governors and the Non-Executive Directors.
- Review the Quality Account

The above duties are reflected in the Constitution of the Foundation Trust.

The Constitution has been varied during the period of this Annual Report to recognise the appointment of a Youth Governor from St John Ambulance and to also formally give effect to becoming a University Foundation Trust through changing the name to West Midlands Ambulance Service University NHS Foundation Trust. The name change acknowledges the Trust's progress in strengthening its links with the university sector to increase Graduate Paramedic recruitment and in establishing a Research & Development Hub to include clinical research, major incident planning and response research and other associated training, accreditation and development. In addition to this there was also a re-introduction of a seat for a governor representing universities in the region on the Council of Governors.

The Council of Governors in the period covered by this Annual Report has discharged many of its statutory duties, including the re-appointment of Non-Executive Directors, and undertaken the appraisal of the Chair and Non-Executive Directors.

The Council of Governors has not exercised its power to request a member of the Board of Directors to attend a meeting of the Council of Governors for the purpose of obtaining information about the Trust's performance of its functions or Directors performance of their duties as detailed in the Constitution.

Staff Governors 2018/19

CONSTITUENCY	GOVERNOR	ELECTED TERM
Emergency and Urgent Operational Staff	Sarah Bessant	01/01/17 –31/12/19
	Gail Hollyhomes	01/01/17-31/12/18
	Adam Aston	01/01/19 – 31/12/2021
Non-Emergency Operational Staff	Andrew Rowles	01/01/17 – 31/12/20
Emergency Operations Centre	Duncan Spencer	01/06/14 - 31/12/20
Support Staff	Steve Elliker	01/01/19 – 31/12/20 (Re-elected)

Public elected Governors 2018/19

CONSTITUENCY	GOVERNOR	ELECTED TERM
Birmingham	Les Homer	01/01/18 –31/12/20 (Re-elected)
	Peter Brookes	01/01/16 –31/12/18
	Adam Williams	01/01/17 –15/05/18 (Resigned)
	Simon Mansel	30/07/18 – 31/12/19
Black Country	Lachman Jassi	01/01/17–31/12/20
	Councillor Peter Bilson	01/01/16 –31/12/18
	Kay Morton (formerly Cullen)	01/01/17 –31/12/19
	Julie Winpenny	01/01/19 – 31/12/21
Staffordshire	Eileen Cox	01/01/17 –31/12/19
	Basil Pickering	01/01/16 – 31/12/18
	Maggie Matthews	01/01/18 – 11/11/18 (resigned)
	David Hardy	01/01/19 – 31/12/21
	Daniel Pugh	01/01/19 – 31/12/21
West Mercia	Brenda Richards	01/01/16 –31/12/18
	Bill Ellis	01/01/17 –31/12/19
	Louise Jones	01/01/2015 - 31/12/2017 (Retired)
	Roy Aldcroft	01/01/18 – 31/12/20
	Helen Higginbotham	01/01/19 – 31/12/21

CONSTITUENCY	GOVERNOR	ELECTED TERM
Coventry and Warwickshire	John Davies	01/01/17 –31/12/19
	Elizabeth Dixon	01/01/17–31/12/18
	John Pudney	01/01/2013 – 31/12/2017 (Retired)
	Kyle Sands	01/01/18 – 31/12/19 (resigned)
	William Brown	01/01/19 – 31/12/21

'Appointed' Governors were nominated by organisations to serve on the Council of Governors in 2018/19:

ORGANISATION	GOVERNOR	APPOINTED TERM
NHS Provider (A new seat created by merging the Acute provider and Mental Health service provider seats)	Barry Day	12/7/17-31/12/19
Community First Responders Forum	David Fitton	16/11/16 – 31/12/17 30/07/19- 31/12/19
	Paul Dadge	01/01/18 – 16/05/12
Local Authority	Councillor Carole Griffiths	15/11/16-31/12/18 (replaced – 27/06/17)
	Cllr Mike Brown	27/06/2017 -31/12/18 (retired)
West Midlands Fire Service	Phil Loach	01/01/17 –16/05/18 (replaced 30/07/18)
	Becci Bryant	30/07/18-31/12/19

The Trust is grateful for the service and commitment that the Governors gave or continue to give the Trust during their period of office.

Until 30 July 2018 the Lead Governor was Eileen Cox; Eileen was then re-elected into the position for another year. The Council of Governors have also re-elected John Davies as Deputy Lead Governor.

The Council of Governors have established the following Panels with approved Terms of Reference:

- The Membership, Public and Patient Experience Panel
- The Director and Governor Development and Constitution Panel.
- The Significant Transactions Panel
- The Remuneration, Terms of Service and Nominations Panel

Over the year, there has been a programme of themed 'focus on' development presentations and induction sessions to ensure that the Council fully understands the business of the Trust and its various activities so that Governors can fulfil their important role of engaging with the public and ensuring that the Trust's services continue to improve in line with the wishes of the membership.

A development day was also held for the Council of Governors on 19 September 2018 covering a number of topics.

Governors are regularly encouraged to undertake observation activities on a Trust emergency or non-emergency vehicle in order to fully appreciate a 'day in the life' of an operational member of staff.

In November 2018 the Governors completed a self-assessment questionnaire on their collective performance. The results of the questionnaire have been reported back to the Council of Governors and to the Board of Directors. The results of the self-assessment undertaken in November 2018 are set out below:

Please note that the number of responses received were nine out of twenty- Two Governors requested to not complete the questionnaire due to only just taking up their terms of office and they had not at that point attended a Council of Governors. Nine non returns.

Q1.The Council of Governors understands its role in holding to account, in terms of:					
	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
a) The Trust's Performance			5 (56%)	4 (44%)	
b) Delivery of the Strategic Plan			5 (56%)	4 (44%)	
c) Ensuring the Trust is Well Lead		1 (11%)	4 (44%)	4 (44%)	
Q2. The Council receives sufficient information to carry out its duties as defined in the Monitor Document 'Statutory Duties for Governors'					
	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
		1 (11%)	4 (44%)	4 (44%)	

Q3. There is sufficient opportunity to question members of the Board of Directors					
	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
		1 (11%)	7 (78%)	1 (11%)	

Q4. The Council is given the opportunity to influence Trust strategy					
	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
		2 (22%)	7 (78%)		

Q5. There is opportunity for the Council to bring forward its own ideas on strategy					
	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
	1 (11%)	1 (11%)	5 (56%)	2 (22%)	

Q6. The Council of Governors ensures there is appropriate communication and consultation with Members, Stakeholders and the wider public					
	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
	1 (11%)	1 (11%)	7 (78%)		

Q7. The Council monitors membership recruitment activities and understands its role in engagement.					
	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
	1 (11%)	1 (11%)	4 (44%)	3 (33%)	

Q8. The Council ensures public Membership is representative of the Trust's public constituency area.					
	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
	2 (22%)	2 (22%)	5 (55%)		

Q9. The Council's process for the re-appointment or appointment of a Non-Executive Director is effective.					
	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
	2 (22%)	1 (11%)	6 (66%)		

Q10. The Council has in place an appropriate process for enabling performance appraisals for the Chair and Non-Executive Directors.					
	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
			3 (33%)	6 (66%)	

Q11. Does the Council of Governors make a difference to the work of the Trust?					
	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
		2 (22%)	4 (44%)	3 (33%)	

	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
Q12. The Council of Governors understands its role in representing members of the Trust and takes positive action to provide opportunities for members of the public to make contact.					
		2 (22%)	4 (44%)	3 (33%)	

To ensure that the role of representing the interests of the Membership and stakeholders is undertaken, at each meeting the Governors are requested to state how they have discharged responsibility for regularly communicating with their membership.

Meetings of the Council of Governors and attendance

The Council of Governors is required to meet at least four times a year to discharge its duties and has a schedule of business for the year which is considered at each meeting. During 2018/19 there have been five meetings of the Council of Governors. The attendance of each Governor is shown in the table below.

The Foundation Trust constitution sets a minimum level of attendance required by governors at meetings of the Council of Governors each year.

Attendance at meetings of the Council of Governors from April 2018 to March 2019 were as follows:

Name	Constituency/Job Title	Attendance out of 5 meetings
Peter Brookes	Publicly Elected Governor – Birmingham	5
Les Homer	Publicly Elected Governor – Birmingham	5
Adam Williams	Publicly Elected Governor – Birmingham	2
Simon Mansel	Public Elected Governor - Birmingham	2
Councillor Peter Bilson	Publicly Elected Governor – Black Country	4
Kay Morton (formerly Cullen)	Publicly Elected Governor – Black Country	4
Lachman Jassi	Publicly Elected Governor – Black Country	3
Julie Winpenny	Publicly Elected Governor – Black Country	1
Elizabeth Dixon	Publicly Elected Governor – Coventry and Warwickshire	1
John Davies	Publicly Elected Governor – Coventry and Warwickshire	4
Kyle Sands	Publicly Elected Governor – Coventry and Warwickshire	0
William Brown	Publicly Elected Governor – Coventry and Warwickshire	1
Bill Ellis	Publicly Elected Governor – West Mercia	4
Helen Higginbotham	Publicly Elected Governor – West Mercia	1
Louise Jones	Publicly Elected Governor – West Mercia	1

Name	Constituency/Job Title	Attendance out of 5 meetings
Brenda Richards	Publicly Elected Governor – West Mercia	4
Roy Aldcroft	Publicly Elected Governor – West Mercia	3
Eileen Cox	Publicly Elected Governor – Staffordshire	5
Basil Pickering	Publicly Elected Governor – Staffordshire	4
Margaret Matthews	Publicly Elected Governor – Staffordshire	3
David Hardy	Publicly Elected Governor – Staffordshire	1
Daniel Pugh	Publicly Elected Governor – Staffordshire	0
Sarah Bessant	Staff Elected Governor - Emergency and Urgent Operational Staff	5
Gail Hollyhomes	Staff Elected Governor - Emergency and Urgent Operational Staff	0
Adam Aston	Staff Elected Governor - Emergency and Urgent Operational Staff	1
Andrew Rowles	Staff Elected Governor – Non Emergency Operational Staff	
Duncan Spencer	Staff Elected Governor – Emergency Operations Centre Staff	5
Steve Elliker	Staff Elected Governor – Support Staff	5
Barry Day	Appointed Governor - NHS Provider	1
David Fitton	Appointed Governor – Community First Responder Regional Forum	4
Paul Dadge	Appointed Governor – Community First Responder Regional Forum	1
Philip Loach	Appointed Governor – Fire Service	1
Becci Bryant	Appointed Governor Fire Service	3
Councillor Carole Griffiths	Appointed Governor – Local Authority	0
Councillor Mike Brown	Appointed Governor – Local Authority	0

Declarations of interest

Similarly to the Board of Directors, all of the Governors of the Trust must declare details of any material interests which could conflict with their responsibilities as a Governor of the Trust. The Council of Governors have adopted the NHS England guidance on declaring conflicts of interest. A Register of Interests is maintained by the Trust and is available by request to the Trust Secretary.

The Board and Governor relationship

The Board of Directors recognises the importance of receiving and responding to the views of the Council of Governors. As a Foundation Trust, the Board of Directors is keen to understand the statutory powers of the Council of Governors and to support it in creating the forums where the Council can hold the Non-Executive Directors to account for the performance of the Trust. The Board of Directors' papers are available to all members of the Council of Governors.

Non-Executive Directors have attended meetings of the Council of Governors, and in addition the Trust has established a Governor/Non-Executive Director Buddy scheme. The publicly elected governors are buddied with a respective Non-Executive Director within the constituency in which the Non-Executive Director lives. Regular meetings take place facilitated by the Non-Executive Director with any views or comments flowing back through the monthly meeting of the Non-Executive Directors for action or, if urgent, through the relevant Director into the Trust. Feedback will be through the same route.

The Staff Elected and Appointed Governors are buddied with the Chair and meet with him on a regular basis.

An update from the Chair and Chief Executive Officer is a standing item on the Council of Governors' agenda where the Chair can report back on salient matters affecting the Board, the Trust and the Council of Governors.

Membership

The membership is the means by which the Foundation Trust is accountable to its local community. The Trust maintains a database of members and this database is cleansed regularly. The constituencies of the membership are set out in the Constitution of the Foundation Trust.

The Trust has circa 13,924 members; this includes both public members and staff members. WMAS operates an opt-out membership for its staff. This means that staff who are eligible for membership are automatically members of the Foundation Trust unless they choose to opt out.

CONSTITUENCY	PUBLIC MEMBERS
Birmingham	2126
Black Country	2892
Staffordshire	1407
West Mercia	1648
Coventry and Warwickshire	1140

Category	Membership as of 13/03/19
Staff	4682
Public	9242
Total	13924

The Trust recognises within its Membership strategy that as a Foundation Trust it has a duty to involve the local community in decisions that affect their lives and wellbeing. Involving people encourages and empowers them as individuals and as communities. Engagement is the process of getting the public involved in the decisions about them in a sustained way. This includes planning, developing and managing services as well as activities that aim to improve health or reduce health inequalities.

Membership is monitored for compliance with six of the nine Protected Characteristics under the Equalities Act 2010 in each constituency to ensure membership is based on quality as opposed to quantity:

- Gender
- Gender Reassignment
- Race
- Sexual Orientation
- Disability
- Age

Further details on Patient and Public involvement are included within the Quality Account contained within this Annual Report.

West Midlands Ambulance Service has visited an array of local groups and events throughout the year, many promoting the health and wellbeing agenda and often involving inter-agency co-operation. The use of a dedicated community engagement vehicle and Trust mascot 'Lloyd the Paramedic Turtle' has helped in facilitating these events.
Activity throughout the year has supported the delivery of the Trust's key Equality, Diversity and Inclusion strategic objective: 'To build the communities' trust and confidence in WMAS through effective communication and engagement'. Examples of activities undertaken include:

- Promotion of careers within West Midlands Ambulance Service and the pre-hospital emergency care sector generally at young people's careers events across the region, including the Trust's involvement with 'Health Futures' University Technical College.
- Hosting an NHS Equality Delivery System engagement event
- Membership Newsletter
- Utilising social media to communicate directly to membership and the public

Members of the Foundation Trust and members of the public may contact Governors via the Membership and Governor Engagement Officer on 01384 246323 or foundationtrust@wmas.nhs.uk

Further details can be found on the Trust's website – www.wmas.nhs.uk

Regulatory Ratings - NHSI Single Oversight Framework

This section contains details of the Trust's Governance risk rating, Use of Resources risk rating and CQC rating, together with the Statement of the Accounting Officer's Responsibilities.

As an NHS Foundation Trust, West Midlands Ambulance Service is subject to the regulatory framework established by NHSI the independent regulator of NHS Foundation Trusts. That framework covers both financial and governance risks. The aim of that framework is to facilitate NHSI's assessment of there being:-

- a significant risk to the financial sustainability of a provider of key NHS services which endangers the continuity of those services and/or
- poor governance as an NHS Foundation Trust.

The table below confirms the ratings secured in 2018/19

	Annual Plan 2018/19	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Overall 2018/19
Use of Resources Risk Rating	1	1	1	1	1	1

The Trust has performed strongly against the ratings in 2018/19, securing a 'Use of Resources' risk rating of one (ie, being the lowest financial risk) and a governance risk rating of green for each of the four quarters of the year. This was in line with the annual plan submitted to NHSI at the beginning of the year.

Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:
- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support and '1' reflects providers with maximum autonomy. A Foundation Trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation

West Midlands Ambulance Service University NHS Foundation Trust has been placed in segmentation 1 from October 2016 and this segmentation information remains the Trust's position as at March 2019. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS Improvement website.

Finance and Use of Resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4' where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed might not be the same as the overall finance score here.

Area	Metric	2018/19 score
Financial Sustainability	Capital Service capacity	1
	Liquidity	1
Financial Efficiency	I&E Margin	1
Financial Controls	Distance from financial plan	1
	Agency spend	1
Overall Scoring		1

The Trust scores well against these financial metrics. Its financing requirements are – by NHS standards – low, partly due to its low value asset base and partly due to the fact that its capital requirements have been funded from internal resources (rather than borrowing). In 2018/19, with the exception of GDE Projects for which additional central PDC was received, the Trust funded its capital investment activity (£9.3m) entirely from internal resources – brought forward cash balances, the depreciation account, and from the sale of redundant assets. Furthermore, the Trust has a historically solid level of liquidity which is reflected in its cash holdings of £48.1m at the end of 2018/19. Against the UoR, therefore, the Trust has scored one (i.e. lowest financial risk) overall for 2018/19.

Care Quality Commission

The Trust was delighted to receive a rating of 'Outstanding' following inspections by the Care Quality Commission (CQC). The CQC visited the Trust in Summer 2016 and looked at all aspects of how the Trust operated, paying particular attention to Emergency and Urgent Care, Emergency Operations Centre, Patient Transport Services and Resilience.

The five key areas the CQC look at are whether a service is safe, effective, caring, responsive and well-led.

The Trust received a rating of 'outstanding' for providing caring and effective services and 'good' for being safe, responsive and well-led. Resilience was rated 'outstanding' overall.

The West Midlands Ambulance Service University NHS Foundation Trust was the first and remains the only ambulance service in England to receive an outstanding rating.

The Trust is awaiting an unannounced and announced visit from the Care Quality Commission in the new financial year, as the Routine Provider Information Request (RPIR) was responded to on 31 January 2019.

Statement of the Chief Executive's responsibilities as the Accounting Officer of West Midlands Ambulance Service University NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS Improvement.
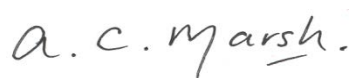
NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require West Midlands Ambulance Service University NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of West Midlands Ambulance Service University NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgments and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy, and
- prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed   *a. c. Marsh.*

Position: Chief Executive   Date: 23 May 2019

Annual Governance Statement

This section contains information on the frameworks and strategies that concern handling risks and also outlines the role of Trust Committees in addressing and managing risks.

Scope of Responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the West Midlands Ambulance Service University NHS Foundation Trust (WMAS) policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the West Midland Ambulance Service is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum.*

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of West Midland Ambulance Service University NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in West Midlands Ambulance Service University NHS Foundation Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

Capacity to Handle Risk

Risk management is a key component of enhancing patient and staff care and is an integral part of the Trust's strategic management. It is the process whereby the Trust methodically addresses the risks related to its activities with the goal of achieving sustained benefits to patient care and to the WMAS strategic agenda, across the portfolio of all Trust activities. The focus of risk management at WMAS is about being aware of potential problems, working through what effect they could have and planning to prevent the worse-case scenario.

Through the Trust's Vision WMAS is committed to delivering the right patient care, in the right place, at the right time, through a skilled and committed workforce.

This safe, effective care is led by the **Chief Executive Officer** who has overall accountability and responsibility for risk management within the Trust. Operationally, the Chief Executive Officer has delegated responsibility for implementation of risk management to the Director of Corporate and Clinical Services.

The **Director of Corporate and Clinical Services supported by the Executive Management Board**, is responsible for the Risk Management Process within the Trust and as such ensures:

- compliance with the risk management strategy is monitored and a review requested should evaluation and/or legislation identify change requirements
- the review of risk and risk registers is maintained in accordance with Trust strategy
- all staff have the ability to identify risks and propose they are assessed and entered onto the relevant section of the Trust risk register
- a robust Board Assurance Framework (BAF) is in place. It has been designed to provide Board members with the assurance they require that any risk to achievement of Trust objectives is managed, highlighting any gaps in controls and any mitigating action, and providing an ongoing record of assurance work undertaken by the Board and its Committees.

The Directors of the Executive Management Board individually and collectively have responsibility for providing assurance to the Board of Directors on the controls in place to mitigate their associated risks to achieving the Trust's Strategic Objectives that include continued compliance with the Trust licence.

The Committees of the Board of Directors have responsibility for providing assurance in respect of the effectiveness of those controls. The effectiveness of the Trust's governance structures continues to be tested via Internal and External Audit.

The Corporate and Clinical Services Directorate have experienced and appropriately qualified staff to lead, support and advise staff at all levels across the organisation with the identification and management of risk.

All staff are trained and equipped to manage risk through education and training programmes including corporate induction, mandatory training and the annual completion of the Trust statutory and mandatory workbook. An annual Education and Training Needs Analysis is undertaken so that mandatory training is agreed through a formal governance process which is influenced by risk assessment and learning identified throughout the governance structure.

All members of staff have an important role to play in identifying, assessing and managing risk and the Trust encourages a culture of openness and willingness to admit mistakes. Staff are able to raise risks directly with managers, through electronic reporting, whistleblowing and freedom to speak up, team meetings, via Staff Side representatives, partnership forums, and with Executive and Non-Executive Directors during their visits to Trust premises.

The front page of the Trust intranet shows the Tab for incident reporting, along with access to the electronic reporting tool, guidance for staff on how to complete electronic incident form (ER54) and Q&A support.

Analysis of risk takes place during day to day review of electronic (ER54) reports and monthly at the Trust's Learning Review Group (LRG). Any new risks identified are added to the Risk Register and escalated to the relevant Committee or working group and designated lead to manage and monitor actions taken to achieve maximum possible mitigation.

The Trust has in place a Protocol for the analysis of and learning from incidents, complaints and claims. This document has been developed to ensure that there is a process in place to set out a systematic approach to the analysis of incidents and that subsequent learning is put into place to prevent reoccurrence. This learning is driven by the Board of Directors through the work of the Learning Review Group with assurance from the Quality Governance Committee. The aim of the Protocol and the purpose of the LRG is to ensure the identification of trends and themes arising from adverse incidents, complaints, learning from deaths, staff and public engagement, Coroner's inquiries, freedom to speak up and claims.

The Risk and Control Framework

Risk Management Strategy

West Midlands Ambulance Service University NHS Foundation Trust is committed to delivering an efficient, cost effective, high quality healthcare service which fully integrates all the threads of quality, performance and financial governance as detailed in the Trust's Strategic Plans.

Risk management is a key component of enhancing patient care and is a central part of the Trust's strategic management. It is the process whereby the Trust methodically identifies and addresses the risks attaching to its activities where the goal is to achieve sustained benefits to patient care and to the Trust's strategic agenda, within each activity and across the portfolio of all Trust activities.

The focus of risk management in the Trust is the identification and treatment of these risks.

The Risk Management Strategy provides the Trust with a holistic strategy that bridges all aspects of internal and external risk, to reduce the exposure to risk of the Trust, its staff, patients and the general public.

An understanding of the risks that face the Trust is crucial to the delivery of emergency and non-emergency healthcare services moving forward. The business of emergency healthcare is, by its nature, a high-risk activity, and whilst the non-emergency service is not as high risk, by nature of the number and complexity of the patients conveyed the process of risk management is an essential control mechanism. Effective risk management processes are central to providing the Board of Directors with assurance on the framework for clinical quality and corporate governance (which includes all performance indicators).

The Trust Strategic Objectives, as set out below, require the effective management of risks attached to their delivery and success.

1. Achieve Quality and Excellence
2. Accurately assess patient needs and direct resources appropriately
3. Establish our market position as an emergency healthcare provider
4. Work in Partnership

The Trust has in place a Risk Management Strategy and its Risk Management objectives which support the Trust's Strategic and Operational plans are as follows:

- To ensure safe and timely systems for identifying, reporting and managing risks, incidents, near misses
- To facilitate timely feedback and learning from reported risks, incidents and near misses supported by robust governance processes
- To support Board level ownership and assurance that the risks are thoroughly reviewed and managed effectively
- To promote an open and transparent culture of risk management throughout the organisation, giving all staff confidence in the system

Identifying and Reporting Risk

Risk management involves a planned and systematic approach to the identification, assessment and mitigation of the risks that could hinder the achievement of strategic objectives. It involves the following main steps:

- identifying the significant risks that would prevent achievement of objectives
- assigning ownership
- evaluating the significance of each risk
- identifying suitable responses to each risk
- ensuring the internal control system helps manage the risks
- regular review

Risks are identified routinely from a range of internal and external sources including workplace risk assessments, analysis of incidents, complaints/ PALS, claims, external safety alerts and other standards, targets and indicators. As risks are identified they are appropriately graded and ranked and included on the Trust's Risk Register.

The Trust requires all adverse incidents to be reported and recorded as part of a proactive approach to Health and Safety, Clinical and Non-Clinical Risk Management.

The reporting of adverse incidents includes 'near misses' and covers all categories including violence, abuse, harassment, fire, security, equipment damage, personal accidents including staff, patients and visitors, clinical incidents, infection outbreaks, and identified hazards (including unsafe working conditions and practices).

The Trust ensures it addresses potential for adverse reputational impacts by proactively reviewing its systems and processes in light of externally published reports.

The Trust's Risk Registers are documented on the Trust's IT system (Sharepoint) and list all identified risks and the results of their analysis and evaluation. Information on the status of the risk is also included. To support staff the Trust provides a fair, open and consistent environment and as such both the Trust's Risk Register and incident reporting mechanisms are available for staff to view at any stage electronically. This encourages a culture of openness and willingness to admit when errors have been made or mistakes have occurred.

The Board of Directors is kept aware of actual and potential risks through a system of robust, formal and devolved reporting structures. This system provides a strong focus on evaluating and managing risk. Key to this process is the Board Assurance Framework that identifies the Trust's significant risks (high risks with a score above 12 and above and agreed by the Board of Directors), mitigating actions and assurance mechanisms. This is reviewed and challenged at Board Committees and at least four times each year by the Board.

Management of Risk

The Trust's Risk Management Strategy includes guidance on the responsibility for the management of risks with clear guidance on the authority for treatment of risks. All staff have an important role to play in identifying, assessing and managing risk.

The Risk Register forms the basis for action plans designed to address identified weaknesses in controls and to mitigate risks where practicable.

The Trust's Risk Register identifies risks at two levels;

Level 1 – Significant Risks
Those risks that have major implications across the whole of the Trust and could prevent the Trust achieving its Strategic Objectives. These are graded as High, 12 and above and agreed by a Pillar Committee (Audit Committee, Resources Committee, Quality Governance Committee) to require escalation to the Board of Directors.

Level 2 – Operational Risks
All organisational risks identified and managed through the Directorates, Committees and Groups.

The Trust's Board Assurance Framework is designed to assist the Trust in the control of risk. The Framework incorporates and provides a comprehensive evidence base of compliance against a raft of internal and external standards, targets and requirements including Care Quality Commission registration requirements, Data Security and Protection Toolkit and NHS Resolution best practice.

Assurance to the Board of Directors on compliance and the identification of risk in achieving these requirements is provided via quarterly Board Assurance Framework reports and is supported by a robust Internal Audit programme.

Any changes to the significant risk assessments may prompt earlier review at Board level.

The Trust's current Significant Risks requiring close monitoring are;

- Significant Risk 1: Failure to achieve Operational Performance Standards
- Significant Risk 2: The Trust fails to manage its finances appropriately
- Significant Risk 3: The Trust fails to comply with the Regulatory Body Standards and Quality Indicators

The Trust Risk Registers list all the identified risks and the results of their analysis and evaluation. Information on the status of the risk is also included. The Register forms the basis for action plans designed to address weaknesses in controls identified and mitigate risks where this is desirable.

There is an established mechanism for information governance action plans and performance data to be managed using the Trust governance structure. Information risks and incidents are managed through the Health, Safety, Risk and Environmental Group which reports into Quality Governance Committee using the Trust's governance structure to the Executive Management Board and the Board of Directors. The Senior Information Risk Officer (SIRO) is the Chair of the Health Safety Risk & Environmental Group as well as an Executive member of the Board of Directors. The Audit Committee receive the Board Assurance Framework (BAF), and internal audits reports on an annual basis for assurance

Risks regarding technical data security are managed by the IT Cyber review group that meets monthly and includes the Trust Information Security Manager within its membership. This group reviews NHS Digital CareCERT notifications, audit reports and intelligence from other data security agencies. Updates are provided to the Resources Committee on a quarterly basis. The Trust uses information protection software tools (rights management and data loss protection) to manage potential data breaches. Annual penetration testing is carried out.

The Trust has completed its return for the NHS Data Security and Protection Toolkit (DSPT) for 2018/2019. In previous years, the Information Governance Toolkit was completed. Reports are provided to the Trust Board regarding achievement of toolkit requirements. The Trust Head of Information Governance and Risk reports to the Trust SIRO (Senior Information Risk Owner) and is responsible for management of the DSPT.

Training is provided to all staff, as part of annual mandatory training, on good information governance practices. Ad hoc notifications of active threats are communicated to staff via email, Trust intranet and ambulance hub message screens.

WMAS is fully compliant with the registration requirements of the Care Quality Commission (CQC).

The Trust received a rating of 'Outstanding' following inspections by the CQC who visited the Trust in Summer 2016 and looked at all aspects of how the Trust operated, paying particular attention to Emergency and Urgent Care, Emergency Operations Centres, Patient Transport Services and Resilience.

The five key areas the CQC reviewed were whether the service was safe, effective, caring, responsive and well-led.

The Trust undertook its last independent Well Led review in 2014, which resulted in an action plan in preparation for the CQC inspection. The Board of Directors have agreed during the period of this report to undertake the Well Led assessment during the summer of 2019.

As a Foundation Trust, the organisation operates under a licence, issued on 1 April 2015 by Monitor (now NHS Improvement), the independent regulator of Foundation Trusts. The existing control and reporting mechanisms described in this Annual Governance Statement are used to ensure that the Trust is compliant with the terms of its licence.

The Board each year reviews its Annual Skills Matrix to ensure it has sufficient capability at Board level to provide effective organisational leadership on the quality of care provided. The skills matrix is presented elsewhere in this Annual Report. All directors on the board meet the "fit and proper" persons test as described in the provider licence issued by the Regulator and also the CQC fundamental standards requirements as set out in regulations. The directors are asked each year to notify the Trust if circumstances have changed.

With respect to condition FT4 (NHS Foundation Trust governance arrangements) the Board reviews the terms of reference of its committees on an annual basis to ensure their effectiveness. As required by regulation the Trust has an Audit Committee consisting of Non-Executive Directors with the exception of the Chair. The Audit Committee at the conclusion of each meeting meets with the internal and external auditors without the presence of executive directors or staff. In addition, the Local Counter Fraud specialist presents a report to every meeting of the Audit Committee on measures to tackle Fraud, Bribery and Corruption and also the importance of reporting concerns as appropriate. The Trust also has a Remuneration and Nominations Committee consisting of the Non-Executive Directors and when appropriate the Chief Executive Officer. In addition, the Board has established a Quality Governance Committee and a Resources Committee. Each Committee is chaired by a Non-Executive Director. All Committees and sub Groups undertake an annual self-assessment of their effectiveness, which is reported to the Board (or the appointing Committee in the case of sub groups). The Audit Committee submits an Annual Report to the Board of Directors and the Council of Governors and, in addition, the Trust's External Auditors presented an independent report to the Council of Governors and the Membership at its Annual Meeting in July 2018.

The terms of reference also serve to define the responsibilities, accountabilities and reporting lines of each Committee. The Board receives a report following each Committee meeting, written by the Non-Executive Director Chair, and is therefore able to both receive assurance but also challenge any of the decisions made. Each Committee also has an identified lead Executive Director. The responsibilities of the Board and its Directors are defined in the Trust's Constitution and Standing Financial Instructions.

The Board has a detailed schedule of business, which is reviewed at each ordinary meeting of the Board. The schedule defines when reports will be submitted, ensuring the Board can operate timely and effective scrutiny of its operations. Key performance reports covering corporate, clinical, quality, workforce, finance and operational performance are received at each ordinary meeting of the Board and are made available on the Trust's website.

The Remuneration and Nominations Committee reviews when necessary the directorate portfolios, and there is a clear organisational structure with staff and managers identified within each directorate, who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence.

Elsewhere within this report can be found the Licensee's duty to operate efficiently, economically and effectively. During 2018 the Board received an update on progress against the Lord Carter review to identify efficiencies in the NHS; the review has now been extended to the Ambulance Sector. The Board reviewed the new 'model ambulance' concept that has been developed which will advise NHS ambulance services on the most efficient allocation of resources and allows the measurement of performance against other trusts.

The Trust governance structure is based on financial control, operational performance monitoring and assurance in relation to clinical quality governance. As part of the structure the Executive Management Board established a Senior Efficiency Group chaired by the Director of Finance, an Operational Management Team chaired by the Strategic Operations Director, and a Professional Standards Group chaired by the Director of Corporate and Clinical Services.

The Trust Information Pack submitted to each ordinary meeting of the Board enables timely and effective scrutiny and oversight by the Board of the Licensee's operations. These are also shared with the Council of Governors and published on the website. In addition, directors have access to up to date operational information, as well as receiving the details of any serious incidents reported.

The Trust is compliant with health care standards that are binding which is demonstrated by the Trust being rated as "Outstanding" overall following the CQC inspection in 2016 and maintaining that standard. As part of gaining assurance the Board members are encouraged to visit staff, with each director allocated to a particular Trust site. In addition, through the 'Day in the Life' programme the Members of the Board and the Council of Governors can attend operational shifts and meet patients and operational staff.

The Quality Governance Committee receives regular reports from clinical and operational staff and through a number of documents such as the serious incident reports, learning from deaths, claims and inquests and Learning Review Group update are able to have oversight and challenge the Trust in relation to the quality of patient care. The Trust's Medical Director, the Executive Director of Nursing and the Director of Corporate and Clinical Services are practicing clinicians and advise the Committee. In addition, the Committee is chaired by a former clinician who is a Non-Executive Director of the Trust.

At 31 March 2019, the Trust had identified four significant clinical risks:-

- Stacking of incidents at times of high demand.
- Extensive hospital breaches, delays and turnaround problems for crews.
- Failure to systematically assess patients resulting in inappropriate management.
- Failure to deliver Basic/Advanced Life Support following Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Resuscitation Guidelines.

These risks are dynamic and as such will change. The top two risks are long term and are dependent on things the Trust cannot affect for example epidemic spread, weather, hospital capacity. Risk Assessments and plans are in place to mitigate these risks. The bottom two risks are short term and have Risk Assessments and actions in place to mitigate their future occurrence including the Mandatory Training Plan 2019/20 and provision of additional Basic Life Support and Advanced Life Support training equipment on Hubs.

The Board received and approved the Going Concern statement at its meeting in March 2018. This statement is approved on the basis that management has a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future with no necessity or plans either to liquidate or cease operations. If this were not the case it would be necessary to prepare the financial statements with the assumption that the business would not continue beyond a further 12 months after the end of the accounting period. The Trust exercises tight financial control and through the Financial Monitoring report to the Board and through detailed scrutiny and challenge at meetings of the Resources Committee, the Board has reasonable assurance over the effectiveness of its financial reporting. In addition, the Trust's Auditors' opinion presented to the Board in May 2018 and to the Governors in July provided assurance as to the effectiveness of financial reporting and control.

Roles and Responsibilities

The Board of Directors hold overall responsibility for the management of risks within the Trust. The Board ensures significant risks to the Trust's ability to provide a quality service are identified and managed. They review all significant risks at least 4 times each year.

 All Directors are required to allocate sufficient time to the Trust to discharge their responsibilities as directors effectively. The Directors regularly review their responsibilities and portfolios to ensure they can carry out their duties appropriately and are fit for purpose.

Non-Executive Directors seek assurance in relation to the performance of the Executive Management Board in meeting agreed goals and objectives. They should satisfy themselves as to the integrity of financial, clinical, operational performance and other key performance indicators, and that financial, clinical and performance quality controls and systems of risk management and governance are robust and applied.

The **Chief Executive Officer** is responsible for ensuring that a system is in place for reporting of all incidents.

All Executive Directors hold responsibility for the identification and management of their risks and ensure they are documented, registered and updated in a timely fashion for the relevant forums to review. They are responsible for the risk management process within the Trust and as such ensure:

- the review of the Trust's Risk Register is maintained in accordance with Trust strategy
- all staff have the ability to identify risks and propose they are assessed and entered onto the relevant section of the Trust Risk Register
- monitoring and timely review of the Risk Management Strategy and associated policies
- provision of expert advice into the incident reporting process
- all Managers within their Directorate are familiar and act in accordance with Trust policies
- incidents are reported and investigated in accordance with the Trust's Incident Reporting Process.

The **Director of Corporate and Clinical Services** is responsible for ensuring:

- monitoring and timely review of the Risk Management Strategy and associated policies.
- provision of expert advice into the incident reporting process.
- Governance for the Foundation Trust.

The Director of Workforce and Organisational Development is responsible for:

- ensuring all staff receive an adequate level of training in accordance with the Trust's Training Needs Analysis (TNA).

The **Pillar Committees** and **Working Groups** of the Trust provide a process for escalation of assurance and risk through The Trust organisational committee structure which supports delegated risk management systems within the Trust. The Terms of Reference of each committee and group are reviewed throughout the year.

- The agreed minutes of the Committees are submitted to the Board of Directors and pending the submission of the approved minutes of the Committee, the Chair of the Committee provides the Board of Directors with a report that identifies assurance and risk from the most recent meeting of the committee to ensure early escalation of key points. This process is also followed by all working groups below Board Committee level.

- Chairpersons ensure that risks raised at meetings that are the responsibility of another group are communicated accordingly to the appropriate forum.

The **Executive Management Board (EMB)** provides a support and challenge function which includes review of business cases, agreement of actions required including escalation of major and high risk transformational change to the Board of Directors. The EMB also monitor implementation and effectiveness by:

- reviewing the risks for which it is responsible, and high risks escalated up from sub groups at least quarterly and will escalate risks to the Board of Directors as required.
- reviewing the Board Assurance Framework at least four times a year.
- monitoring the risk schedule to ensure new risks are adequately assessed, documented and added to the Trust risk register for management.
- ensuring risks are managed and closed in accordance with policy
- ensuring any potential impact on quality for Cost Improvement Programmes (CIP) is considered at an early stage and that mitigation plans are delivered on time.

The **Audit Committee** monitors financial risks and reviews the Board Assurance Framework. It critically reviews and reports on the relevance and robustness of the Governance structures and assurance processes on which the Board places reliance.

The **Resources Committee** has responsibility for monitoring and reviewing the adequacy and utilisation of resources to assure the Board upon the risks relating to the efficient and effective delivery of strategic and operational plans and objectives. It monitors financial risks. It also monitors, and reviews Board approved relevant operational, financial and workforce Key Performance Indicators and outcome measures and seeks assurance that any adverse variances are being acted upon to meet all defined targets and standards, advising the Board of any material risks arising.

The **Quality Governance Committee** reviews and monitors actions for Patient Safety (Clinical, Health and Safety, Equipment etc.) The Committee:

- reviews high risks escalated up from sub committees at least quarterly and will escalate risks to significant (Board of Directors) as required.
- reviews the Board Assurance Framework at least twice each year
- ensures risks are managed and closed in accordance with policy.

The **Health, Safety, Risk and Environment Group**
- reviews the Risk Registers at each meeting and will escalate high risks to the Quality Governance Committee for consideration of level, management and escalation to Board.
- ensures that risks are managed in accordance with this policy in order to provide EMB and QGC with compliance assurance.
- alerts the relevant owner and committee to any risks they deem to be a greater or lower risk than documented
- reviews closed (newly archived) risks at every meeting to ensure they have been closed appropriately

The **Workforce Development Group** has specific responsibility for the management of risk relating to the employment and development of staff and will review the Workforce element of the Trust's risk register at least four times each year.

The **Learning Review Group** has responsibility for**:**

- identifying and monitoring trends in incident reports and ensuring identified risks are delegated for assessment and management.
- ensuring learning from incidents are shared appropriately with all stakeholders and partners.
- reporting identified trends and issues to the Health Safety Risk and Environmental Group.

The **Professional Standards Group (PSG)** ensures that risks relating to the Clinical and Quality strategies are reviewed, thus ensuring high quality clinical care continues to be delivered across the organisation. PSG ensures the organisation remains Safe, Effective and Responsive and that opportunities to further improve are reviewed and actioned accordingly.

The **Operational Management Team** manages service delivery risks. They ensure that the risk assessments from the Trust's Risk Register are maintained by the relevant manager.

Risks may be raised through any of the processes identified through discussion at committee or working groups. Chairpersons will ensure that risks raised at meetings that are the responsibility of another group will be communicated accordingly to the appropriate forum.

Public Stakeholder involvement

The Trust ensures that its Commissioners are provided with regular reports and review meetings to understand the risks which may impact on the Trust.

As a Foundation Trust it must have a Membership that is representative of the Community it serves. The Council of Governors are responsible for representing the interests of the public and holding the Non-Executive Directors to account for the collective performance of the Board. The publicly elected Governors must be in the majority on the Council of Governors. In addition to fifteen governors elected by the public, five Governors are elected by the staff and four appointed by partner organisations.

The Council of Governors meets in public, and elections to the Council are held annually. The Council of Governors has a Membership Panel to advise the Council of Governors on its membership engagement activities including identifying good practice in undertaking public engagement and recruitment of members.

The Board of Directors meets at least five times a year in public and its papers are available on the Trust website. The confidential minutes of each Board meeting must be made available to the members of the Council of Governors. The Board seeks to have as its first item of business on all agenda 'a patient experience story' that enables a member of the public or staff to present their experiences to the Board. There is also the opportunity either through the Trust website or at the meeting on the day to pose questions to the Board of Directors on any matter of concern. This is all part of the Board's desire to be as open and transparent as possible. In addition, it is worth noting

that all matters are discussed or determined in public unless the matter would not be disclosed under Freedom of Information regulations.

The Council of Governors has a membership consisting of publicly elected governors as well as staff elected governors and appointed stakeholder governors. The Council of Governors is made up from 5 Staff, 5 Appointed and 15 Public elected Governors, who represent internal and external stakeholders. The Council meets in public on at least four occasions a year. The reports submitted are published on the Trust Internet site.

In addition to the above the Trust engages with local authority Health Overview and Scrutiny Committees, and also local Healthwatch organisations across the West Midlands.

The Trust has published a Stakeholder Engagement Strategy to provide a strategic framework within which the Trust engages with its key stakeholders. During consultation of the draft annual Quality Account engagement meetings are set and held around the West Midlands region for various stakeholders to attend for example the public, Clinical Commissioning Groups and Health Overview and Scrutiny Committees (HOSC).

The Trust's comprehensive internet website provides the public with ready access to information across all areas of Trust activity and the organisation also uses its newsletter for members to inform the public of new developments and items of interest.

Corporate Governance Statement

The Trust under Condition FT4 of its Licence is required to submit to the Licensee (The Regulator) a Corporate Governance Statement by and on behalf of the Board of Directors confirming compliance with this Condition as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this Condition in the next financial year and any actions it proposes to take to manage such risks. The Statement was drafted and approved by the Council of Governors and the Board of Directors and submitted to the Regulator within the prescribed timescales. The Regulator received the statement and did not require a statement from its auditors either:

- confirming that, in their view, after making reasonable enquiries, the Licensee has taken all the actions set out in its corporate governance statement applicable to the past financial year, or;

- setting out the areas where, in their view, after making reasonable enquiries, the Licensee has failed to take the actions set out in its corporate governance statement applicable to the past financial year.

The Board and its Committees each have an individual schedule of business, which ensures timely performance reporting through the correct governance process.
The Board receives regular reports and minutes from its pillar committees which provide assurance on detailed review and oversight from its own agenda items and reporting groups. The Board also receives a performance pack showing operational,

financial, quality, clinical and corporate on trends, themes and key performance indicators.

The reports often show national benchmarking information from the other nine English ambulance trusts e.g. ambulance response targets (ARP), ambulance quality indicators (AQI), finance and workforce.

The Trust has an approved Quality Impact Assessment Framework document. The Board of Directors is responsible for ensuring that transformational programmes designed to provide improved efficiencies do not adversely impact on the quality of the service to patients.

WMAS is fully compliant with the registration requirements of the Care Quality Commission and is currently rated as "Outstanding".

The Trust has published an up to date register of interests for decision-making staff within the past twelve months, as required by the "Managing Conflicts of Interest in the NHS" guidance.

NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Diversity Inclusion and Human Rights

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Carbon Reduction

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. The Trust has continued to consider its impact on the environment as part of its on-going developments for its sustainability strategies, the actions implemented include positive applications for reducing the Trust's carbon footprint.

Review of Economy, Efficiency and Effectiveness of the Use of Resources

The Trust secures the economic, efficient and effective use of resources through a variety of means:

- A well-established policy framework (including Standing Financial Instructions)
- An organisational structure which ensures accountability and challenge through the committee structure
- An established planning process
- Effective corporate directorates responsible for workforce, revenue and capital planning and control
- Detailed monthly financial reporting including progress on achievement of Cost Improvement Programmes and year-end forecasting.

Day to day management of resources is delegated through the Executive Management Board (EMB). EMB takes lead responsibility for the annual planning cycle – formulating the plan, implementing the plan, monitoring delivery against the plan, taking action to bring variances back under control and reporting.

The Board's Schedule of Business includes comprehensive reviews of performance against clinical, operational, workforce, corporate and financial indicators through the Trust Information Pack at each meeting. Any emerging issues are identified and mitigating action implemented.

The Resources Committee which is Chaired by a Non-Executive Director with other Non-Executive Directors also members, provides assurance to the Board of Directors as to the achievement of the Trust's financial plan and priorities and, in addition, acts as the key forum for the scrutiny of the robustness and effectiveness of all cost efficiency opportunities. It interfaces with the other Board Committees and the Trust Executive Management Board.

In response to the work undertaken to review use of NHS resources by Lord Carter and his team, the Trust established a Senior Efficiency Group now led by the Director of Finance, which has responsibility for identifying the actions required to find new ways of improving efficiency and productivity whilst ensuring high quality clinical care continues to be delivered across the organisation.

The Trust's commitment to value for money is strengthened by the effective and focused use of its Internal Audit service. By virtue of its size West Midlands Ambulance Service is able to employ a range of skills to ensure that the Trust in general and the Audit Committee in particular secures assurance that resources are being appropriately utilised.

The Trust engages Internal Auditors to provide an independent and objective assurance to the Board that the Trust's risk management, governance and internal control processes are operating effectively.

The Trust has a Local Counter Fraud Specialist (LCFS) supported as required by other qualified Local Counter Fraud Specialists.

Any concerns can be directed to the team and, any information is treated in the strictest confidence.

External Auditors, Internal Auditors and Counter Fraud report to each meeting of the Audit Committee, and also meet the members of the Audit Committee without Management present.

The EMB reviews the Annual Internal Audit Plan and then receives draft audit reports prior to submission to the Audit Committee to enable a management response to be prepared.

NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. It offers the support the providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.

NHS Improvement's Single Oversight Framework:

- provides one framework for overseeing providers, irrespective of their legal form
- helps identify potential support needs, by theme, as they emerge
- allows support packages to be tailored to the specific needs of providers in the context of their local health systems, drawing on expertise from across the sector as well as within NHS Improvement
- is based on the principle of earned autonomy.

Depending on the extent of support needs identified through its oversight process and performance against the following themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability

Segmentation is based on:

- All available information on providers – both obtained directly and from third parties
- Identifying providers with a potential support need in one or more of the above themes
- Using NHSI's judgement, based on relationship knowledge and/or findings of formal or informal investigations, or analysis, consideration of the scale of the issues faced by a provider and whether it is in breach or suspected breach of licence conditions.

Segment	Description
1	**Providers with maximum autonomy** – no potential support needs identified across our five themes – lowest level of oversight and expectation that provider will support providers in other segments

2	**Providers offered targeted support** − potential support needed in one or more of the five themes, but not in breach of licence (or equivalent for NHS trusts) and/or formal action is not needed
3	**Providers receiving mandated support for significant concerns** – the provider is in actual/suspected breach of the licence (or equivalent for NHS trusts)
4	**Special measures** − the provider is in actual/suspected breach of its licence (or equivalent for NHS trusts) with very serious/complex issues that mean that they are in special measures

The Trust achieved Segment 1.

Workforce Strategies and Systems

The Trust has an established Workforce Planning Team, consisting of senior members of the Operational, Finance and Workforce directorates, who ensure robust scrutiny and development of the workforce plan. This is completed with due regard to Commissioners' future intentions. In support of this work the Trust has developed Workforce and Organisational Development strategies that have been endorsed by the Board of Directors.

Information Governance

There were no serious incidents related to information governance during 2018/19.

The **Medical Director** undertakes the role of Caldicott Guardian for the Trust. They are the senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing.

The **Director of Corporate and Clinical Services** is the nominated Senior Information Risk Owner (SIRO).

The **Head of Governance and Risk** is the Data Protection Officer.

The Trust's Data Security & Protection Toolkit (DSPT) superseded the Information Governance Toolkit. All organisations that have access to NHS patient data and systems should publish a DSPT self-assessment to provide assurance that they are practicing good data security and that personal information is handled correctly. West Midlands Ambulance Service has met all mandatory requirements and has published its DSPT assessment.

Annual Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual.*

The following arrangements are in place within the Trust to assure the Board that the Quality Account presents a balanced view and that there are appropriate controls in place to ensure the accuracy of data:

Governance and Leadership:

The Trust has appointed a member of the Board, the Medical Director, to lead on quality. The Medical Director supported by the Director of Clinical Commissioning and Service Development/Executive Nurse advises the Board of Directors on all matters relating to the preparation of the Trust's annual Quality Account.

- The Director of Clinical Commissioning and Service Development/Executive Nurse has designated responsibility for the development of the quality agenda.
- The Trust's Strategic Operations Director is responsible for ensuring the quality of the performance data which informs the Annual Quality Account.

People and Skills

All staff involved in collecting and reporting on quality metrics are suitably trained and experienced.

The Business Intelligence Unit and Clinical Audit teams ensure data quality checking takes place prior to any published data reports.

Clinical reporting is regularly audited both internally and externally by the Internal and External Auditors and audits also take place with individual clinicians.

Data Use and Reporting:

Quality Reports, which outline the Trust's performance against key quality objectives including benchmarking and comparative data and are the subject of discussion and challenge at Trust Governance meetings up to and including Board of Directors, inform the annual Quality Account.

Policies and Plans in ensuring quality of care provided:

Policies and procedures are in place in relation to the capture and recording of patient data. Regular monitoring and scrutiny takes place throughout the governance structure with assurance and risks managed and escalated as previously described.

Systems and Processes:

Systems and processes are in place for the audit and validation of performance data.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive

managers and clinical leads within the West Midlands Ambulance Service University NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the External Auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board of DIrectors, the Audit Committee and the Quality Governance Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The **Board of Directors** has put in place and annually reviews the Trust committee structure to ensure clear governance arrangements are in place, which is supported by Trust documentation. The chair of each of the Trust's Pillar Committees (Audit, Quality Governance and Resources) provide written reports of their meetings to each Public Board Meeting, and regular reports are also provided through the Corporate and Clinical Trust Information Pack which includes the following areas – financial control, patient experience, patient safety, serious incidents, duty of candour, safeguarding, medicines management, claims and coroners, Infection Prevention and Control, Freedom of Information, policies and procedures and non-patient safety incidents. The Board also receives a bi-annual report from the Freedom to Speak Up Guardian on whistleblowing and concerns raised by staff and volunteers.

The **Audit Committee** reviews the Trust's risk management and internal control systems. It monitors the Assurance Framework, Risk Register and Internal Control processes through its own activities and through receiving relevant reports from the External and Internal Auditors. Risks are monitored at Executive Management Board (EMB), Audit Committee, Resources Committee and the Quality Governance Committee, with high risks reported to Board. The Committee regularly reviews Internal Audit plans and reports in order to form an opinion on the effectiveness of internal control systems and to recommend acceptance by the Accounting Officer. In 2018-19 the Audit Committee approved an Internal Audit Plan that gave a balanced focus on financial, operational and clinical governance. That plan allocated internal audit resources between governance and risk issues, finance, performance and operations, information governance, quality and clinical, and human resource reviews.

Based on reports from Internal and External Auditors, as well as regular reports from the Trust's Executive Directors, the Audit Committee was assured that appropriate consideration was being given to maintaining and reviewing the effectiveness of risk management and internal control systems, and took assurance from the steps management was taking to mitigate risks and learn lessons.

The **Quality Governance Committee** has primary responsibility for monitoring and reviewing quality and clinical aspects of performance and development plans together with associated risks and controls, corporate governance and quality/clinical outcomes and for providing assurance on them to the Board. For these aspects, the Committee ensures that appropriate standards are set and compliance with them is monitored on a timely basis. The Committee also ensures that relevant Key Performance Indicators, strategic and operational milestones and timescales, are identified and monitored for achievement and effectiveness. WMAS recognises the importance of ongoing evaluation of the quality of care provided against key indicators. As a member of the National Ambulance Service Clinical Quality Group (which develops National

Ambulance Quality Indicators and National Clinical Audits), the Trust actively partakes in both national and local audits to identify improvement opportunities. As a result, the Trust has a comprehensive **Clinical Audit Programme** which is monitored by the Clinical Audit & Research Group and, during 2018/19, the Trust has participated in 100% of national audits and has not been required to participate in any national confidential enquiries.

Internal Audit undertake a range of reviews of internal processes and controls and management have fully accepted their findings and have agreed action plans to address/strengthen controls where required. The Audit Committee has considered all Internal Audit reports and monitors progress against any outstanding management actions.

The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the Internal Audit work. The Assurance Framework and the performance reports provide me with evidence that the effectiveness of the controls in place to manage the risks to the organisation achieving its strategic objectives have been reviewed.

Head of Internal Audit Opinion
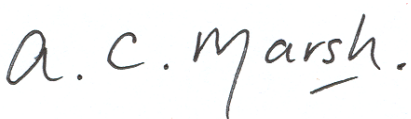
My overall opinion is that significant assurance can be given that there is a generally sound system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

Charles Knight, Head of Internal Audit

Date: April 2019

Conclusion

I can confirm that no significant internal control issues have been identified in the body of the Annual Governance Statement above.

Signed: *a. c. Marsh.*

Position: Chief Executive Officer

Date: 23 May 2019

Disclosures

In this section you will find Disclosures of the Trust's approach to the UK Modern Slavery Act, Sustainability and Equality

UK Modern Slavery Act

The Modern Slavery Act 2015 presents specific challenges for NHS trusts. It is designed to consolidate various offences relating to human trafficking and slavery. The provisions in the Act create a requirement for an annual statement to be prepared that demonstrates transparency in supply chains. In line with all businesses with a turnover greater than £36 million per annum, the NHS is obliged to comply with the Act.

Slavery and human trafficking statement

The legislation addresses slavery, servitude, forced or compulsory labour and human trafficking, and links to the transparency of supply chains.

Section 54 of the Act specifically addresses the point about transparency in the supply chains. It states that a commercial organisation (defined as a supplier of goods or services with a total turnover of not less than £36 million per year) shall prepare a written slavery and human trafficking statement for the financial year. The statement should include the steps an organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any part of the supply chain or its business. The statement must be approved by the Board of Directors and its aim is to encourage transparency within organisations.

The NHS

The supply chain complexities in the NHS mean that it can be difficult for West Midlands Ambulance Service University NHS FT to assure itself that the organisations captured by the Act undertake proper due diligence with those they do business with. A manufacturer's supplier of component parts may be based in a country where, by UK standards, modern slavery exists. The challenge is that not all countries have the standards and legislation that are in place in the UK. This does not relate to the direct contract holders, but more to levels of sub-contracting further down the supply chain. The Trust will need assurance that the sub-contractors are not involved with unethical employment practices. There is a question as to whether all NHS organisations should ask for additional statements to provide guarantees that suppliers have asked all their sub-contracting suppliers for assurances. The Trust will then have to decide what to do if any supplier has written a statement that says it has not undertaken any work on the transparency of its supply chain.

Progress to date

The Head of Purchasing & Contracts has drafted clauses to include in any new Tender to ensure that entities within the Trust's supply chain agree to the Trust's anti-slavery and human trafficking policy and to other measures aimed at ensuring (wherever

possible) that no slavery or human trafficking is taking place within the Trust's supply chain. Issues that are included are:-

- No sub-contracting without prior written consent of the Trust – this is to allow the Trust to oversee of all those involved in the supply chain and to seek assurances that its policy is adhered to
- Due diligence and supplier warranties backing off potential risks
- Immediate notification of any actual or suspected breaches of the Trust's policies and any actual or suspected slavery or human trafficking which has a connection to the agreement
- Procurement and budget holder training
- Compliance with all laws and policies
- Early termination if a suspected or actual breach is discovered or reported.

The Trust's Procurement Policy and Principles has been updated to include a commitment to the Trust's obligations under the Act and to action it is taking in its Procurement Process.

The Procurement department now identifies and prioritises high risk areas in the supply chain utilising guidance and resources as available, especially the Chartered Institute of Purchasing and Supply

The Department of Health has included new requirements under the Modern Slavery Act in the NHS terms and conditions for the Supply of Goods and the following clauses are included in all Trust contracts held with suppliers:-

10.1.21 it shall (i) comply with all relevant Law and Guidance and shall use Good Industry Practice to ensure that there is no slavery or human trafficking in its supply chains; and (ii) notify the Authority immediately if it becomes aware of any actual or suspected incidents of slavery or human trafficking in its supply chains.

10.1.22 it shall at all times conduct its business in a manner that is consistent with any anti-slavery Policy of the Authority and shall provide to the Authority any reports or other information that the Authority may request as evidence of the Supplier's compliance with this Clause 10.1.21 and/or as may be requested or otherwise required by the Authority in accordance with its anti-slavery Policy.

Sustainability

The Trust has an important responsibility to minimise its impact on the environment, ensure efficient use of resources and maximise funds available for patient care Embedding sustainable development into the Trust's management and governance processes is essential for the Trust to continue to deliver high quality healthcare.

The Trust has established a Senior Efficiency Group chaired by the Director of Finance which meets every other month. In line with Lord Carter (2015) recommendations the group ensures that action is taken to find new ways of improving efficiency and productivity whilst ensuring high quality clinical care continues to be delivered across the Trust.

The Trust is proud of the new initiatives it has introduced to improve its buildings, fleet and equipment with energy saving technology which it is envisaged will continue to allow the organisation to support the environment and provide cost savings.

A rise in requests for services and responses to 999 calls which, coupled with the need to travel greater distances to specialist units, has resulted in an increase in the Trust's carbon footprint. The Trust will continue to effect improvements to reduce its carbon emissions whilst also maintaining a responsive and effective service.

For more information on performance last year and how the Trust intends to progress its full Sustainability programme during 2019/20 please see the Sustainability Report 2018/19 which will be published in 'Trust Publications' on the WMAS website.

Equality

Public Sector Equality Duty Compliance

Annual Equality Report

The Trust published its Annual Equality Report in July 2018 which encompassed the progress made in relation to Equality & Diversity and how the Trust had complied with the Public Sector Equality Duty under the Equality Act 2010. Incorporated within the report was the Data Analysis report 2018 to ensure that the Specific Duties had been adhered to. The Trust produced a new set of objectives as required under the duty every four years and the Trust will report progress in the Annual Equality Report of 2019 due for publication in July 2019. The Annual Equality Report provides information on progress to enable the Trust to make informed decisions and incorporate the data into future plans and ensure equality across all Protected Characteristics. The 2018 report can be found on the Trust website.

Equality Delivery System2

The EDS2 (Equality Delivery System) was developed to support NHS organisations to perform well on equality. It is an assessment tool designed to measure NHS equality performance with an aim to improve services for people who belong to vulnerable and protected groups. The objective is to assess health inequalities and provide better working environments, free of discrimination, for people who use, and work for, the Trust. The tool sets out four goals around equality, diversity and human rights. Within the four goals, there are 18 standards or outcomes against which the Trust assesses and grades its equality performance. The focus of the EDS2 outcomes is on the things that matter the most for patients, communities and staff. This year the Trust held an internal and external EDS2 event whereby the Trust was graded against the standards by staff and external partners. In 2018 the Trust consulted with 100 staff and community representatives, the largest EDS2 consultation the Trust has embarked upon. The ratings gave the Trust 12 achieving ratings and 6 developing ratings.

Workforce Race Equality Standard [WRES]

The WRES continues to prompt enquiry and assist the Trust to develop and implement evidence-based responses to the challenges revealed by its data. The WRES continues to assist the Trust to meet the aims of the NHS Five Year Forward View and complements other NHS policy frameworks. The WRES action plan period covers July 2018 to July 2019.

Gender Pay Gap 2019

In 2017 the Government introduced world-leading legislation that made it a statutory requirement for all organisations with 250 or more employees to report annually on their gender pay gap. West Midlands Ambulance Service University NHS Foundation Trust is covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 that came into force on 31 March 2017. These regulations underpin the Public Sector Equality Duty and require the relevant organisations to publish their gender pay gap data by 30 March annually, including:

- the mean and median gender pay gaps;
- the mean and median gender bonus gaps;
- the proportion of men and women who received bonuses; and
- the proportions of male and female employees in each pay quartile.

The gender pay gap is the difference between the average earnings of men and women, expressed relative to men's earnings, while equal pay is about men and women being paid the same for the same work

A full Gender Pay Report and key data analysis, that highlights the key variations for different occupational groups, and the actions that will be taken to improve these findings is published on the Trust's public-facing website.

Gender Profile:

GENDER PROFILE MARCH 2017	GENDER PROFILE MARCH 2018
■ Female ■ Male	■ Female ■ Male
59.7%	58.7%
40.3%	41.3%
MAR-17	MAR-18
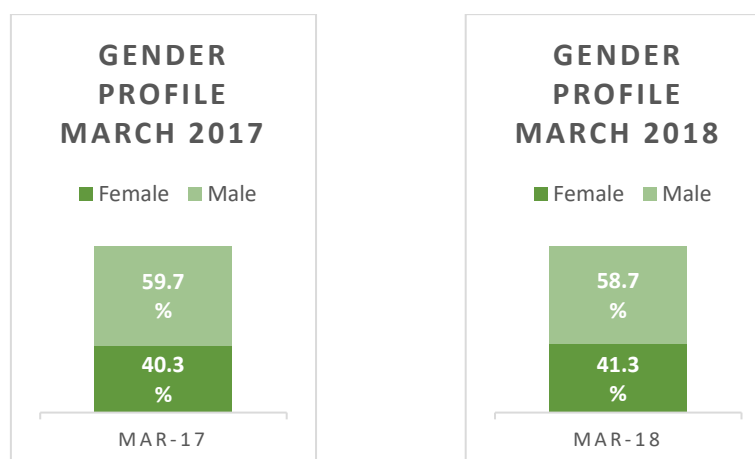
Since the inception of WMAS the gender profile between 2007 and 2017 has increased from 35.3% women to 40.3%. This has further increased in 2018 to 41.3%.

Gender Pay Gap Report for WMAS

1. Gender Pay Gap in Hourly Pay – Mean & Median

Mean is the average hourly rate of pay, calculated by adding the hourly pay rate for employees then dividing by the number of employees. Median is the middle hourly pay rate, when pay rates are arranged in order from lowest to highest.

The Trust published its first "Gender Pay Gap Report" on its website in March 2018 and incorporated an Action Plan in the report. The report was also submitted to the Government gender pay gap reporting website (gender-pay-gap.service.gov.uk). This is the second report from West Midlands Ambulance Service University NHS Foundation Trust. It is based on a snapshot of all WMAS staff as at 31 March 2018.

MEAN HOURLY RATE

MALE   FEMALE
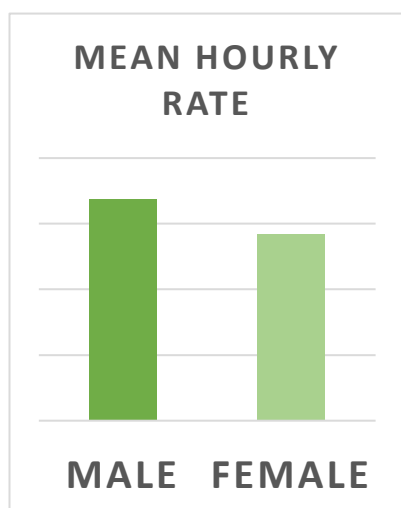
Mean
-5.79% (-6.68% in 2017)
A reduction of 0.89%

MEDIAN HOURLY RATE

MALE   FEMALE
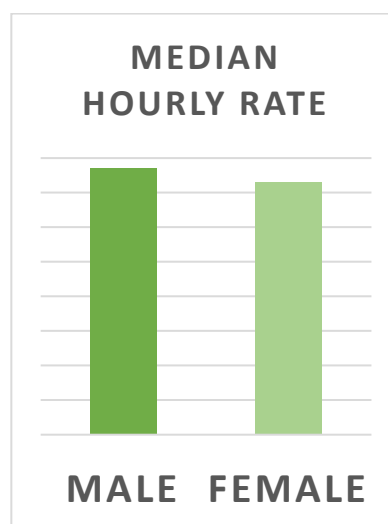
Median
-2.29% (-7.61% in 2017)
A reduction of 5.32%

2. Bonus Gender Pay Gap – Mean & Median

MEAN PAY

MALE   FEMALE

Mean
-100%

MEDIAN PAY

MALE   FEMALE

Median
-100%
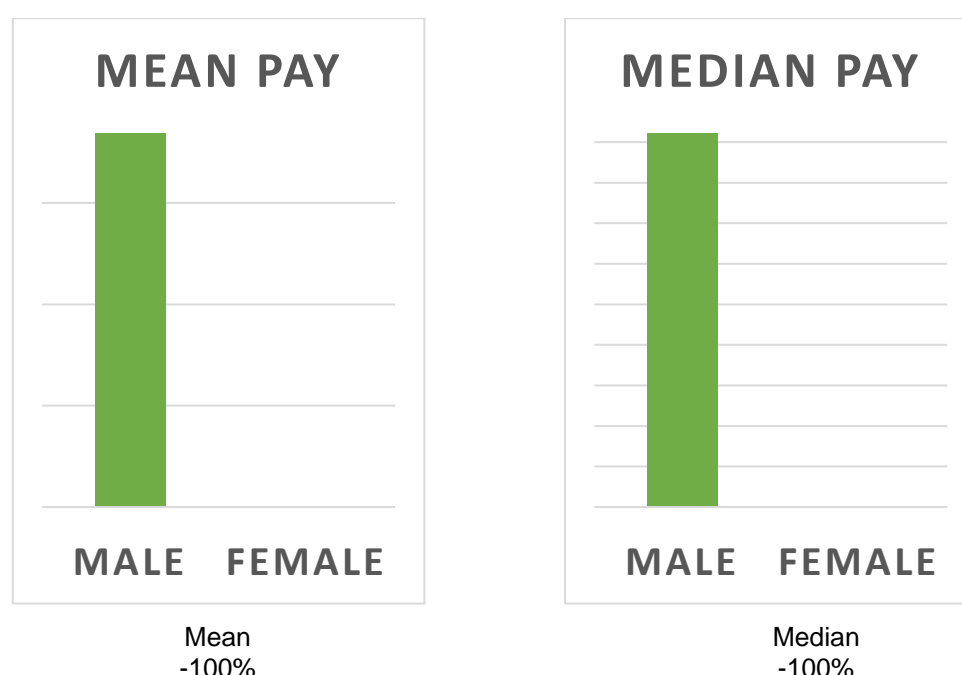
Any payment of a bonus is determined by the Remuneration and Nominations Committee. The Trust has determined only the Chief Executive Officer will be eligible for a bonus of up to 10% based on meeting pre-determined performance criteria set by the Remuneration Committee annually. All other Executive Directors on VSM contracts and Staff covered by Agenda for Change are not included in the bonus pay scheme. There is no change on 2017 data.

3. Proportion of Males and Females Receiving a Bonus Payment

0.0% of staff received a bonus payment.

Workforce Disability Equality Standard [WDES]

The WDES guidance was published in February 2019 and covers a set of specific measures that will enable the Trust to compare the experiences of disabled and non-disabled staff. This will enable the Trust to develop an Action Plan and to demonstrate progress against the indicators of disability equality. The WDES will support positive change for existing employees and enable a more inclusive environment for disabled staff working for the Trust. The first report is to be published in August 2019. The Trust has commenced work on the WDES by attending regional events and starting to look at data based on the current metrics which are subject to change, as well as working to set up a disability staff network.

Engagement with local stakeholders

WMAS has been involved with local communities and groups throughout the year with the emphasis on building trust and confidence in the Trust. Engagement has involved working with other partner agencies and emergency services, attending colleges, community and major events and involvement of local communities in the EDS2 event.

Quality Account 2018-19

Trust us to care.

Contents

Please note that information regarding each area of the Trust as described in the Quality Account will be available on the Trust website

Part 1
Statement on Quality from the Chief Executive

Welcome to the West Midlands Ambulance Service NHS Foundation Trust's Quality Report which reviews the year 2018-19 and sets out our priorities for 2019-20. This account is an assessment of the quality of care patients received when they were in our care. This report details our continued commitment to delivering the very best care for our patients.

At the end of each financial year, it is always appropriate to look back and reflect on the past 12 months. There is no doubt that we have faced a very challenging year, and whilst the winter has not been as severe as in recent years, the demand for emergency and urgent ambulance services has continued to rise nationally. Within the West Midlands alone, we have managed more than 1.1 million incidents, an increase of approximately 4.3% on the previous year.

2018/19 represents the first full year of operation since the national roll-out of the metrics under the Ambulance Response Programme (ARP). WMAS was able to report in 2017/18 that in all of the four categories, we were exceeding the national standards at a mean average, and 90th centile. I am pleased to confirm that this has continued throughout 2018/19 and we remain the only ambulance service in England that consistently meets all of the new standards.

The pressures that our staff work under continue to increase, and despite this and to their outstanding credit, they continue to operate to the highest standards to improve the quality of care for patients. I would therefore like to take this opportunity to record my gratitude to all of our staff and volunteers for the contributions that they have made in delivering patient care to the people of the West Midlands.

This report highlights the success of your ambulance service, and there are a few of the many successes that I want to highlight to you.

- We have continued our ambitious recruitment programme and continue to deploy a Paramedic on every single front line ambulance. This enables us to continue to improve the clinical care we give to patients.
- In February, following years of demonstrable success of our Student Paramedic recruitment and Training Programmes, we opened the first National Ambulance Training Academy. The Academy will ensure the highest standards of academic experience is delivered to students, both our own and others across the United Kingdom. Whilst WMAS has no Paramedic vacancies, we are able to support other Trusts to reduce their vacancy rate and increase their skill levels. The Academy was officially opened by Professor Ian Cumming OBE, from Health Education England.

- I am proud to confirm that, building on our successes, WMAS has become the first University Ambulance Trust in the country. This is an important innovation which reflects the strong partnerships we have with many universities throughout the region and recognises the way the ambulance sector is further professionalising the service we provide. This is supported by the way our substantial recruitment programme of new staff is driving university education.

We continue to work with commissioners and stakeholders across our health economies to make improvements to the service. We are committed to making ongoing improvements so that people in the West Midlands have a high performing ambulance service.

On behalf of West Midlands Ambulance Service, I would like to present this Quality Account. I hope that this addition makes more information about the services that we provide more accessible to you. We welcome your feedback and if you have comments on this Quality Account or the Trust in general, we would be pleased to receive them.

To the best of my knowledge the information contained in this report is an accurate account.

a. c. marsh.

Anthony C. Marsh
Chief Executive Officer

Statement on Quality from the Medical Director and Executive Nurse

This has been another exceptionally busy year. In 2017/18, for the first time, we received over a million calls. In 2018/19 we have seen a further 4% increase in demand. Despite this, we have continued to deliver care and performance that is outstanding. Our response times continue to be the best in the country, and on many of the clinical performance metrics we out-perform other services.

Several national reports have confirmed WMAS as leading the ambulance sector, such as Lord Carter's Review into unwarranted variation in NHS ambulance Trusts, in which WMAS is cited as one of the most efficient services on every single measure.

The Variation in Non-conveyance Research Study was published in June 2018, most of the recommendations within this report are already adopted within the West Midlands. The Trust's consistent achievement as one of the top three Trusts in the country for non-conveyance, making best use of alternative pathways, where available and providing self-care advice.

We continue to have a significant research portfolio. In partnership with the University of Warwick and 4 ambulance providers, we have recently published the results of a 5-year study on the treatment of cardiac arrest. Such research activity ensures that we continue to be at the leading edge of clinical care, ensuring our patients receive the best possible care and treatment.

Our staff are our greatest asset, and every day, in all weathers, they are out and about in the region helping people in our communities. Despite the significant workforce challenges across the NHS, we continue to maintain a position of having no Paramedic vacancies enabling us to have a Paramedic on every front-line ambulance supported by highly skilled Ambulance Technicians, thereby ensuring that our patients get appropriate care. Unlike many other services around the country, we have no need to use private ambulance services.

Our National Paramedic Academy based in Brierley Hill allows us to employ and train a skilled workforce, and every year we train around 300 Paramedics, most of whom go on to be employed by us across the Region.

Our fleet of ambulances remain under 5 years old, and we have state of the art equipment on board. Our ambulances are maintained by our workforce of skilled mechanics, and Vehicle Preparation Operatives ensure that the highest level of cleanliness is maintained, as well as checking equipment and stock on the ambulances. All ambulances are now cleaned and stocked from our central ambulance hubs many of which are purpose built and all are designed to ensure the highest levels of infection prevention and control.

Many of you will have seen one the documentary programmes that have been shown on television during the year. These programmes have been helpful in showing the public the extraordinary work undertaken by our staff on a daily basis. From the compassionate handing of the initial 999 call to the excellent care provided by the staff on the ambulance, these programmes have provided a positive view of the quality of care provided by our ambulance service. We were proud that the BBC programme Ambulance was nominated for a BAFTA for the second consecutive year.

We are arguably the best performing ambulance service in the country. But we also recognise that this does not mean we are perfect, and we are absolutely committed to ensuring we continue to improve the services we provide.

We are the first point of contact with the NHS for many people in an emergency; for others that use our service, we are a source of help and support at a time of crisis. People that use our service are often vulnerable, scared, upset or confused and we continue to strive and be a responsive service that is both caring and compassionate.

We recognise that we are part of a large health and social care system, and that our patients move between different organisations to receive their care. We cannot provide excellent patient care in isolation and we are committed to working with partners to deliver excellent care across the system within which we work.

We are grateful to all our staff for their effort in delivering an excellent service, and we are proud to be the provider of the urgent and emergency ambulance service for people in the West Midlands.

Chaitra Hodegere
Medical Director

Mark Docherty RN MSc BSc(HONS) Cert MHS
Director of Clinical Commissioning & Service
Development / Executive Nurse

Q7

Introduction

We have a vision to deliver the right patient care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies. Put simply, patients must be central to all that we do. This means a relentless focus on patient safety, experience and clinical outcomes.

At West Midlands Ambulance Service University NHS Foundation Trust, we place quality at the very centre of everything that we do. We work closely with partners in other emergency services, different sections of the NHS and community groups. These include general practitioners, mental health workers and local community groups. Together we ensure that patients remain at the forefront of service provision through uncompromising focus on improving patient experience, safety and clinical quality.

The Quality Account is a yearly report that highlights the Trust's progress against agreed quality initiatives and improvements during the previous year and looks forward to prioritising our ambitions for the year ahead. We understand as a provider organisation that to continue to improve quality it is essential that our patients and staff are fully engaged with the quality agenda. We continue to reinforce these through our current values.

Care Quality Commission

The Trust is required to register with the Care Quality Commission (CQC) and its current registration status is Outstanding. WMAS has no conditions attached to its registration.

The Trust has been registered with the Care Quality Commission without conditions since 2010. WMAS has not participated in any special reviews or investigations by the Care Quality Commission during 2018/19 and CQC has not taken enforcement action against West Midlands Ambulance Service during 2018/19.

During 2018/2019 the Trust updated its regulated activity following national review to include "Surgical procedures" and also to include "University in the Trusts title.

The Trust was inspected by the CQC in June 2016. The final report, available from www.cqc.org.uk, confirms the Trust achieved an overall rating of Outstanding.

Q	CareQuality Commission			Last rated 25 January 2017

West Midlands Ambulance Service NHS Foundation Trust

Overall rating	Inadequate	Requires improvement	Good	Outstanding ☆

Are services

Safe?		Good	
Effective?			Outstanding ☆
Caring?			Outstanding ☆
Responsive?		Good	
Well led?		Good	
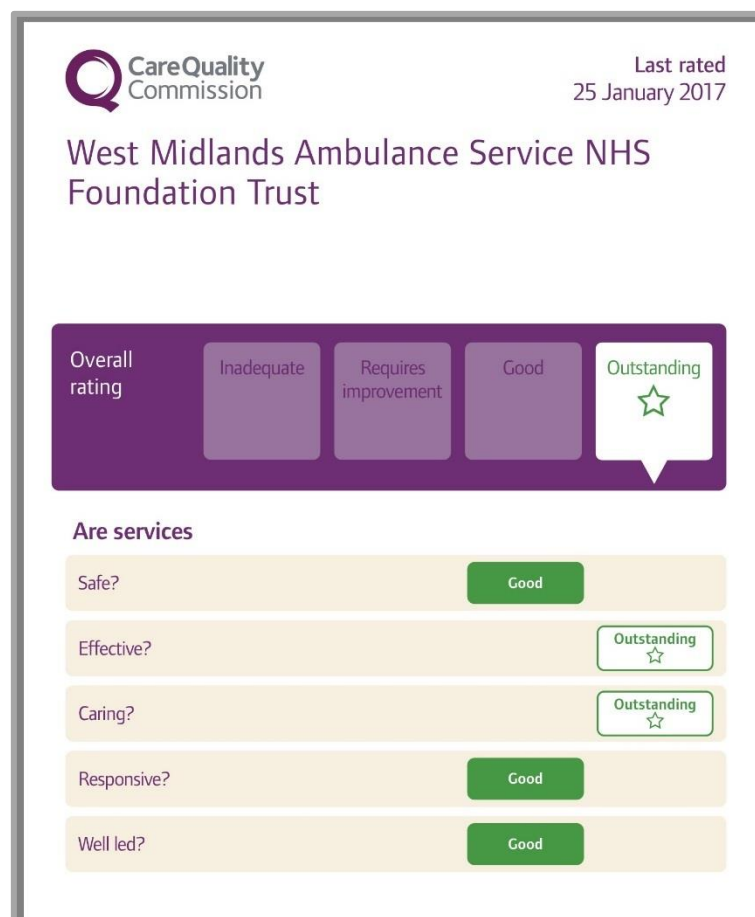
Whilst we have been rated as Outstanding by the CQC they did identify areas for improvement, mainly related to our non-emergency Patient Transport Service. Following the inspection, the developed improvement plans to ensure all the services we provide aim for an outstanding rating and reach a minimum level of good. These areas remain under regular review.

Part 2
Priorities for Improvement 2019/20

In deciding our quality priorities for 2019-20 for improving patient experience, patient safety and clinical quality, we have listened to our patients, staff and other stakeholders. We have done this through engagement events, surveys, compliments, complaints and incident reporting. We have assessed our progress against the agreed priorities for 2018/19 and have confirmed those that need to continue to ensure a high-quality service is maintained and continues to improve.

The Trust Priorities for 2019/20 are summarised below.

Patient Experience
- Increase Patient Experience feedback through direct liaison with patients whilst in Hospital Units
- Implement and embed the new Family and Friends Test (FFT) guidance due for release in April 2019 across the Emergency and Urgent and Non-Emergency Patient Transport service
- Further development of Making Every Contact Count

Patient Safety
- Improve the timely completion of serious incident investigations and completion of any recommendations made from investigations
- Reduce the incidence of drug administration errors
- Reduce the risk of harm to patients during transfer

Clinical Effectiveness
- Improvement of the performance for the National Ambulance Clinical Quality Indicator for SEPSIS
- Improve Maternity care in the pre-hospital environment
- Improve the safety and clinical appropriateness of the discharge of the patient on scene by ambulance clinicians

Patient Experience

	Priority	WHY WE HAVE CHOSEN THIS priority	WHAT WE ARE TRYING TO IMPROVE	WHAT SUCCESS WILL LOOK LIKE
Patient Experience	Increase Patient Experience feedback through direct liaison with patients whilst in Hospital Units.	The Trust will improve real time feedback from patients using the Non-Emergency Patient Transport Service. We believe that by chatting with the patients during their time at hospital and undertaking a short survey (via an iPad), we will continue to improve the level of feedback	Learning from real time patient experience on what works well and what doesn't is crucial to improving the service.	The Trust will continue with engagement with non-emergency patient transport patients through targeted surveys and discharge and renal coordinators undertaking a small survey
	Implement and embed the new FFT guidance due for release in April 2019 across the EU and NEPTS service.	To ensure continued friends and family engagement in line with national guidance	Learning from service user experience on what works well and what doesn't is crucial to improving the service	Requirements of new guidance fully embedded in the Trust with improved distribution and response rates. Actions taken in respect of areas for improvement
	Further development of Making Every Contact Count	Improvements in public health can make a significant impact upon the level and type of demand for ambulance services.	Public education to promote improved lifestyle choices and improved self-care	Successful delivery of project plan Reduced calls, particularly in relation to matters addressed through the MECC Programme

How we will monitor progress:

1. FFT reports to internal meetings up to and including Board of Directors and for website publication via Learning Review Group quarterly reports.
2. Progress reports to appropriate governance committee, showing rate of roll out and issues encountered
3. Progress reports to appropriate governance committee, showing achievement against plan and monitoring of call trends

Responsible Lead:

1. Director of Corporate and Clinical Services and Non-Emergency Services Operations Delivery Director
2. Director of Corporate and Clinical Services
3. Director of Clinical Commissioning and Service Development

Date of completion: March 2020

Patient Safety

	PRIORITY	WHY WE HAVE CHOSEN THIS PRIORITY	WHAT WE ARE TRYING TO IMPROVE	WHAT SUCCESS WILL LOOK LIKE
PATIENT SAFETY	Improve the timely completion of serious incident investigations and completion of any recommendations made from investigations	The timely investigation of a serious incident is paramount not only to ensure compliance with the National Framework for Serious Incidents but to also ensure that any learning is implemented appropriately to mitigate against similar incidents from happening. It has been identified that in from April 18 to Jan 19 47% of investigations have gone over the timeframe	Patient care and safety by ensuring learning from serious incidents is implemented in a timely fashion	Compliance with the time frame as set out in the National Framework and completion of recommendations within the identified time frame
	Reduce the incidence of drug administration errors	There is a theme of drug administration errors, such as Adrenaline 1:1000 being administered intravenously instead of intramuscularly. This has occasionally caused short term harm. There is a risk of harm being serious and the Trust wants to reduce the chances of this happening.	Reduce the incidence of drug administration errors	A reduction in the number of drugs administration errors.
	Reduce the risk of harm to patients during transfer	Incidents involving patient harm during transfer occur very rarely compared to the volume of patients attended to each year. Where such an event occurs, the Trust takes a robust approach to identifying the cause of injury, taking action to reduce the likelihood of reoccurrence.	Reduce incidence of harm to patients whilst in our care.	A reduction in the number of no harm/harm incidents caused during transfer of patients.

How we will monitor progress:
1. Monitoring of incident reports, complaints and serious incident reporting.

Responsible Lead:
1. Head of Patient Safety
2. Head of Patient Safety and Trust Pharmacist
3. Head of Patient Safety

Date of completion: March 2020

Clinical Effectiveness

	Priority	WHY WE HAVE CHOSEN THIS PRIORITY	WHAT WE ARE TRYING TO IMPROVE	WHAT SUCCESS WILL LOOK LIKE
CLINICAL EFFECTIVENESS	Improvement of the performance for the National Ambulance Clinical Quality Indicator for SEPSIS	The Trust is committed to continual improvement in SEPSIS identification and care in line with National Guidance	The identification and management of SEPSIS in line with the National AQI	Care Bundle Performance >75%. Current performance is 66%
	Improve Maternity care in the pre-hospital environment	The Trust is committed to continual clinical quality improvement. Following recent adverse clinical incidents, serious incidents and audit findings this has been identified as a high priority for the Trust	Clinical care to the obstetric patient.	Improvements in the results of the maternity audit. Reduction of adverse clinical incidents and serious incidents relating to maternity/neo-natal care
	Improve the safety and clinical appropriateness of the discharge of the patient on scene by ambulance clinicians	The Trust is committed to continual clinical quality improvement; and one of the Trust's high priorities is to ensure the safety of patients following discharge	The safe and clinically appropriate discharge of the patient on scene.	Improvements in the results of the discharge on scene audit. Reduction of adverse clinical incidents and serious incidents relating to the non-conveyance of patients to a treatment centre

How we will monitor progress:

1. Completion and submission of the Ambulance Quality Indicators, according to nationally determined schedule. With demonstrable improvements in results.
2. Improvements in internal audit results
3. Reduction in complaints, serious incidents and adverse clinical incidents

Responsible Lead:

1. Lead Paramedic – Emergency Care
2. Lead Paramedic – Emergency Care
3. Lead Paramedic – Emergency Care

Date for Completion: March 2020

Our Services

The Trust serves a population of 5.6 million who live in Shropshire, Herefordshire, Worcestershire, Coventry and Warwickshire, Staffordshire and the Birmingham and Black Country conurbation. The West Midlands sits in the heart of England, covering an area of over 5,000 square miles, over 80% of which is rural landscape.

The Trust has a budget of over £250 million per annum. It employs approximately 5,000 staff and operates from 15 Operational Hubs and a variety of Community Ambulance Stations together with other bases across the region. In total the Trust uses over 800 vehicles including ambulances, minimal response cars, non-emergency ambulances and specialist resources such as Mental Health, Critical Care, HART and helicopters.

There are two Emergency Operations Centres, located at Tollgate in Stafford and Brierley Hill in Dudley, taking around 3,500 to 4,000 emergency '999' calls each day.

During 2018 -19 West Midlands Ambulance Services Foundation Trust provided the following three core services:

1. **Emergency and Urgent** (E&U)
   This is the best-known part of the Trust and deals with the emergency and urgent patients. Initially, the Emergency Operations Centres (EOC) answers and assesses 999 calls. EOC will then send the most appropriate ambulance crew or responder to the patient or reroute the call to a Clinical Support Desk staffed by experienced paramedics who will be able to clinically assess and give appropriate advice. Where necessary, patients will be taken by ambulance to an Accident and Emergency Department or other NHS facility such as a Walk-in Centre or Minor Injuries Unit for further assessment and treatment. Alternatively, they can refer the patient to their GP.

2. **Non-Emergency Patient Transport Services** (NEPTS)
   In many respects, this part of the organisation deals with some of the most seriously and chronically ill patients. They transfer and transport patients for reasons such as hospital appointments, transfer between care sites, routine admissions and discharges and transport for continuing treatments such as renal dialysis. The Non – Emergency Patient Transport Service has its own dedicated control rooms to deal with the 1,000,000 patient journeys it undertakes annually, crews are trained as patient carers. The Trust has contracts in Birmingham, Worcestershire, Coventry & Warwickshire, Cheshire, Walsall, Dudley and Wolverhampton.

3. **Emergency Preparedness:**

   This is a small but vitally important section of the organisation which deals with the Trust's planning and response to significant and major incidents within the region as well as co-ordinating a response to large gatherings such as football matches and festivals. It also aligns all the Trust's Specialist assets and Operations into a single structure. Such assets include the staff, equipment and vehicles from the Hazardous Area Response Team (HART), Air Operations, Specialist Operations Response Team (SORT) and the Mobile Emergency Response Incident Team (MERIT). The department constantly arranges training for staff and ensures the Trust understands and acts upon intelligence and identified risk to ensure we keep the public safe in terms of major incidents. The past year has seen the Trust invest significant time and money in replacing its major incident fleet and equipment at a cost of £2.2 million, increase the amount of its staff working on each HART team to 8 per shift, increased our SORT trained staff to 400 and worked with both the region's air ambulance charities to extend hours of operation and enhance the service services provided across the West Midlands. These are just a few examples of our continuing progression and investment in services

The West Midlands Ambulance Service University NHS Foundation Trust has reviewed all the data available to them on the quality of care for these three relevant health services.

The Trust is supported by a network of volunteers. More than 560 people from all walks of life give up their time to be community first responders (CFRs). CFRs are always backed up by the Ambulance Service but there is no doubt that their early intervention has saved the lives of many people in our communities. WMAS is also assisted by voluntary organisations such as BASICS doctors, water-based Rescue Teams and 4x4 organisations.

The Trust does not sub-contract to private or voluntary ambulance services for provision of its E&U services.

To ensure excellent business continuity in support of major incidents the Trust has agreements in place to request support from other NHS Ambulance Services.

The Trust has utilised the services of private providers during 2018/19 to support Non – Emergency Patient Transport Services particularly during the introduction of new contracts. Sub-contractors are subjected to a robust governance review before they are utilised.

The total service income received in 2018/19 from NHS sources represents 99.6% of the total service income for the Trust. More detail relating to the financial position of the Trust is available in the Trust's 2018/19 Annual Report.

Performance - Emergency and Urgent Service

The Trust is measured nationally against **operational standards for the Emergency and Urgent Service**. Due to its participation in the national Ambulance Response Programme and early implementation of the recommendations, the Trust has been measured against the new national standards since September 2017.

These standards are:

Category 1
Calls from people with life-threatening illnesses or injuries

- 7 Minutes mean response time
- 15 Minutes 90th centile response time

Category 2
Serious Condition that requires rapid assessment (Serious Injury, Stroke, Sepsis, major burns etc.)

- 18 minutes mean response time
- 40 minutes 90th centile response time

Category 3
Urgent but not life threatening (e.g. pain control, non-emergency pregnancy)

- 120 minutes 90th centile response time

Category 4
Not urgent but require a face to face assessment.

- 180 minutes 90th centile response time

Clinical Audit

WMAS recognise the importance of ongoing evaluation of the quality of care provided against key indicators. As a member of the National Ambulance Service Clinical Quality Group, we actively partake in both national and local audits to identify improvement opportunities. As a result, the Trust has a comprehensive Clinical Audit Programme which is monitored via our Clinical Audit & Research Programme Group. During 2018-2019, the Trust has participated in 100% of national audits and has not been required to participate in any national confidential enquiries.

The Trust was eligible for and participated in the following audits during 2018-2019:

Audit	WMAS Eligible	WMAS Participation	*Number of Cases Submitted	Annual Number of Cases Submitted
Ambulance Quality Indicators (Clinical)	✓	100%		The AQIs run 2-3 months behind for submission to the DH End of year data will be available August 2018.
Myocardial Infarction National Audit Programme (MINAP)	✓	100%	N/A – Hospitals enter data onto national database	

Local Trust Audits

	Local Clinical Audit Programme
The Trust produces Local Performance indicators to support local improvements. The Trust is committed to developing links with Hospitals to access patient outcomes.	Examining the Delivery of Mental Health Care
	PGD Medication Audit (previously done Medicines Management)
	Clinical Records Documentation Audit
	Management of Deliberate Self Harm
	Management of Paediatric Pain
	Management of Head Injury
	Maternity Management
	Paediatric Medicine Management
	Care of Patients Discharged at Scene
	Administration of Morphine Audit
	Management of Asthma in Paediatric Patients
	Post Intubation Documentation Audit
	MAA Merit Pain Management Audit
	MAA RSI Pre Hospital Emergency Intubation Audit
	MAA & WMAS Thoracostomy Audit
	Learning from Deaths
	Post-Partum haemorrhage Management
	MAA Time to PHEA
	Adrenaline 1:1000 Administration Audit
	Naloxone Administration

Learning from Audit

National Audits

Ambulance Services are not included in the formal National Clinical Audit programme however during 2018-2019 WMAS participated in the following five National Clinical Audits.

Ambulance Quality Indicators

1. **Care of ST Elevation Myocardial Infarction (STEMI)**
   Percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction (type of heart attack) who received an appropriate care bundle from the trust during the reporting period.
2. **Care of Stroke Patients**
   Percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.
3. **Care of Patients in Cardiac Arrest**
   In patients who suffer an out of hospital cardiac arrest the delivery of early access, early CPR, early defibrillation and early advanced cardiac life support is vital to reduce the proportion of patients who die from out of hospital cardiac arrest.
4. **Sepsis**
   Sepsis is a serious complication of an infection. Without quick treatment, *sepsis* can lead to multiple organ failure and death.

Plus the following National Clinical Audit included within STEMI above.

5. Myocardial Infarction National Audit Programme (MINAP)

The reports of the National Clinical Audits were reviewed by the Trust in 2018-2019 and the WMAS intends to take the following actions to improve the quality of healthcare provided for patients

- Communications through the Trust Weekly Briefing and Clinical Times
- Development of Electronic Patient Record reporting to enable real time auditing.
- Development of individual staff performance from the Electronic Patient Record.

Local Audits
The reports of two local clinical audits were reviewed by the Trust in 2018-2019 and the WMAS intends to take the following actions to improve the quality of healthcare provided:

Examining the Management of Paediatric Pain in the Pre-Hospital Environment
Pain management is one of the most common symptoms that confronts the ambulance practitioner every day. It affects all age groups and ethnic backgrounds. Controlling pain is essential for the ambulance practitioner to be able to assess the patient. Further not only for humanitarian reasons but also the controlling of pain may prevent the patient's condition from deteriorating. Children are a specialist group to manage and have differing needs to the adult patient. Their ability to understand and cope with pain varies greatly with age.

Each ambulance practitioner has a professional responsibility and accountability to assess pain and manage it appropriately. There is no excuse for leaving a child in pain (UK Ambulance Clinical Practice Guidelines 2013).

This audit is a follow up from the initial audit to re-examine the standards to provide assurance that clinical care in relation to the subject has improved. In standards that still fall below the expected standard further recommendations are made in order to improve the care provided to the paediatric patient in pain. Those recommendations are:
1. Review the current presentation of Paracetamol and Ibuprofen liquids available to WMAS clinicians to enable accurate drawing up of the drugs.
2. Ensure all clinical staff are aware of findings.
3. Complete re-audit

Patients Discharged at Scene

The Trust recognises that the staff need support when making decisions on discharging patients at scene. Currently there is little advice contained within the UK Clinical Practice Guidelines to assist staff in making these decisions from an evidence base. Therefore, the Trust developed the internal Non-transportation and Referral Policy for staff to ensure there is a system in place for the safe discharge of patients. The Non-transportation and Referral Policy is the first step in improving the safety of patients left at home through:

1. Safety Netting
2. Introducing a repeatable process that works in the operational arena
3. Referral to alternative pathways, increasing the aim of improving safe care closer to home
4. Processes to ensure all decisions/actions are recorded and monitored

This re-audit will identify whether the Non-transportation and Referral Policy makes a difference to patient safety and the delivery of appropriate patient care.

- The actions arising from this audit are as follows:
- Development of an education package for the assessment and discharge of patients at scene
- Development of local clinical supervision model that includes review of the patients that are discharged at scene
- Produce a Poster showing results to go into Clinical Times and Weekly Brief

Participation in Research

During 2018/19, the Trust has continued to expand the opportunities for staff and patients to be involved in pre-hospital research, making huge steps forward in forging academic and research relationships in collaboration with local universities, culminating in West Midlands Ambulance Service becoming a University Ambulance Service.

The Trust continues to acknowledge that research active Trusts are associated with improved patient outcomes. During the year, the Trust has continued to develop strong partnerships with NHS Trusts and universities from across the UK.

Key to the success of research delivery within the Trust are the excellent relationships built with the West Midlands Clinical Research Network, who help us to ensure that all research undertaken by the Trust is ethical, and complies with the highest standards of research governance, to safeguard our patients and colleagues.

The number of patients receiving relevant health services provided by WMAS in 2018/19 that were recruited during that period to participate in research approved by a Research Ethics Committee was 211 (across 6 Health Research Authority approved research studies).

The following research studies have continued during 2018-19

- **Epidemiology and Outcomes from Out of Hospital Cardiac Arrest Outcomes (OHCAO)**

  Survival from cardiac arrest differs around the country. This project aims to establish the reasons behind these differences in outcome.

  It takes a standardised approach to collecting information about Out of Hospital Cardiac Arrest and for finding out if a resuscitation attempt was successful. The project will use statistics to explain the reasons why survival rates vary between region. It is sponsored by Warwick University and funded by the Resuscitation Council (UK) and British Heart Foundation,

- **Golden Hour (Brain Biomarkers after Trauma)**

  Traumatic Brain Injury is a major cause of illness, disability and death and disproportionally affects otherwise young and healthy individuals. Biomarkers are any characteristic which may be used to gain insight into the person either when normal or following injury or disease. The study will look at biomarkers taken from blood, from fluid in the brain tissue and from new types of brain scans and investigate whether any biomarkers can give us insight into new treatments. West Midlands Ambulance Service and Midlands Air Ambulance are working with the University of Birmingham to support this study.

- **RIGHT-2**

  It is thought that lowering blood pressure quickly after a stroke could have a beneficial effect on a patient's recovery. Therefore, this study aims to find out whether giving patients who are suspected of having a stroke, a 5mg transdermal glyceryl trinitrate (GTN) patch (a commonly used drug in patients with heart disease) as soon as possible after stroke, and then daily for the next three days, improves outcome. This is a British Heart Foundation funded study, sponsored by University of Nottingham.

- **RePHILL**

  WMAS and Midlands Air Ambulance are working with University Hospitals Birmingham to investigate whether giving blood products (red blood cells and freeze-dried plasma) to badly injured adult patients, before reaching hospital improves their clinical condition and survival. Patients with major bleeding are currently given clear fluids but military and civilian research suggests that survival could increase if hospital patients receive blood products instead.

- **ACUTE**

  Working with the University of Sheffield, West Midlands Ambulance Service is undertaking a feasibility study; comparing a Continuous Positive Airway Pressure device (CPAP) and standard oxygen treatment for acute respiratory failure. Acute respiratory failure is a common and life-threatening medical emergency leaving patients at high risk of death and needs emergency treatment. CPAP is a potentially useful treatment that could be delivered by paramedics in an ambulance.

The following research studies have commenced during 2018-19

- **Ways back to Work**

  Working with Guy's and St Thomas' NHS Foundation Trust, this study aimed to test whether it would be possible and acceptable to run an intervention to improve the return to work in NHS staff who go on sick leave with a common mental health disorder. The study used a novel intervention and case management by Occupational Health Nurses to deliver the intervention in 4 NHS Trusts across the UK, whilst a further 2 NHS Trusts delivered standard care.

Sustainability
Environmental & Sustainability Report 2017/2018

The Trusts has an obligation to work in a way that has a positive effect on the communities we serve. The Trust has taken this very seriously, in working to towards sustainability means spending public money well, the smart and efficient use of natural resources, designing for sustainability, planning to improve performance, reducing output, such as waste, vehicle emissions which impact on the environment.

The Trust hopes that the work it has undertaken will be viewed as a demonstration of consideration of the social and environment impacts, ensuring the legal requirements of the Public Services (Social Value) Act (2012) are achieved

The target set in 2014 to reduce the NHS carbon footprint by 34% by 2020 has been supported by the Trust and its aim is to reduce our carbon emissions by 2020 using the 2014/15 baseline.

In order to embed sustainability within the Trust it is important for us to detail where in our process procedures sustainability feature.

Area	Is sustainability Considered?
Travel	Yes
Business Cases	Yes
Procurement	Yes
Suppliers Impact	Yes
Facilities Management	Yes
Energy	Yes
Waste Management/ Recycling	Yes
Water	Yes
Bio Diversity	Yes

Energy

The Trust has continued with the installation of LED lighting to facilities, the installations have been a very positive project with energy consumption reduced by 50%. Further installations will continue with other facilities.

Additionally, areas of building which remain empty for periods, motion sensors to rooms have been installed switching lights when not in use, this will be an accumulative benefit as the level of energy will be reduced with lighting being turned off.

Further work will be continued to reduce energy use, to develop baseline information on energy consumption (gas, electricity, fuel). calculations for the Trust as required SDU

Waste Management

The Trust is currently developing a new Waste Management Policy, this will assist in the continued development of the Trusts Environmental Management system. All waste stream operated by the organization are to be assessed for continued compliance and record of the processes applied.

Where necessary Duty of Care visits will be carried out to audit the management of waste by contractors, this will include the audit of all regulatory licenses, review of the whole practices adopted.

Example of Duty of Care Visit conducted for Compliance with the Environmental Protection Act 1990Waste Electrical and Electronic Equipment Recycling (WEEE) Regulations 2007

As part of its duty under the Environmental Protection Act 1990 to ensure the control of its waste streams, a duty of care visit was undertaken on Computer Waste Ltd.

The visit included observing the process used, review of relevant documentation and licenses to ensure compliance.

The visit was very positive and assuring and confirmed the necessary control and security of waste for the IT Department.

As part of its duty under the Environmental Protection Act 1990 to ensure the control of its waste streams, a duty of care visit was undertaken on Computer Waste Ltd.

The visit included observing the process used, review of relevant documentation and licences to ensure compliance.

Sustainability Development Unit (SDU) Data Submission

Although this is not currently a legal requirement, the Trust is still required to submit annually its assessment of its carbon footprint for sustainability to the SDU. The Trusts submission to the SDU is due in May 2019, all evidence is to be collated in April for auditors to review re submission. This submission will be the final submission to identify if the Trust has achieved its 34% towards the NHS target for 2020. The Trust is confident that the work and its development towards consideration

Transport

Transport is the biggest impact environmentally, with vehicles being main part of the Trust operations, extensive development has been completed and is on-going, with the selection of vehicles, new builds of ambulance with reduced weights including when equipment is on board, hopefully reducing fuel consumption. This element of the Trust is continually striving to improve the design of vehicles for both effective and safe use for patients and staff but in consideration of the environment.

Goals Agreed with Commissioners (CQUIN Indicators)

Commissioning for Quality and Innovation (CQUIN) is a payment framework that enables commissioners to agree a proportion of the Trust's income to be paid on achievement of quality and innovative work to improve the quality of the Service. A proportion of the WMAS' income (2.5%) in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between WMAS and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

The Trust achieved all priorities and targets against CQUIN criteria, except for the required improvements in responses to:

- staff survey – the questions from the survey that are applicable to the CQUIN were:
  - *Does your organisation take positive action on health and well-being?*
  - *In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?*
  - *During the last 12 months have you felt unwell as a result of work-related stress?*
- A reduction in the proportion of ambulance 999 calls that result in transportation to a type 1 or type 2 A&E Department

Whilst these areas showed improvement over the reference period, the level of improvement achieved was not sufficient to meet the threshold for payment. A full CQUIN report will be published as part of the papers to the July 2019 meeting of the Board of Directors. The papers from the meeting will be available on the Trust Website.

2018/19 CQUIN Indicators	Indicator Weighting (of 2.5% available)	Expected Financial Value of Indicator (£000s)	Achieved (Qtr1-4)
Improve Staff Health and Wellbeing			
a) Improvement of health and wellbeing of NHS staff	0.25%	£499,627	No
b) Healthy food for NHS staff, visitors and patients	0.25%	£499,627	Yes
c) Improving the uptake of flu vaccinations for front line staff within Providers	0.25%	£499,627	Yes
Ambulance Conveyance	0.75%	£1,498,881	No
Control Total	0.5%	£999,254	Yes
STP Engagement	0.5%	£999,254	Yes
Total	**2.5%**	**£4,996,273**	

The National CQUIN indicators for 2019/20 are detailed below with the agreed indicator weightings and financial values. The Local indicator is still to be determined with the commissioner

	Indicator Weighting (of 1.25%)	Financial Value of Indicator (£000s)
Staff flu vaccinations	0.25%	£523,741
Access to Patient Information at Scene (Assurance)		
Enabling access through one of four nationally agreed approaches	0.5%	£1,047,482
Achieving 5% of face to face incidents resulting in patient data being accessed by ambulance staff on scene	0.25%	£523,741
Locally determined indicator (to be agreed)	0.25%	£523,741

Data Quality

West Midlands Ambulance Service will be taking the following actions to assure and improve data quality for the clinical indicators while the Clinical Audit Department completes the data collection and reports. The patient group is identified using standard queries based the Electronic Patient Record. These clinical records are then audited manually by the Clinical Audit Team using set guidance. The data is also clinically validated and then analysed following an office procedure that is available to the Clinical Audit Team and is held on the central Clinical & Quality network drive. The process is summarised as:

- For the clinical indicators, the Clinical Audit Team completes the data collection and reports.
- The Patient Report Forms/Electronic Patient Records are audited manually by the Clinical Audit Team.
- A process for the completion of the indicators is held within the Clinical Audit Department on the central network drive.
- A Clinician then reviews the data collected by the Clinical Audit Team.
- The data is then analysed and reports generated following a standard office procedure. A second person within the Clinical Audit Team checks for any anomalies in the data.
- The results are checked for trends and consistency against the previous month's data.
- The Clinical Indicators are reported through the Trust Clinical Performance Scorecard.

The reports are then shared via the Trust governance structure to the Board, of Directors, Commissioners and Service Delivery meetings.

NHS Number and General Medical Practice Code Validity
The Trust was not required to and therefore did not submit records during 2018/19 to the Secondary Uses service for inclusion in the Hospital Episode Statistics to be included in the latest published data.

Data Security and Protection Toolkit
West Midlands Ambulance Service has completed the Data Security and Protection Toolkit with all mandatory assertions being '**confirmed**'.

Clinical Coding Error Rate
West Midlands Ambulance Service was not subject to the Audit Commission's Payment by Results Clinical Coding Audit during 2018/2019. West Midlands Ambulance Service was not subject to the Payment by Results clinical coding audit during 2018/2019 by the Audit Commission.

NICE Guidance
The Trust monitors NICE guidance to ensure relevance to the services we provide is identified. These are reported and reviewed at Professional Standards Group (PSG).

Learning from Deaths

In March 2017, the National Quality Board (NQB) produced a framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care. At the time of publication, the applicability of the NQB Framework and how it would be applied within the ambulance services was unclear, however, from February 2018 it became a contractual obligation that implementation would commence from 1st April 2018.

The Trust implemented a strategy and process to achieve the requirements described within the framework but also recognised the additional resourcing and systems of work that would be required to achieve this. The Learning from Deaths Framework placed a number of new requirements on all NHS Trusts, all of which have been implemented by WMAS. A significant part of this process was the employment of a full time Patient Safety Officer who would work on this agenda and assist with serious incidents investigations. This role was initially a 12-month secondment but has now become substantiated by the Trust and is an integral role within the Corporate and Clinical Services Directorate. The post holder is an experienced clinician within the Patient Safety Team.

During the 2018/19 reporting year, the total number of deaths that occurred, while in WMAS care, was 812. This aggregate figure represents quarterly totals of:
- 161 in quarter one
- 151 in quarter two
- 212 in quarter three
- 288 in quarter four

At the end of the 2018/19 reporting year 152 of the 812 deaths required further analysis; beyond that of the initial structured patient safety officer review. Of the 152 that required further analysis: 130 were case record reviews and 22 were serious incident investigations. This aggregate figure of 152 represents quarterly totals of:
- 22 case record reviews and 8 serious incident investigations in quarter one
- 32 case record reviews and 2 serious incident investigations in quarter two
- 35 case record reviews and 6 serious incident investigations in quarter three
- 41 case record reviews and 6 serious incident investigations in quarter four

At the end of the 2018/19 reporting year 12 deaths were judged to be more likely than not to have been due to problems in the care provided to the patient (this figure does not include 4 investigations that are still awaiting an outcome). The 12 deaths, in comparison to the total number of reportable deaths, equates to a percentage of 1.48%. This aggregate figure of 12 represents quarterly totals of:
- 2 deaths or 1.24% in quarter one
- 1 death or 0.66% in quarter two
- 7 deaths or 3.30% in quarter three
- 2 deaths or 0.69% in quarter four

The above figures have been derived from 12 of the 22 serious incident investigations that concluded patient harm had occurred as a result of the service WMAS provided.

All cases that have been identified through the Learning from Deaths Process where there is an act or an omission relating to care of a patient, which has caused significant harm or death, are managed under the Serious Incident process. The purpose of a Serious Incident process is to identify the root cause and furthermore to establish what lessons can be learnt to prevent reoccurrence.

To ensure learning occurs from the investigation process; actions plans are formulated, and these are instigated and monitored by the Learning Review Group. Examples of Trust learning that have previously been instigated relate to the Education & Training of staff, purchasing of equipment, and changes to clinic

Reporting Year 2018/2019	Patients Who Died in Our Care	Quarterly Patients Who *Died in Our Care*	Case Reviews Conducted	Quarterly *Case Review*s Conducted	LFD Serious Incidents Instigated	Quarterly LFD *Serious Incidents Instigated*	Deaths That Required No Further Action	Quarterly *Deaths That Required No Further Action*
April	44	Q1 - 161	4	Q1 - 22	2	Q1 - 8	38	Q1 - 131
May	59		10		2		47	
June	58		8		4		46	
July	55	Q2 - 151	9	Q2 - 32	2	Q2 - 2	44	Q2 - 117
August	42		10		0		32	
September	54		13		0		41	
October	55	Q3 - 212	10	Q3 - 35	2	Q3 - 6	43	Q3 - 171
November	67		8		2		57	
December	90		17		2		71	
January	115	Q4 - 288	17	Q4 - 41	2	Q4 - 6	96	Q4 - 241
February	93		13		4		76	
March	80		11		0		69	
Total	**812**	**812**	**130**	**130**	**22**	**22**	**660**	**660**

Performance against Quality indicators

To ensure patients of the West Midlands receive quality care from their Ambulance Service a set of national Ambulance Quality Indicators have been set. This helps set our policies and guidelines and develop our organisational culture that places quality at the top of the Trust agenda. The following details the figures for each and highlights the national mean percentage and position of WMAS against other Trusts.

Operational Performance

Ambulance Services nationally have again struggled to meet both national performance targets and efficiency targets in 2018/19 but West Midlands Ambulance Service NHS Foundation Trust has continued to perform well.

2018/19 is the first full year of reporting following the implementation of the final stage of the Ambulance Response Programme, and WMAS has consistently exceeded the national average in all measures as shown in the following table:

Category	Performance Standard	Achievement (WMAS Full Year)	National Average (March 2019)
Category 1	7 Minutes mean response time	6 Minutes 48 Seconds	7 Minutes 0 Seconds
	15 Minutes 90th centile response time	11 Minutes 47 Seconds	12 Minutes 11 Seconds
Category 2	18 minutes mean response time	12 Minutes 13 Seconds	21 Minutes 15 Seconds
	40 minutes 90th centile response time	22 Minutes 12 Seconds	43 Minutes 12 Seconds
Category 3	120 minutes 90th centile response time	76 Minutes 14 Seconds	145 Minutes 11 Seconds
Category 4	180 minutes 90th centile response time	120 Minutes 23 Seconds	183 Minutes 39 Seconds

As a result of the changes implemented for the trial, the volume of resources that are allocated to each incident has reduced because patients are receiving the right response first time, this has impacted positively upon efficiency measures.

We continue to work with our Commissioners and other Providers such as Acute Hospital colleagues to ensure improvements in the provision of healthcare for the people of the West Midlands. WMAS continues to employ the highest paramedic skill mix in the country with a paramedic present in over 95% of crews attending patients every day.

WMAS considers that this data is as described for the following reasons: it has been cross checked with Trust database systems and is consistent with national benchmarking and has been audited by external auditors.

Ambulance Quality Indicators

1. **Care of ST Elevation Myocardial Infarction (STEMI)**
   Percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction (type of heart attack) who received an appropriate care bundle from the trust during the reporting period.
2. **Care of Stroke Patients**
   Percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.
3. **Care of Patients in Cardiac Arrest**
   In patients who suffer an out of hospital cardiac arrest the delivery of early access, early CPR, early defibrillation and early advanced cardiac life support is vital to reduce the proportion of patients who die from cardiac arrest.
4. **Sepsis**
   Sepsis is a serious complication of an infection. Without quick treatment, *sepsis* can lead to multiple organ failure and death.

STEMI (ST- elevation myocardial infarction)
This is a type of heart attack. It is important that these patients receive:

- Aspirin - this is important as it can help reduce blood clots forming.
- GTN – this is a drug that increases blood flow through the blood vessels within the heart. (Improving the oxygen supply to the heart muscle and also reducing pain).
- Pain scores – so that we can assess whether the pain killers given have reduced the pain.
- Morphine – a strong pain killer which would usually be the drug of choice for heart attack patients.
- Analgesia – Sometimes if morphine cannot be given Entonox, a type of gas often given in childbirth, is used.

The Care Bundle requires each patient to receive each of the above.

In addition to the care bundle the Trust measures 999 Call to catheter insertion by the mean and 90th percentile.

Stroke Care Bundle

A stroke care bundle includes early recognition of onset of stroke symptoms and application of the care bundle.

The Stroke Care Bundle requires each patient to receive each of the detailed interventions below:

- FAST assessment - A FAST test consists of three assessments; has the patient got Facial weakness, or Arm weakness or is their Speech slurred.
- Blood glucose - In order to rule out the presence of hypoglycaemia patients suspected of having suffered a stroke should have their blood glucose measured
- Blood pressure measurement documented - Raised blood pressure is associated with increased risk of stroke so patients suspected of having suffered a stroke should have their blood pressure assessed

In addition to the care bundle the Trust measures 999 Call to Hospital, 999 call to CT Scan and Arrival to Hospital to Thrombolysis by the mean, median and 90th percentile.

Cardiac Arrest

A cardiac arrest happens when your heart stops pumping blood around your body. If someone suddenly collapses, is not breathing normally and is unresponsive, they are in cardiac arrest.

The AQI includes:
- Number of cardiac arrest
- ROSC (return of spontaneous circulation) on arrival at Hospital
- Survival to discharge from hospital
- Post Resuscitation care bundle

ROSC and Survival to discharge from hospital are reported within two different groups as follows:

- Overall Group

  - Resuscitation has commenced in cardiac arrest patients

- Comparator Group

  - Resuscitation has commenced in cardiac arrest patients AND
  - The initial rhythm that is recorded is VF / VT i.e. the rhythm is shockable AND
  - The cardiac arrest has been witnessed by a bystander AND
  - The reason for the cardiac arrest is of cardiac origin i.e. it is not a drowning or trauma cause.

In this element, we would expect a higher performance than the first group.

<u>Post Resuscitation Care Bundle</u>
- 12 lead ECG taken post-ROSC
- Blood glucose recorded?
- End-tidal CO2 recorded?
- Oxygen administered?
- Blood pressure recorded?
- Fluids administration commenced?

Care bundles include a collection of interventions that when applied together can help to improve the outcome for the patient.

Sepsis

Sepsis is a serious complication of an infection. Without quick treatment, *sepsis* can lead to multiple organ failure and death.

- Observations assessed?
- Oxygen administered where appropriate?
- Fluids administration commenced?
- Administration of fluids recorded
- Hospital pre-alert recorded?

Year-to-date Clinical Performance AQI's

Ambulance Quality Indicators	Mean (YTD)							
	WMAS (14-15)	**WMAS (15-16)**	**WMAS (16-17)**	**WMAS (17-18)**	**(18-19)*** Apr-Nov 18	**National Average** (Apr-Nov** 18)	**Highest**	**Lowest**
STEMI Care Bundle	72.49%	77.99%	81.17%	81.01%	95.27%	79.96%**	98.42%	90.88%
Stroke Care Bundle	94.00%	98.19%	97.36%	95.19%	98.70%	98.32%	99.60%	95.84%
Cardiac Arrest - ROSC At Hospital (Overall Group)	28.71%	30.17%	29.49%	29.26%	32.42%	30.83%	39.61%	25.61%
Cardiac Arrest - ROSC At Hospital (Comparator)	45.57%	50.61%	45.60%	51.91%	57.32%	54.47%	71.88%	41.30%
Cardiac Arrest - Survival to Hospital Discharge (Overall Group)	8.29%	8.66%	8.94%	9.08%	11.90%	10.22%	14.33%	9.43%
Cardiac Arrest - Survival to Hospital Discharge (Comparator Group)	20.62%	24.69%	26.39%	30.43%	34.01%	29.36%	47.22%	23.81%

*The Trust is permitted to re-submit nationally reported clinical data to NHS England twice a year. This re-submission is to allow for data to be accessed from hospitals for outcome data and to ensure a continual validation of data can be completed. The above table shows April – November 2018 data submitted to NHS England and the focus of external audit.

**Due to changes in the reporting of national Ambulance Clinical Quality Indicators, not all AQIs will be reported monthly.   Future figures will be reported as per the new National AQI Timetable.

STEMI Care Bundle is reported on April, July, October and January Data

Stroke Diagnostic Bundle is reported on May, August, November and February Data.

What our Staff Say

The NHS Staff Survey 2018 was carried out from 27th September to 30th November 2018. This year the survey was conducted by Picker, on behalf of West Midlands Ambulance Service University NHS Foundation Trust and as last year the Board of Directors took the decision to run a census. The results shown here summarise the findings from the Staff Survey 2018 and are unweighted data collected during the survey.

The survey was conducted electronically to maintain confidentiality and anonymity. 3000 returned a completed survey, giving a response rate of 60%. The response rate shows a significant 12% increase compared to 2017 survey. The average response rate for Ambulance Trusts is 49%. The final national response rate for the 309 Trusts and specialist organisations that took part in the survey is 46%

It was very pleasing to also note another considerable increase in the number of responses received from BME staff compared with previous years. 184 BME staff at WMAS took part in the survey in 2018 compared to 110 in 2017 and 58 in 2016.

The staff survey results feedback focused on 32 key areas referred to as Key Findings. The Key Findings are further grouped into the following themes:

- Equality & diversity
- Quality of Care
- Health and wellbeing
- Safe Environment- Bullying and Harassment
- Immediate Managers
- Safe Environment- Violence
- Morale
- Safety Culture
- Quality of Appraisals
- Staff Engagement

The table below presents the results of significance testing conducted on this year's theme scores and those from last year*. It details the organisation's theme scores for both years and the number of responses each of these are based on. The upward arrow indicates a significant increase in score compared to last year.

Theme	2017 score	2017 respondents	2018 score	2018 respondents	Statistically significant change?
Equality, diversity & inclusion	8.3	2187	8.4	2914	Not significant
Health & wellbeing	5.1	2230	5.1	2937	Not significant
Immediate managers	5.7	2228	6.0	2953	↑
Morale		0	5.8	2875	N/A
Quality of appraisals	4.1	1956	4.4	2611	↑
Quality of care	7.5	2046	7.5	2701	Not significant
Safe environment - Bullying & harassment	7.1	2174	7.3	2903	Not significant
Safe environment - Violence	8.5	2171	8.7	2892	↑
Safety culture	6.1	2198	6.4	2899	↑
Staff engagement	6.1	2277	6.3	2990	↑

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

Key Findings and top five improvements noted

Of the 32 key findings, 16 were better than the 2017 staff survey, while there was no significant change in the remaining 16 Key Findings. Significant improvements were seen in the following areas where WMAS was ranked in the top 3 performers within the Ambulance Trusts benchmark group:

Significant improvement noted	2017/18	2018/19
Key Finding 14. Staff satisfaction with resourcing and support	3.35	3.43

Question 4f I have adequate materials, supplies and equipment to do my work

	2014	2015	2016	2017	2018
Best	63.9%	61.4%	62.3%	64.8%	68.7%
Your org	49.7%	61.4%	62.3%	64.8%	68.7%
Average	47.8%	47.6%	49.6%	50.8%	54.0%
Worst	21.5%	31.7%	37.9%	43.3%	40.5%
Responses	244	218	1,323	2,274	2,976

Question 4g There are enough staff at this organisation for me to do my job properly

	2014	2015	2016	2017	2018
Best	25.4%	37.0%	27.0%	33.5%	41.8%
Your org	23.3%	37.0%	27.0%	33.5%	41.8%
Average	16.6%	16.8%	20.2%	22.9%	27.7%
Worst	10.3%	12.2%	9.1%	11.1%	13.6%
Responses	244	217	1,318	2,273	2,985

Key Finding 15. Percentage of staff satisfied with the opportunities for flexible working patterns	35%	42%

	2015	2016	2017	2018
Best	37.1%	36.3%	37.4%	41.6%
Your org	32.5%	35.9%	37.4%	41.6%
Average	32.5%	33.5%	33.8%	35.0%
Worst	27.6%	16.6%	29.2%	27.7%
Responses	217	1,322	2,251	2,953

Key Finding 24. Percentage of staff/colleagues reporting most recent experience of violence	71%	78%

Note: This question was only answered by staff who reported experiencing at least one incident of violence in the last 12 months.

	2014	2015	2016	2017	2018
Best	72.0%	76.6%	74.0%	83.8%	77.8%
Your org	69.6%	76.1%	70.8%	71.2%	77.8%
Average	66.3%	62.2%	64.1%	65.2%	68.3%
Worst	48.3%	56.3%	55.7%	54.4%	62.4%
Responses	87	82	448	843	1,019

Key Finding 6. Percentage of staff reporting good communication between senior management and staff	21%	27%

	2014	2015	2016	2017	2018
Best	40.2%	29.2%	31.9%	31.0%	35.1%
Your org	20.9%	19.6%	26.5%	30.4%	35.1%
Average	20.9%	19.6%	26.4%	25.3%	27.6%
Worst	12.5%	15.9%	10.8%	15.4%	19.6%
Responses	240	216	1,307	2,225	2,947

Key Finding 30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.47	3.63

Question 17a My organisation treats staff who are involved in an error, near miss or incident fairly

	2015	2016	2017	2018
Best	43.9%	48.7%	48.3%	61.2%
Your org	42.5%	36.2%	36.1%	47.6%
Average	36.4%	37.2%	38.9%	47.6%
Worst	27.5%	28.7%	31.4%	36.0%
Responses	182	1,103	1,912	2,393

Question 17c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again

	2015	2016	2017	2018
Best	55.0%	59.5%	60.2%	65.8%
Your org	50.9%	54.3%	57.9%	65.8%
Average	43.7%	49.8%	51.6%	56.0%
Worst	38.3%	36.4%	38.8%	49.3%
Responses	188	1,168	2,053	2,610

Key Finding 8. Staff satisfaction with level of responsibility and involvement	3.59	3.66

Question 3b I am trusted to do my job

	2014	2015	2016	2017	2018
Best	85.5%	83.3%	87.0%	89.9%	92.2%
Your org	79.2%	83.3%	81.5%	83.2%	84.8%
Average	79.9%	81.7%	82.2%	83.2%	84.0%
Worst	60.7%	68.8%	76.8%	74.9%	78.9%
Responses	244	217	1,317	2,269	2,978

Question 4c I am involved in deciding on changes introduced that affect my work area / team / department

	2014	2015	2016	2017	2018
Best	45.8%	33.9%	37.6%	36.6%	43.2%
Your org	23.5%	20.1%	25.2%	23.6%	26.4%
Average	26.0%	28.0%	28.8%	25.7%	29.3%
Worst	17.3%	20.1%	24.0%	23.6%	22.9%
Responses	244	217	1,323	2,274	2,983

The results show that 72.1% of respondents would be happy for a friend or relative to be treated at the Trust and 55.2% would recommend WMAS as a place to work.

Staff Engagement Score

Our staff engagement score remains above the NHS average at 6.3 and is the highest score recorded in the last 5 years.

	2014	2015	2016	2017	2018
Best	6.1	6.2	6.4	6.4	6.5
Your org	5.8	6.2	6.0	6.1	6.3
Average	5.6	5.9	6.0	6.1	6.2
Worst	4.4	5.3	5.5	5.5	5.7
Responses	244	218	1,329	2,277	2,990

- Organisation score
- Benchmark group - Average
- Benchmark group - Best
- Benchmark group - Worst

The Staff Survey Response Action Group (SSRA) has met to review and analyse the results of the survey and have proposed the following priorities to address as part of the overall Trust action plan currently in development:

- Improve staff experience of PDRs
- Increase Staff Engagement
- Improve communication with staff
- Monitor results and effectiveness of LiA groups in relation to Staff Survey Action Plans

The results for individual sectors have been compared with last year's results and mapped against last year's Local Action Plans. These will be sent to all the Leads in the sectors listed below, for sharing and discussing with staff.

Each Sector will be required to build their Local Action plan and submit to the SSRA Group by end of April. The Group will review all action plans and submit in turn to Quality Governance Committee, Executive Management Board and Board meetings.

Equality and Diversity

Diversity and Inclusion
The Trust has its core Diversity and Inclusion running through all business streams of the Trust. Over the last year there have been a range of themes that have fell within this category:

- EDS2
- WRES Workforce Race Equality Standard
- Recruitment
- Public Sector Equality Duty
- Specific Duties
- Equality Objectives
- Diversity & Inclusion Steering Group
- Staff networks
- National Ambulance Diversity Group [NADG]
- National LGBT Group
- WDES Workforce Disability Equality Standard

Equality Delivery System 2 (EDS2)
The Trust held 2 EDS2 events one for staff on the 30 November 2018 and the other for our communities on the 15 November 2018. EDS2 has 18 outcomes which the Trust is required to be graded against as follows:

The grades received this year vary slightly on the results from 2017. However, this maybe because it was a larger consultation exercise and included a number of Diversity and Inclusion specialists from other Trusts. Both events had good attendance with a diverse range of attendees

	Undeveloped	Developing	Achieving	Excelling
2018		4 categories	5 categories	4 Excelling 5 Excelling/Achieving
2017			10 categories	8 categories

The final summary will be published on the Trust web site once it has been approved by the Board. https://wmas.nhs.uk/about-wmas/organisation/equality-diversity/equality-delivery-system/

Workforce Race Equality Standard (WRES)

The aim of the Workforce Race Equality Standard (WRES) is designed to improve workplace experiences and employment opportunities for Black and Minority Ethnicity (BME) people in the National Health Service (NHS). It also applies to BME people who want to work in the NHS. The WRES is a tool to identify gaps between BME & White staff experiences in the workplace this is measured through a set of Metrics. The metrics are published annually in conjunction with an Action plan. This was published in July 2018 and incorporated a new Action plan to reflect the progress the Trust has achieved over the last year.

In closing the gaps this will achieve:

➢ Tangible progress in tackling discrimination
➢ Promoting a positive culture
➢ Valuing all staff for their contribution to the NHS
➢ The result will be high-quality patient care and improved health outcomes for all.

The Trust supports and promotes the WRES, encouraging BME staff to reach their full potential through equality of opportunity. The Trust aims to recruit a workforce that is diverse and representative of our communities.

https://wmas.nhs.uk/about-wmas/organisation/equality-diversity/%6e2%80%8bworkforce-race-equality-standard/

Recruitment

The Trust makes every effort to recruit a workforce that is representative of the communities we serve. The Trust has a Positive Action statement on all job adverts encouraging applications from people with disabilities and BME backgrounds. A diverse workforce research tells us provides better patient care, to compliment the WRES the Trust is keen to encourage BME applicants particularly for the role of Paramedic. To achieve this, aim the Trust has enhanced its recruitment programme by the following;

➢ Employing a Recruitment Engagement Officer with emphasis on encouraging BME applicants.
➢ Marketing materials have been developed using staff BME role models i.e. pop up stands that can be used for events.
➢ Literature is reflective of the diversity of the Trust.
➢ Staff who are involved in the recruitment process must undergo training involving;
  • Value Based Recruitment
  • Equality & Diversity
  • Equality Act 2010 and the law
  • Unconscious Bias
  • Interview skills
➢ The Trust has developed a recruitment DVD with emphasis on recruiting BME applicants to the role of Paramedic. The DVD has been posted on YouTube in a variety of languages and shared with other Ambulance Services.
  https://www.youtube.com/watch?v=D_bTgdkHGgU

➢ The Trust now has a more modern recruitment web site to attract potential applicants.
➢ The Recruitment department offers support for BME applicants through the pre-assessment programme. Currently in development is an on line version of the same programme.
➢ Community engagement has increased with the employment of a dedicated Recruitment Officer. This has not just been at recruitment events but also at colleges and schools particularly getting young people to think about a career in the ambulance service.
➢ All BME applicants are monitored from the point of application to being successful at assessment.
www.wmas.nhs.uk/Pages/Job-Opportunities.aspx

Public Sector Equality Duties (PSED)

The Trust has evidenced how it has achieved the aims of the General Duty i.e.

- *To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.*
- *Advance equality of opportunity between people who share a protected characteristic and those who do not.*
- *Foster good relations between people who share a protected characteristic and those who do not.*

This has been achieved through our work on key areas including a positive and supportive approach to recruitment and actions taken relating to our Equality Delivery System 2 and Workforce Race Equality Standard plans. The annual report covers the Public Sector Equality Duty and was published in July 2018.
https://wmas.nhs.uk/about-wmas/organisation/equality-diversity/

Specific Duties

The Specific Duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives and to publish information about their performance on equality, so that the public can hold them to account. The Specific Duties require the Trust to:

- Publish information to show compliance with the Equality Duty at least annually
- Set and publish equality objectives at least every four years

The Trust publishes this information annually on our website.

Equality Objectives

The Trust is required under the "Specific Duties" to prepare and publish equality objectives which help to further the aims of our Equality Duty. The objectives must be published every four years and this year WMAS has an enhanced set of objectives for 2017-2020 building on the previous plan. Reporting on these equality objectives will be in July 2018 when the Annual Report is due to be published.

Equality Objective One

Increase recruitment applications from BME [Black Minority Ethnicity] and Disabled candidates to the Trust to ensure that Trust staff are representative of the communities we serve. Encourage current members of staff who are BME or Disabled to develop and flourish to their full potential.
Links into the WRES

Equality Objective Two

Build trust and confidence with our communities, patients, carers and their families through effective communication, engagement and partnership working.
Links into Community Engagement

Equality Objective Three

Create a culture where all staff, patients, carers and their families and other agencies the Trust works with are treated with Dignity and Respect.
Links through Patient survey /Patient Advice Liaison Service PALS /Staff training

Equality Objective Four

Continue to develop the working environment, were all staff are encouraged to develop as individuals, so that they will provide high quality patient care and enhance the reputation of the Trust in doing so will feel valued for their contribution.
Links to training and development and a caring environment amongst staff

Equality Objective Five

All staff are to foster working relationships that eliminate Bullying, Harassment, Discrimination and other unwanted behaviours that do not reflect the values of the Trust.
Links to work being developed within the Trust on Bullying & Harassment at national level

Diversity and Inclusion Steering Group

The Trust supports a "Diversity & Inclusion Steering Group" with representation from a diverse range of staff from across the Trust who are representative of the various roles and departments within the Trust, this group is chaired by the CEO. The Diversity & Inclusion steering group meets every three months to consult and drive the Diversity & Inclusion agenda forward.

Staff Groups

- **Proud @ WMAS Network:**

  This network is for Lesbian, Gay, Bisexual & Transgendered staff and is supported by "Straight Ally's" which is a concept developed by Stonewall. The Network is represented at Pride marches and the Trust is a member of the Ambulance Sector National LGBT group. The Network provides support for all LGBT staff and raises issues at national level were appropriate. The Trust has invested in the national LGBT Conference by provide places for staff free of charge.

- **The BME Network**

  The BME Network is a newly formed staff network. Progress has been made by developing Terms of Reference and electing a committee in January 2018. The Network were present at the National BME Conference in October 2018 and provided both support and a speaker at the event.

  - A Disability and Carers network will be launched on 8 May 2019.

National Ambulance Diversity Group (NADG)

The Trust is represented on the national group and attends the meetings regularly. It is a forum of shared knowledge and expertise which drives the Diversity & Inclusion agenda at a national level.

Workforce Disability Equality Standard (WDES)

The NHS Equality and Diversity Council has recommended that a Workforce Disability Equality Standard (WDES) should be mandated via the NHS Standard Contract in England from April 2019. NHS England has launched this. The EDC has also agreed to support a programme of work to explain and support it. Trust members of staff have attended seminars and workshops and will be launching a disability network in May 2019.

Health and Wellbeing

Health & Wellbeing embraces both the physical and mental wellbeing of a person both are intrinsically linked. The Trust was part of the national pilot group of 6 Trusts for the "Healthy Workforce Programme" under the remit of NHS England. Working with other like-minded Trusts the fruition of the programme has provided:

- Wellbeing Diagnostic Tool
- HWB Action Plan against Framework

The Trust has completed the action plan based on the diagnostics produced against the Framework. The consultation for the review took place in London 14th February 2019 and looked at the overall plan led by NHSI. The feedback from a variety of groups will provide a revised national plan. The national framework is working well with most Trusts using the diagnostics and framework. It is still early days as it was only launched May 2018 and has taken time to market and embed into Health & Wellbeing.

NHSI 90 Day Improvement Plan

NHS Improvement (NHSI) held a conference for all Ambulance Services on the 1st October with the remit to reduce sickness absence under 4%. WMAS was already below the level set. The NHSI plan was to get all ambulance services to commit to a prescribed 90-day plan commencing 1st October 2018 this started through the following interventions.

- One-hour telephone conversation to talk through what areas where being covered in relation to Health & Wellbeing [October]
- A visit to the Trust with all Health & Wellbeing leads and Director Workforce & OD. The NHSI visited the Trust on the 23rd November 2018 to discuss the HWB Action plan.
- Report to be completed and submitted 4th January 2019

The Trust was already following the National Healthy Workforce Programme plan and therefore was not required to complete a 90-day improvement plan. A 90-day plan was developed from January to March 2019 as a best practice approach, this was submitted with the final report to the NHSI on 4th January 2019. The Trust is yet to receive feedback from NHSI.

Mental Health

Staff have been supported through a variety of interventions to support their Mental Health and Wellbeing for example:

- **Working conditions:** The Trust provides state of the art vehicles and equipment to enable staff to provide the best possible service and care. Hubs are being built and upgraded to reflect growing Trust needs.
- **Bullying & Harassment & Violence** The Trust has a 'zero tolerance' position statement issued via the CEO and E-Learning training packages for staff and Managers in the management of any Bullying, Harassment and Discrimination.

The   Trust   staff
have been involved with NHSI in participating in a DVD on violence on staff and the impact and effect it has. This will be used for training purposes.

- **Information:** Mental Health information is provided via:
  - ➢ The mental health yammer group,
  - ➢ Regular articles about Mental health in the Weekly Brief,
  - ➢ Raising awareness on key dates on the HWB calendar, Time to Talk.
  - ➢ The Trust have signed the Blue Light Pledge.

  - ➢ Most hubs have Health & Wellbeing boards with information on and some PTS sites have.
  - ➢ Information is provided in "Quiet Rooms
  - ➢ Most locations have Health & Wellbeing Champions.

- **Mental Health Training:**
  Managers have under gone mental health training through Mind and provide local stress risk assessments. The current position is:

  - ➢ The Trust has 8 members of staff who have completed the Mental Health First Aiders (MHFA) Instructors course. Three of the staff have now got to co-deliver two 'two-day' courses to get their full qualification which will take place between April and June 2019.
  - ➢ Two Instructors have attended the half day MHFA Awareness Instructors course.
  - ➢ Two instructors have attended the one day course which qualifies staff to be Mental Health Champions.
  - ➢ 75 staff have attended the half day awareness course
  - ➢ 78 staff have attended the two-day Mental Health First Aider courses.
  - ➢ MHFA Courses are currently scheduled until 20th June to enable the remain instructors to fully qualify.
  - ➢ Current courses scheduled;
    - 1&2   May Mental Health First Aider Course 16 spaces Full
    - 8&9   May Mental Health First Aider Course 16 spaces Full
    - 22&23 May Mental Health First Aider Course 16 spaces Full
    - 19&20 June Mental Health First Aider Course 16 spaces Full
    - 3rd June 2x25 Courses MHFA Mental Health Awareness
    - 4th June 2x25 Courses MHFA Mental Health Awareness

The courses have had excellent feedback and currently demand outweighs supply. Staff are very keen and have enjoyed the courses and feel this has increased their knowledge about mental health which will have benefits for both colleagues and patients.

- **Mental Health events**
  - ➢ Mental Health Café with trained counsellor on site
  - ➢ Drop in events for Sleep, Mindfulness and Stress
  - ➢ Time to talk event Feb 2019 coffee & cakes.
- **Listening Centre:** The Listening Centre is an external counselling service through which the Trust provides support for staff with up to six sessions on a one to one basis with a trained counsellor.

- **Absence Management Training;** All managers and supervisors undergo this training so that they have an awareness of protocols and how they can support staff when they are absent due to illness and maintain contact, so they don't feel cut off.

SALS

The SALS Peer Support Team have had an exceptionally busy year in relation to staff support but also have set up new initiatives. They have introduced SEES (Social, Emotional Educational Support) Interventions which is a group debriefing after traumatic jobs usually involving multi fatality and or the deaths of children. The SALS team have seen 636 members of staff over the last six months.

Health & Wellbeing Champions

The Trust currently has 58 Health & Wellbeing Champions based across 15 hubs, MP, The Academy Coventry, Worcester Frankley, Black Country & Ellesmere Port PTS sites. Some of the HWB Champions work in small team's others work as individuals.

Musculoskeletal

The Trust identified that MSK had a major impact on our staff. Often staff would have to wait 6-8 weeks for a referral from their GP so during this time no treatment plan was being put in place which delayed recovery. The Physiotherapists start the treatment plan using a triage system this is defined as telephone assessment and advice following referral. Each call takes about 15 minutes there were 35 new cases recorded between August 2018 & January 2019. What is noticeable is that back pain is the main cause requiring treatment.

Staff have strongly agreed that the interventions of the physiotherapist has enabled them to stay in work and agreed it had reduced the length of time they were off sick. Currently the Trust is recruiting another Physiotherapist to replace Amanda Ingleby who is taking up another post nearer home. Amanda has been an excellent addition to the HWB team and has achieved high satisfaction rates for the Acupressure she has delivered to EOC's.

Physiotherapy Satisfaction Survey - sickness / absence

Legend: strongly agree | agree | neither agreee or disagree | Not applicable
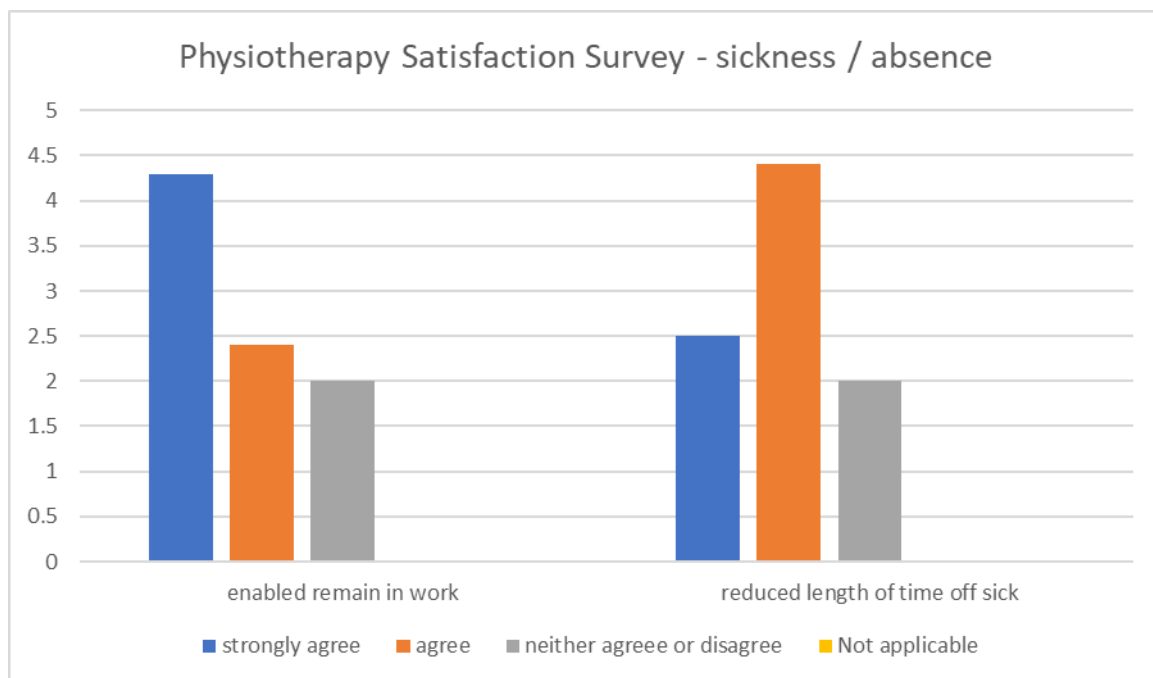
The Trust has produced a DVD on how to avoid injury "Mind Your Back" and how to take care of your back and yourself by using exercises therefore being proactive this has been shared with other ambulance services.

Weight Management Programme

The Trust continues to offer this programme to all staff with a BMI of 25+. As of the 10th January 2019 we have issued vouchers to **688** staff with a current weight loss of **5862** pounds based on a twelve-week period. By volume of applicants who qualify and are given vouchers to date **688** participants have taken part or are still ongoing this qualifies as 13.23% of the Trust. This is the highest participation rate across all ambulance services and most Trusts. The Trust has developed its own Slimming World book that is sent to all new applicants. The Trust was in the "The Times" newspaper in January 2019 with the success of the programme. This was then followed up with Coventry & Warwick and Stoke radio stations interviewing one of our successful staff.

Flu Programme

The flu programme commenced on the 8th October 2018 and in six weeks over 60% of staff had received their vaccination. This year PTS have had vaccinators from the beginning of the programme and this has paid dividends. WMAS achieved the highest of all ambulance Trusts at 80.1% of front line staff, exceeding the national target of 75%. Within the Trust, Worcester Patient Transport Services team achieved the highest site at 88.1%. The highest site on the Emergency and Urgent service was Bromsgrove Hub at 87.1%.

Ambulance Service Health & Wellbeing Group

This group met for the first time on the 19th November 2018 at London Ambulance HQ. Eleven ambulance services were represented including Scotland. All the services have different good practices and the ethos of the group was to share best practices with other services and to act as a working group the next meeting is the 9th May 2019.

Regional HWB Group

The regional group provides a network for shared opportunities and best practice also economies of scale for training purposes. This group funded the MHFA Instructors course and because of this was able to commission the whole course which was far quicker than waiting for individuals trying to get places. Next meeting 30th April.

Health Checks

The Trust is about to purchase our own health check equipment to enable greater coverage of the Trust area and its far more cost effective. The equipment has kindly be sponsored by Unison for the benefit of staff Health & Wellbeing

Freedom to Speak Up

West Midlands Ambulance University NHS Foundation Trust (The Trust) is committed to ensuring that staff have the confidence to raise concerns and to know that they will be taken seriously and investigated. At work, it is reasonable that staff may have concerns from time to time, which normally can be resolved easily and informally. However, when staff have serious concerns about unlawful conduct, financial/professional malpractice, or risk to patients/others it can be daunting to speak up about this. Therefore, the Freedom to Speak up (Whistleblowing) policy aims to give staff the assurance that concerns will be listened to and to outline a fair and easy process for staff to raise concerns at work.

In order to deliver high quality patient care and protect the interests of patients, staff and the organisation, the Trust aims to encourage a culture of openness and transparency, in which members of staff feel comfortable about raising legitimate concerns. It is hoped that by providing clear procedures and channels for staff to raise concerns, issues can be addressed at the earliest opportunity, in the most appropriate way, so that positive steps can be taken to resolve them and reduce future risk.

FTSU Guardian

In June 2017, Barbara Kozlowska, Head of Organisational Development was appointed FTSU Guardian, taking over from Diane Scott, Director of Corporate & Clinical Services, and attended the relevant training day at the National Guardian's Office on 18 August 2017.

The Guardian is a member of the West Midlands Guardian Network, and the National Ambulance Network (NAN), ensuring that good practice is followed and shared.

FTSU Advocates

In June 2017 the role of FTSU Advocate was advertised. The ambition was to have at least one trained advocate in each locality/base ensuring ease of access to advice and support for any of our staff who wished to raise a concern.

A poster showing advocates' photographs and locations is displayed in each area.

Governance

There are number of ways in which assurance is provided for FTSU:
1. Quarterly returns to National FTSU Guardian's Office
2. Bi-annual reports to WMAS Learning Review Group, Executive Management Board and Board of Directors
3. Quarterly meetings with the Chief Executive Officer, Chair, FTSU Non-Executive and Executive Director FTSU leads and the Guardian
4. 2018/19 FTSU NHS Improvement Self-assessment
5. Audits by an independent non-executive director, and Internal Audit.

Promotion

A poster with details of the FTSU Guardian, Executive (ED) and Non-Executive (NED) leads is on display in all areas.

A SharePoint site has been established, accessed through the Trust's E-Nav Moodle site and intranet - Treble 9.

Concerns Raised 2018/2019

In total to date, 17 concerns have been raised during this period, of which 16 have been successfully concluded and are closed.

The concerns cover a range of topics with no single trend being apparent. However, of the 17 concerns, 7 are related to patient safety issues.

The focus of the Trust's actions is to ensure that our managers have the confidence, skills and knowledge to welcome and deal with concerns as and when they arise, so that staff feel positive in raising any concerns with them. There are several routes available within the Trust, by which staff can raise concerns. FTSU therefore adds to these well-established reporting arrangements.

Part 3
Review of Performance against 2018-19 Priorities

![NHS West Midlands Ambulance Service University NHS Foundation Trust]

Patient Experience		
Priority 1: Increase Patient Experience feedback through direct liaison with patients whilst in Hospital Units		
Agreed Plans	**Current Status**	
Real time survey- The Trust planned to visit at least one hospital setting within each Non-Emergency Patient Transport Contract with an aim of receiving a minimum of 10 responses. When visiting renal units, the team planned to survey over 50% of patients using the non-emergency patient transport service.	This is a new initiative this year. The Trust has visited at least one key hospital in each of our five contracts resulting in 296 patients providing feedback.	*Achieved*
Family and Friends Test – continue to promote and exceed 300 responses	The Trust has received 1,133 responses to date, significantly exceeding the target of 300	
Annual extended NEPTS survey – to hand a survey to every patient over a 48-hour agreed timeframe	This took place on 14 and 15 February 2019 – results are currently still being returned and will be analysed in due course	
Priority 2: Educate Trust clinicians and implement the ReSPECT form to improve understanding and treatment of patients with specific care plans such as those people at the end of their life		
Agreed Plans	**Current Status**	
Continue to work with CCGs to ensure consistent practice is delivered across the region	Having trained all operational staff throughout the region, WMAS continues to work with CCGs to roll out the initiative. The Trust's Consultant Paramedic works with the National End of Life (EOL) Leads Ambulance Group and has represented the Association for Ambulance Chief Executives (AACE) on the national arena for ReSPECT. Additionally, he has appeared on BBC Radio 4 discussing this issue.	*Achieved*
Priority 3: Further development of Making Every Contact Count		
Agreed Plans	**Current Status**	
Public education to promote improved lifestyle choices and improved self-care	The Trust developed a community Health & Wellbeing Handbook, providing useful tips and advice to the public about health and taking responsibility for wellbeing. To compliment the handbook, a fridge magnet was designed to advise of alternative services to 999. The feedback from the community engagement events has been very positive and to date we have distributed more than 8,000 handbooks and magnets.	*Achieved*

Patient Safety

Priority 1: Reduce the number of unrecognised oesophageal intubations		
Agreed Plans	**Current Status**	
Unrecognised oesophageal intubations have been highlighted as a theme in serious incident investigations (6 in 2 years). An unrecognised oesophageal intubation can cause serious harm or even greatly contribute to the death of a patient.	There has been one oesophageal intubation reported this year which is being managed through the serious incident process. This is a significant reduction in the number and work continues in highlighting and educating staff.	On Track
Priority 2: Reduce the incidence of drugs given via the wrong route		
Agreed Plans	**Current Status**	
In 2017/18, there were 7 incidents of Adrenaline 1:1000 which have on occasion caused short term harm. There is a great risk of that harm being serious and as a Trust we want to reduce the chances of this happening.	There has been a reduction in the number of incidents following a successful "Medicines Safety" campaign run by the medicine management team. This continues to be monitored on a monthly basis by the medicine management team and reported through the Professional Standards Group.	On Track
Priority 3: Reduce the risk of harm to patients during transfer		
Agreed Plans	**Current Status**	
Whilst the incidence of harm in our care is extremely low, there will always be low level risk that harm may occur when patients are being conveyed. The Trust plans to reduce the number of incidents (both harm and no harm) caused during transfer of patients.	Harm remains static against activity as an overall. It continues to be monitored monthly by the patient safety team and reported at LRG and SMTs.	On Track

Q53

West Midlands Ambulance Service
University NHS Foundation Trust

<table>
<tr>
<td rowspan="20">Clinical Effectiveness</td>
<td colspan="2">Priority 1:   Improvement of the performance for the National Ambulance Clinical Quality Indicator for Stroke and STEMI</td>
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Agreed Plans	**Current Status**

Priority 1:   Improvement of the performance for the National Ambulance Clinical Quality Indicator for Stroke and STEMI

The Trust is committed to continual improvement in stroke care in line with the service reconfigurations within the West Midlands. The assessment of FAST, Blood Pressure and Blood Glucose as a care bundle

It is planned to ensure the care bundle performance is above 97%

Since May 2018, the Care Bundle performance has been reported at above 99%

STEMI

Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19
90.88%	**98.42%**	**95.18%**	**95.47%**	**95.74%**	**95.74%**	**95.14%**	**96.00%**	**99.26%**	**96.08%**
Year to date									**95.78%**

Stroke Care Bundle

Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19
95.84%	**99.10%**	**99.32%**	**99.29%**	**99.01%**	**98.49%**	**99.01%**	**99.60%**	**99.54%**	**99.51%**
Year to date									**98.87%**

On Track

Priority 2: Completion of the Clinical Audit Programme

Agreed Plans	**Current Status**

By continuing with the programme of work for 2018/19, the Trust aims to improve the number of areas for improvement following clinical audit.

Clinical Audit Programme ongoing – progress / barriers are reported and addressed through various internal governance groups

On Track

Priority 3: Continued implementation of 'Learning from Deaths' through mortality reviews

Agreed Plans	**Current Status**

Following the introduction of the Learning from Deaths Framework in April 2018, the Trust planned to fully implement a process for mortality reviews

Policy written and implemented. Patient Safety Officer in post substantively. Since April 2018 monthly and quarterly reporting has been completed.   Following these reviews, the following provides an overview:

- Died in our care: 812
- Case reviews: 130
- Serious Incidents: 22
- Required no further action: 660

On Track

Patient Safety

Reporting, monitoring, taking action and learning from patient safety incidents is a key responsibility of any NHS provider. At WMAS, we actively encourage all our staff to report patient safety incidents so that we can learn when things go wrong and make improvements.

A positive safety culture is indicated by high overall incident reporting with few serious incidents which we continue to achieve. Encouraging staff to report near misses allows us the opportunity to learn lessons before harm occurs.

Analysis of all incidents takes place and is supported by triangulation with other information such as complaints, claims, coroners' inquiries, clinical audit findings and safeguarding cases. These are discussed monthly at the Learning Review Group (LRG). The meeting is chaired by the Director of Clinical Commissioning and Service Development and attended by clinicians from across the organisation. Themes and trends are reported quarterly to the Quality Governance Committee and the Trust Board of Directors.

Total Number of Patient Safety Incidents reported by Month

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Total
Harm	15	15	35	42	38	27	28	38	20	32	29	23	**342**
No Harm	185	196	170	162	171	150	205	241	224	223	164	167	**2259**
Total	**200**	**211**	**205**	**204**	**209**	**177**	**233**	**279**	**244**	**255**	**193**	**191**	**2601**

This demonstrates a 31% increase on incident reporting compared to 2017-2018 (1980 incidents 17/18 to 2601 18/19).

	Harm	**No Harm**	**Total**
Incidents by Harm	342	2258	2601

Patient harm events (342) accounted for 13% of those incidents reported during 2018/19.
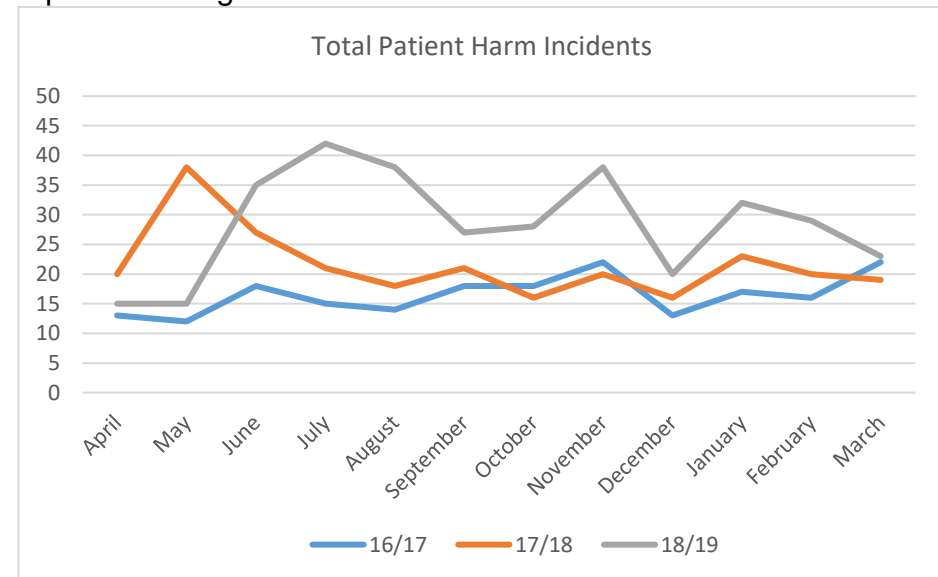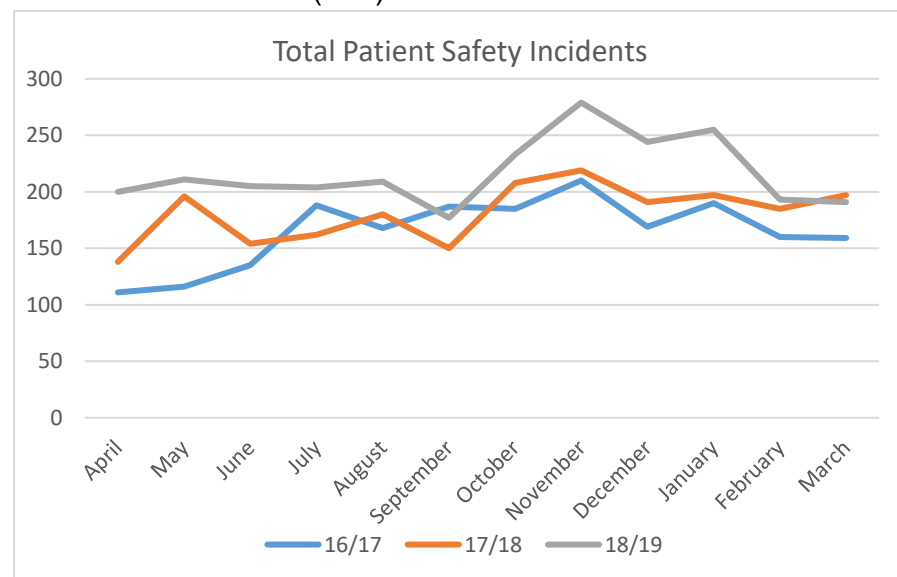
Themes (Patient Safety/Patient Experience/Clinical Audit)

- <u>Harm Incidents</u>: Continue to be associated with slips, trips and falls and collision/contact (E.G. doorframes and furniture) during transfer of patients.
- <u>Monitoring:</u> Failure to recognise and interpret waveform capnography, a device used to ensure a patients airway is being maintained correctly, continues to be a focus of the Trust.
- <u>Make Ready:</u> Missing equipment or out of date drugs on vehicles that have been through the make ready system.
- <u>Delays:</u> PTS delays in attendance continue to be a theme, along with A&E response to category 3 calls.

Serious Incidents

All serious incidents are investigated using Root Cause Analysis methodology to determine failures in systems and processes. This methodology is used to steer away from blaming individuals, to ensure the organisation learns from mistakes and that systems are reinforced to create a robustness that prevents future reoccurrence.

Between April 2018 and March 2019, the Trust registered 61 cases as serious incidents. Of those 61 cases registered, 7 were stood down following investigation as it was established they did not meet the threshold as a serious incident.

Following investigations into serious incidents the Trust identified the following key areas for improvement;

- Management of cardiac arrests
- Management of peri-arrest patients
- Crew Resource Management/ Human factors
- Discharge of patients on scene

The Trust has not had cause to report any Never Event incidents.

Sign up to Safety

In March 2015, the Trust formally signed up to the NHS Sign up to Safety (Listen Learn Act) Campaign. The Trusts five pledges are listed below and further information on our plans is available via the Patient Safety section of our website.

1. **Put Safety First - We will continue to;**
   - Promote the quality and safety agenda and provide positive leadership through clinical champions across all areas of the Trust and from Board of Directors to front line staff
   - Ensure that staff are given the education and tools to continue to provide high quality care
   - Improve seamless handover of care through utilization of formally agreed communication tools and standards developed in partnership with Acute colleagues.
   - Ensure that our top 5 patient safety risks have action plans to reduce the risk of harm and that these plans are shared with all staff.

2. **Continually Learn - We will continue to;**
   - Provide full support to the Learning Review Group (LRG) by ensuring full commitment to the membership by all directorates and in-depth review of LRG reports throughout the committee structure up to and including the Trust Board of Directors.
   - Ensure a series of Patient Safety 'walk-a-rounds' to allow staff and patients to raise issues that can be addressed and shared in a timely manner.
   - Utilise Root Cause Analysis (RCA) methodologies for reviewing and investigating trends where low to moderate harm has occurred rather than just RCA serious and high-risk incidents.
   - Continue to share learning with other organisations and key stakeholders to improve practice and encourage a culture of openness.
   - Evaluate organizational understanding of quality and safety and provide a forum for staff to make suggestions for improvements.

3. **Honesty - We will continue to;**
   - Always tell our patients and their families/carers if there has been an error or omission resulting in harm.
   - Undertake an awareness raising campaign to support our staff in the being open process and incorporate this further into Patient Safety Training.
   - Publish outcomes of incident investigations and trends / themes on our website/ intranet.
   - Publish our top 5 Patient Safety Risks, explain what our plans are for reducing the risk of harm and then ensure we publish progress reports at least quarterly.

Collaborate - We will;

- Work in partnership with local Health and Social Care organisations to explore new models of care delivery in order to maintain a safe and high-quality service for all patients
- Scrutinize our quality and safety systems to assess the effectiveness of assurance gathering processes to evidence our service is operating effectively.
- Develop and improve our service through benchmarking and standardization with other Ambulance Services via membership of national expert groups within the Association of Ambulance Chief Executives network.

4. **Support - We will continue to;**
- Continually review our methods of Education and Training to ensure our staff are kept well informed
- Ensure staff are given the opportunity for reflective practice through a robust clinical supervision model.
- Promote safety and best practice through Trust Communications and the Ambulance National Patient Safety Conference hosted by this Trust.
- Reward and publish good practice via Trust Communications, the Patient Safety Conference and Award Ceremonies

Top Patient Safety Risks

- Missing equipment/drugs and/or out of date drugs on vehicles that have been through the make ready system.
- Failure to appropriately utilise waveform capnography following intubation.
- Incidents when transferring/moving patients during transport.
- Failure to interpret clinical findings and act on appropriately.
- Administration of medicines – wrong route and inappropriate dosage.

Duty of Candour

The Trust promotes a culture of openness ('just' culture) to ensure it is open and honest when things go wrong, and a patient is harmed. Being open is enacted in all incidents where harm is caused no matter the severity to ensure this culture is carried out.

NHS providers registered with the Care Quality Commission (CQC) are required to comply with a new statutory Duty of Candour, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20 Duty of Candour which relates to patient harm events considered to have caused moderate harm or above. This regulation requires a more formal process of ensuring that incidents are investigated at an appropriate level and that being open and honest with the patient and/or their families is completed.

The introduction of a Patient Safety section of the Trust website supports the Trust Duty of Candour requirements and allows greater openness and sharing about when things have gone wrong and what the Trust has learnt and is doing to put things right and improve.

The Trust Duty of Candour/Being Open policy is available via the Trust website or directly from the Freedom of Information officer.

The policy details the arrangements the Trust has in place for staff and managers and the Trust Learning Review Reports published on the Trust Website and presented to the Board of Directors each quarter identifies compliance with our statutory duties.

Safeguarding

In 2018/2019 West Midlands Ambulance Service has continued to ensure the safeguarding of vulnerable persons remains a priority within the organisation and the trust is committed to ensuring all persons are protected at all times through embedded policies, procedures, education and literature. All staff within WMAS are educated to report safeguarding concerns to the single point of access Safeguarding Referral Line.

Safeguarding Referral Numbers

	Adults	Children
2016/2017	21386	4534
2017/2018	21130	4756
2018/2019	23308	5620
% variance	**10%**	**18%**

Currently there are 27 Safeguarding Boards across the West Midlands and engagement continues to develop with WMAS, in addition to contribution to Child Death Overview Panels, Domestic Homicide Reviews, Safeguarding Adult Reviews, Serious Case Reviews, Social Care and Prevent panels and networks

The Safeguarding Manager is the Prevent lead for the trust and ensures compliance with contractual obligations through reporting via Unify2 to NHS England. In addition, close links have been established with NHS England and Police to ensure Prevent is a key priority within our safeguarding agenda.

Patient Experience

The key themes for Patient Advice and Liaison Service (PALS) and formal complaints relate to:

- **Clinical Treatment complaints** - the patient or their representative feels that the treatment or advice received was not appropriate.
- **Timeliness of 999 ambulance and Patient Transport Service Vehicles** - there is a delay or perceived delay in the arrival of a 999 ambulance or response vehicle, or there is a delay in the arrival of a Non-Emergency Ambulance to take a patient to and from their routine appointment.
- **Professional Conduct** - that the patient or their representative feels that the attitude or conduct of the attending ambulance staff, or call taker was not to the standard that they would expect.

Complaints

Complaints are an important source of information about patients' views regarding the quality of services and care provided by the Trust. All staff are encouraged to respond to complaints and concerns raised by patients and relatives in an effective, timely, and compassionate way.

The Trust has received 335 complaints raised so far compared to 398 2017/18. The main reason relates to clinical complaints raised.

Breakdown of Complaints by Service Type YTD:

	2017-2018	2018-2019	% Variance 17/18 – 18/19
EOC	59	41	-30.5
EU	171	186	8.8
PTS	162	101	-37.7
Air Ambulance	1	0	-100
Other	6	7	16.7
Total	**398**	**335**	**-15.8%**

This equates to;

EOC - 1 Complaint for every 31,741 calls received
E&U - 1 Complaint for every 2,046 Emergency Incidents
PTS – 1 Complaint for every 1,841 Non-Emergency Patient Journeys

Upheld Complaints

The table below indicates that of the 335 complaints, 87 were upheld. If a complaint is upheld, learning will be noted and actioned locally and will also be reported to the Learning Review Group for regional learning to be identified and taken forward as appropriate.

	Upheld	Not Upheld	Partly Upheld	Under investigation	Total
Attitude and Conduct	8	21	13	4	46
Driving/Sirens	0	4	1	0	5
Clinical	14	56	36	2	108
Response	52	23	23	0	98
Call Management	2	4	5	0	11
Loss/Damage	0	1	0	0	1
Information Request	3	14	5	0	22
Other	1	4	4	0	9
Patient Safety	5	2	3	1	11
Eligibility	1	8	1	1	11
Social Media	1	2	6	0	9
Safeguarding	0	3	1	0	4
Total	**87**	**142**	**98**	**8**	**335**

Patient Advice and Liaison Service (PALS) Concerns

Concerns usually increase year on year, however this year has seen a decrease with 2067 concerns raised in 2018/19 compared to 2358 in 2017/18. The main reason for a concern be raised is 'clinical' this includes emergency and non-emergency patient transport arrangements.

The new Pan Birmingham Non-Emergency Patient Transport contract commenced on 1 January 2018 which caused an increase in the number of concerns. This is often seen in the first few months of a new contract, especially a contract as large as the Pan Birmingham.

Learning from complaints / PALS
Examples of learning:

You said	We did
Issue with blocking peoples drives when attending to 999 calls and collecting patients for Patient Transport.	All staff on all Hubs are made aware via the station notice board and are reminded to park considerately for members of the public.
There was a lack of communication and openness when hospital appointments are cancelled due to Patient Transport Services delay.	Staff managing calls have been reminded to communicate with patients about delays. To be honest about the reasons why the appointment has been cancelled e.g. the hospital has cancelled the appointment because we could not get the patient to their appointment on time
Information posted on Social Media	Staff are reminded that they follow the Trusts Policy in relation to posting on Social Media.

Ombudsman Requests

The majority of complaints were resolved through local resolution and therefore did not proceed to an independent review with the Parliamentary and Health Service Ombudsman. During 2018/19 – 13 independent reviews were carried out, compared to 9 in 2017/18, of the 13 reviews, 4 were closed with no further action and eleven remain under investigation by the Ombudsman.

Patient Feedback / Surveys

The Trust received 59 completed surveys via our website relating to Emergency Services and 15 relating to the Patient Transport Service. A targeted survey was undertaken of patients that use the non-emergency patient transport service in February 2019 with approximately 4,500 surveys handed out to patients.

Patient Transport Service Real Time Survey – 1 April 2018 – 13 December 2018

Hospital Attended: NEPTS Only	Total
Alexandra Hospital	9
Kidderminster General Hospital	8
Queen Elizabeth Hospital	161
Russell Hall Hospital	29
University Hospital Coventry & Warwickshire	22
Worcestershire Royal Hospital	12
Royal Orthopaedic Hospital	3
Countess of Chester	14
Heartlands Hospital	8
Moorgreen Hospital	14
Royal Wolverhampton Hospital	16
Total	296

- The majority (98%) found that the vehicle met their physical needs.
- 98% of patients felt that they were treated with dignity and respect.
- The majority 97% described the attitude of the staff good.
- The majority 186 (62.8%) arrived on time.
- 87.8% described the service they received as good.
- The majority 243 (82.1%) would recommend the service to their friends and family, but some did say they wouldn't want their friends and family to being in a position where they had to visit the hospital and depend on transport.
- The majority of patients were aged between 75 – 84 years that required transport.
- The majority of patient lived in the Birmingham area, we would expect more for this area as the majority of patients surveyed attended a hospital or unit associated with the Queen Elizabeth Hospital.

Clinic/Units/Hospitals attended. NEPTS Only:
- Smethwick Renal Unit
- Kings Norton Unit
- Dudley Renal Unit
- Redditch Renal Unit
- Woodgate Renal Unit
- Balsall Health Renal Unit
- QE Renal Units
- Great Bridge Renal Unit
- Kidderminster Renal
- Worcestershire Royal Hospital
- University Hospital Coventry & Warwickshire
- Hereford renal Unit
- Worcester Renal Unit
- Glaxco Heartlands Renal Unit
- Russell Hall Hospital
- New Cross Hospital
- Countess of Chester
- Castle Vale Renal Unit
- Aston Cross Renal Unit
- Great Bridge Renal Unit
- Solihull Renal Unit

NEPTS: You said	We did
Some patients felt planning was not always effective.	The PTS system is in the process of being upgraded which will bring a range of benefits and efficiency to improve planning. Latest release currently being tested and will be implemented in 4 weeks. Additional training of staff will commence and conclude by March 2019.
Would like a text message to be sent 10 – 15 minutes prior to attendance, instead of it stating on its way and it still being an amount of time.	We are unable to send a text with in a specific timeframe of arrival at a patient's property. However instead of saying transport is on its way, it will now say 'Your West Midlands Ambulance Service transport has been allocated and will be with you today, this maybe up to 2 hours before your appointment time'. PTS will continue to liaise with the Communication Team to look at improvement.
Why do drivers travel from Birmingham to rural areas such as Worcester and Hereford, why not local drivers with local knowledge	The renal units in Hereford and Worcester fall under the Birmingham Queen Elizabeth Hospital contract. We will look to utilise resource locally to reduce the use of Birmingham crews. Where possible we will use voluntary car drivers in the area, who have local knowledge and home-based crews in the Hereford area

NEPTS: You said	We did
Uncomfortable journey, suspension uncomfortable	This will be fed back to the Trust Vehicle Design Group when reviewing the procurement of replacement and new Non-Emergency Patient Transport Service vehicles. Will also be reinforced with drivers through Personal Development Review's, mandatory training and station meetings. Looking at extending the PTS driving course to 1 week.
Some patients/Staff at Unit stated they can be holding on the telephone for 20 – 30 minutes	Staff have been recruited in the Non-Emergency Control room which should alleviate this issue. It is unclear if the correct number is being used by patients. This will be shared with patients by the Discharge Coordinators and Renal Coordinators by December 2018.
Query over Key Performance Indicators discussed between drivers and patients and a difference in standards	This is discussed through PDR's however will be reinforced through station meetings. The main issue being that if a case is cancelled or aborted then the collection time would be as per an on-day booking
Patient in Woodgate Unit and Worcester renal had seen an improvement in service when they had a regular driver	As part of the upgrade improvements, we have improved the regular journey planning which can be replicated each day to ensure consistency. This is monitored via key performance indicators
Lack of knowledge on timeframes to be collected in	Look at posters for all units and hospital to manage patient expectation
Use of taxi's	Some concerns raised at renal unit about the use of taxi's the assistance they provide to the patient

Friends and Family Test

The Friends and Family Test (FFT) was officially launched on 1 April 2015. The FFT is offered to patients that dial 999, receive an emergency response but are not conveyed to hospital, and to patients that use the Non-Emergency Patient Transport Service. Patients are offered a freepost leaflet to return to Regional HQ or they can complete the return on online through the Trust website.

To date we have received the following responses:

Recommendation:	YTD EU	YTD PTS
Extremely Likely	102	681
Likely	2	187
Neither	0	61
Unlikely	4	51
Extremely Unlikely	2	23
Don't know	1	19
Total	**111**	**1022**

The Trust has received 1133 responses compared to 280 responses the previous year. 783 responses were 'extremely likely' to recommend the non-emergency ambulance service and emergency service to their friends and family.

Compliments

The Trust has received 1652 compliments in 2018/19 compared to 1500 in 2017/18. It is pleasing to note that the Trust has seen an increase so far since 2017.

Hub / Team	Total	Hub / Team	Total
Hollymoor	157	Dudley PTS	11
Bromsgrove	86	Worcester PTS	13
Willenhall	156	C&w PTS	7
Sandwell	41	Walsall PTS	0
Coventry	116	Staffordshire PTS	0
Warwickshire	51	Cheshire PTS	32
Erdington	149	Birmingham PTS	18
Lichfield	54	Pts control	31
Shrewsbury	70	Air ambulance	18
Donnington	75	Emergency Operations Centre	53
Worcester	92	Headquarters	10
Hereford	57	Hazardous Emergency Response Team (HART)	24
Dudley	159	Community First Response	19
Stoke	80	Regional	6
Stafford	66	Out of Hours	1
Total:		**1652**	

Governance

Patient Experience reports go quarterly to the Learning Review Group (LRG) which focuses on 'trend and theme' reports. The LRG reports to the Quality Governance Committee and reports any issues relating to assurance; any risks identified; and key points for escalation. The Trust Board receive monthly data on formal complaints and concerns through the Trust Information Pack.

Internal Audit

Tony Yeaman (NED) completed an Audit of complaints in June 2018.
As part of the Trust's approved Audit Plan for 2018/19, the arrangements in place relating to the effectiveness of processes relating to complaints and concerns were reviewed by Internal Audit.

It is pleasing to note that the highest rating of "Optimal" was provided.

Single Oversight Framework

This Framework was introduced by NHS Improvement in 2016 as a model for overseeing and supporting healthcare providers in a consistent way. The objective is to help providers to attain and maintain Care Quality Commission ratings of 'Good' or 'Outstanding', meet NHS constitution standards and manage their resources effectively, working alongside their local partners. This is done by collating information relating to achievement of the following key themes:

Theme	Aim
Quality of Care	To continuously improve care quality, helping to create the safest, highest quality health and care service
Finance and Use of Resources	For the provider sector to balance its finances and improve its productivity
Operational Performance	To maintain and improve performance against core standards
Strategic Change	To ensure every area has a clinically, operationally and financially sustainable pattern of care
Leadership and improvement capability (well-led)	To build provider leadership and improvement capability to deliver sustainable services

This process has confirmed WMAS' position, in each of the national publications of the Single Oversight Framework, in Segmentation 1. This signifies the Trusts afforded maximum autonomy and the lowest level of oversight with no potential support needs identified.

The following metrics were introduced in 2017/18 as part of the national Ambulance Response Programme, as covered on page 29. These have now been incorporated into the Single Oversight Framework:

Metrics	Achievement
Category 1 • 7 Minutes mean response time • 15 Minutes 90th centile response time	6 Minutes 48 Seconds 11 Minutes 47 Seconds
Category 2 • 18 minutes mean response time • 40 minutes 90th centile response time	12 Minutes 13 Seconds 22 Minutes 12 Seconds
Category 3 • 120 minutes 90th centile response time	76 Minutes 14 Seconds
Category 4 • 180 minutes 90th centile response time	120 Minutes 23 Seconds

Listening to feedback

Each year our commissioners and stakeholders provide feedback to the Quality Account, as a Trust we thought it would be beneficial to include the key areas that are fed back and how we have listened and acted, where possible.

You Said:	Attending the engagement events were not possible therefore you were unable to discuss the Quality Account with the Trust
Our Response:	We hold 3 engagement events each year to which everyone is invited. We understand the geographical issues with these sometimes and each year we try to move them around to cover different areas. This year also saw us contact stakeholders to establish times of their existing meetings that we would attempt to attend if possible.

You Said:	The Quality Account information is not localised enough in terms of performance, Patient Safety and Quality.
Our Response:	The Quality Account is a Trust level document and whilst we do try to provide as much data as possible at local levels the geographic footprint of the Trust limits the detail that can be provided.

You Said:	There is a lack of evidence that patients and public input or feedback has been used in the Quality Account in terms of setting the priorities
Our Response:	The priorities are developed through an integrated process using input from complaints, compliments, incident reports, risk management, patient safety and safeguarding reports. This process is shared regularly with commissioners and is held in very high regard due to the robust and thorough approach used.

You said:	There is a lack of evidence or quantifiable information on how the previous year's priorities have been achieved or progressed
Our Response:	The priorities have been updated in this year's account

You said: The Quality Account is informative but not very patient and public friendly. A more summarised or easy read version should be available.

Our Response: The statutory guidance for the Quality Account sets out the content, structure and in particular areas, the precise phrasing to be used. This limits the Trust's ability to alter the document. However, the priorities are discussed with key stakeholders and are worded as far as possible in a way that is accessible to all. The Trust will consider an "easy read" version of the Quality Account, should there be a need.

You said: It is not clear how WMAS support patients with Mental Health Issues or Learning Difficulties.

Our Response: The Trust has a Consultant Paramedic for Vulnerable People who has taken a lead on development of protocols, training and models of care for all patient groups within this remit. All staff attend annual mandatory training which has content specifically related to mental health and the implications for care in the pre-hospital environment. The Trust's Clinical Audit Programme incorporates a review of the delivery of Mental Health Care.

The Trust has invested substantially in supporting the mental wellbeing of staff, some of this is reflected in the Health and Wellbeing Section of the Quality Account

You said: The Trust Website is large, difficult to navigate and items that are said to be held on the site are clearly not there. For example, the Patient Safety Section and the PALS/Complaints summaries

Our Response: These comments will be taken into account for future development.

You said: Stakeholders would like to develop relationships with the Trust,

Our Response: The Trust works hard to develop relationships in all areas, however this is difficult with such a large footprint and the volume of events and meetings to attend.

We recognise there are numerous ways to engage and remain committed to further developing key relationships where feasible.

Annex 1

Statements from:

Commissioners
Local HealthWatch Organisations
Overview and Scrutiny Committees

Statement from the Lead Commissioning Group

Received 05/05/2019

Quality Account Statement for WMAS 2018/19

Statement of Assurance

As lead Commissioner we are pleased to see the prioritisation of key issues including patient safety and achievements of WMAS during 2018/19 and setting out of the key quality priorities for 2019/20.

We recognise the continued monitoring and improvements in patient safety to minimise the risk of harm to patients. It is positive to note the continued attempts to increase patient experience feedback alongside the focus on quality improvement.

As Commissioners we welcome, support and commit to continuing the positive work with the Trust to ensure the progress in patient safety and experience continues, at all levels.

It is indeed reassuring to see that the safety of patients and the Trusts own staff are both priorities in the coming year and that there is clear work being done to make sure that the workforce is managed, supported and effectively trained. It is noted that audit and monitoring, equality and diversity is part of that process.

It is also very clear that there has been work undertaken to adhere to national and local needs alike with improvement noted in the performance for the National Ambulance Clinical Quality Indicator for Stroke and heart attacks.

We continue to support the work associated with clinical audits and continued learning through complaints and serious incidents.

Over the last 12 months the Trust has met its performance for both reaching and treating patients within the agreed timeframes which is positive. However, there is work that is needed to further improve and develop collaboration between WMAS and the Regional Health Service landscape, to offer a more nuanced service. Finally, it is important to note that the service remains valued by our patients and we look forward to improvements, and further opportunities.

Received 24 April 2019

Quality Account Statement for WMAS- Non-Emergency Patient Transport Service (NEPT) 2018/19
Statement of Assurance from Birmingham and Solihull CCG April 2019
As lead commissioner for the Birmingham and Solihull NEPT service we are pleased to reference key outcomes from the trusts 2018/19 priorities.
It is positive to note the achievement of the increased patient experience feedback through direct liaison with patients whilst in hospital units. In particular, we acknowledge the improvements made on behalf of our renal patients.
We support the patient safety initiative relating to the priority for reducing the risk of harm to patients during transfer and note this work continues to be monitored closely within the wider patient safety agenda.
We fully recognise the work undertaken by the service in achieving a significant reduction in the number of complaints received compared to the previous year.
During 18/19 the trust faced significant challenges in delivering this service against a range of key performance indicators. The trust has worked collaboratively with Birmingham and Solihull CCG and going forward we envisage a much improved service for our patients
It was pleasing to see the inclusion of equality and diversity within the quality account and the work being undertaken to improve staff diversity and staff health and wellbeing is particularly encouraging.

Paul Jennings
Chief Executive Officer
NHS Birmingham & Solihull CCG
24th April 2019

Statement from Local HealthWatch Organisations

Received 30 April 2019

healthwatch
Coventry

Healthwatch Coventry commentary

Healthwatch Coventry represents the interests of patients and public in local NHS and social care services. This is our 'commentary' on the evidence WMAS has produced about how it addresses quality of service.

We found this document mostly clear and easier to read than many quality accounts. The version we received to produce this commentary did not contain some of the data.

Performance evidence

The Trust has a CQC rating of outstanding, however patient transport services were identified as requiring some improvement and this corresponds with feedback we receive.

Unfortunately, the current nationally set format for reporting emergency ambulance response times is not easily understandable to the public. It would be helpful if WMAS included information to help people understand these figures. WMAS highlights it achieves better response time results than other ambulance trusts. It also highlights that a paramedic is present on 95% of its crews.

A number of 'care bundles' for conditions such as Cardiac Arrest are described, and it would be useful for information about implementation levels to be given.

WMAS achieved 4 of the 6 targets (CQUINS) set for improvement by its commissioner. It did not achieve improved responses to staff wellbeing questions in the staff survey or reducing the proportion of people it took to A&E.

Learning culture

The document provides evidence of learning from audit in relation to patients discharged at the scene i.e. not taken to hospital.

The Trust shows it has set up mechanisms to review and work to improve areas raised under the staff survey but does not mention the staff health and wellbeing areas of the survey which formed one of its targets that were not achieved.

The Trust identifies 4 priorities from patient safety incidents, patient experience information and clinical audit. It would have been helpful if the document contained an action plan in relation to these.

2018-19 priorities

The Trust reports it met or exceeded the targets for 2018-19 for increasing patient experience feedback. However, these were not particularly ambitious and the level of feedback when compared with the number of people helped by the Trust is small.

Q74

As the Patient Transport Survey took place in February 2019 findings are not yet available. The Trust should change the timing of the survey so that it can be reported in the quality account. This would give a greater prominence to patients within the document.

The Trust reports it achieved its priority for educating clinicians in the use of a form to record the treatment and end of life wishes of patients. Some evidence from audit of its implementation rates and feedback from patient/families would add weight to this section.

The actions undertaking to help promote every contact counts i.e. promoting healthy lifestyles were the development of a handbook and a fridge magnet. It is unclear what impact this had.

The Trust reports it is 'on track' with its patient safety priorities. It has achieved its aim of Stroke Care Bundle compliance above 97%.

The Trust concludes its learning from deaths process from mortality reviews is on track. It has made its Patient Safety Officer post an ongoing role and this is a positive step. However, there is a question of whether there is sufficient resource to address the issue of 47% of serious incident reviews not completed within timeframe.

The Trust is reporting more patient safety incidents (this could be due to greater awareness) and an increase in those shown to have led to harm. The Trust identifies 5 areas for improvement from the learning from serious incidents. They also identify 5 patient safety risk factors.

Priorities for 2019-20

The patient experience priorities are similar to those of the previous year and aim to address the low level of feedback the Trust collects from patients and families about its services. This is an important aim.

More explanation would have been helpful in all of the priorities to describe how these priorities are to be achieved and how outcomes will be measured. For example what is the Trust aiming for in relation to amount of patient feedback?

The Trust should explore what other methodologies it could use to gather feedback. Feedback gathered by Friends and Family Test survey is only useful if a trust understands why patients give a particular rating. They should bear in mind that people may not want to raise concerns directly with a member of the WMAS team and how to gather feedback once a WMAS episode of care is complete.

Investigation of serious incidents is rightly included as a priority but is not clear what level of improvement the Trust is seeking in 2019-20.

Similarly, a baseline and target for reducing incidence of harm would be helpful.

Involvement of patients

One of the things Healthwatch is asked to consider is how Trust demonstrates their quality goals are linked to feedback from patients/public. It is not possible for us to see a direct link between patient feedback and the quality account priorities, although learning from incidents and complaints is linked. The Trust remains on a journey to developing how it gathers feedback and involves patients and families. Healthwatch Coventry would like to see more involvement of patients via different methods e.g. a patient partner scheme for patient transport.

Q75

The document details topics of complaints and 3 learning areas with actions including delay in patient transport services, which is something which gets flagged to Healthwatch Coventry by patients.

There were just 22 responses to the patient transport real time survey for those using our local hospital in Coventry. The document helpfully lists actions or reasons why action could not be taken, in response.

The Trust has included a positive section about how it has listened to feed back in production of this document. However, we feel that we have repeated some previous feedback regarding how priorities are measured and evidenced.

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West Midland Ambulance Service draft Quality account 2018/19

29 April 2019

Healthwatch Herefordshire (HWH) welcomes the opportunity to respond to the WMAS annual draft quality report. We note that WMAS has seen a growth in demand of 4.3% over the year and overall we believe WMAS has provided a good service in emergency conveyance in Herefordshire. We note with pleasure that WMAS met all the requirements and was one of the most efficient services in the Carter review into ambulance services in England. HWH would like to thank all the staff of WMAS for their excellent work often in difficult circumstances.

Healthwatch Herefordshire has the following key issues in mind when commenting on the emergency 999 work of the ambulance service in the county.

- Is the service patient centred, responsive, providing appropriate dignity and compassion to patients?
- Is the service safe and does it provide suitable safeguarding measures in all aspects of its work?
- Is the ambulance service integrated into all provisions for Integrated Urgent care providers and is this partnership of the highest quality and resourced appropriately?
- Does WMAS provide pre-hospital care of the highest quality to all patient groups with good future outcomes and should this be a key performance indicator for the service?
- Is WMAS achieving the category 1 and 2 targets for response times in rural areas of Herefordshire?
- Can WMAS have access to patient history and patient wishes through the RESPECT programme through its partners?

HWH notes the WMAS priorities for 2019/20 and would like to have seen more measurable detail on how it will achieve these objectives.
In the case of patient centred care we hope to see an improvement in patient relationship management of real time data so that there can be a statistical increase in patient response to be able to shape WMAS services, this could be important when patients are discharged at the scene of the incident. We hope the new NHSE friend and families feedback   will go some way to achieving this but consideration should be given to the development of a WMAS patient response management system that can be published. We

note that complaints are down 22.6% in the year and we would
like to see this downward trajectory continuing.

Patient safety is a paramount concern and we would want to see a measurable improvement in quickly resolving the identified serious incident investigations (47% over time frame) and that WMAS publish learning from these events. We would hope that WMAS would work with their partners in Primary and Secondary care to investigate and improve these outcomes for our patients. The safeguarding of vulnerable patients is very important and HWH welcome WMAS developments. We note that management of maternity and neonates is an area identified for improvement in the pre-hospital environment and HWH would like to understand how this affects patients in Herefordshire.

WMAS is a partner with primary and secondary care in Herefordshire. In the operation of the new Primary Care Networks we would hope that a close working relationship would increase, including support and care in the community and the safe avoidance of conveyance of category 3 and 4 patients. We note that there is some concern in the discharge of patients at the scene and ensuring the safety of patients and a reduction of adverse clinical incidents.

  Can serious consideration be given to new initiatives to improve rural response times and build this into WMAS partnerships with the new primary care networks and remote secondary care Clinical Assessment Services?   HWH would hope to see the actual performance in these areas of Herefordshire reported to stakeholders.

HWH are pleased that WMAS has invested in paramedics in all ambulance crews, the training academy and improvements to its fleet of vehicles. We hope that new development can be made for ambulance paramedics and technicians to access patient history and wishes at the scene of the incident. We would like to support WMAS in the rolling out of digital records and the RESPECT programme across the county.

Healthwatch Herefordshire will be monitoring the achievements of 2019/20 priorities and offers the WMAS our strong support in harnessing the patient voice in their work.

Healthwatch Herefordshire

30th April, 2019

Statement from Healthwatch Birmingham on West Midlands Ambulance Service NHS Foundation Trust Quality Account 2018/19

Healthwatch Birmingham welcomes the opportunity to provide a statement on the Quality Account for West Midlands Ambulance Service NHS Foundation Trust 2018/19. Healthwatch Birmingham is pleased to see that the Trust has continued to act on stakeholder responses to the Quality Accounts, including our comments to the 2018/19 Quality accounts. For instance, that the:

- Trust will update the final version of the Quality Account to ensure that the information is localised in terms of performance, patient safety, and quality. Including signposting the public to appropriate Trust's webpages.
- Trust develops their priorities through an integrated process using inputs from complaints, compliments, incidents reports, risk management, patient safety and safeguarding reports.
- Trust has updated some aspects of this year's account to provide quantifiable information that demonstrates how the Trust has achieved the previous year's priorities.

Patient and Public Involvement

In our response to the Trust's 2018/19 Quality Accounts, we asked to see the following in the 2018/19 Quality Accounts in relation to patient and public involvement:

- A demonstration of how patient experience sessions have informed changes within the Trust;
- Evidence of how the Trust has used patient experience, insight and feedback to address health inequality; and
- We also asked the Trust to consider developing a strategy that outlines how and why patients, the public and carers are engaged in plans to improve health outcomes and reduce health inequality. Healthwatch Birmingham believes that such a strategy will ensure that there is commitment across the Trust to using patient and public insight, experience and involvement.

It is positive to see the actions taken by the Trust in response to patient experiences and feedback from the Patient Transport Service Survey. The "You said, we did" examples of using patient feedback provided in the Quality Account (p63 of the draft) is useful and encourages patients to provide feedback as there is evidence that their involvement actually influences change and decision-making.

In our response to the 2017/18 Quality Accounts, we expressed concern about the response rate for the Friends and Family Test (FFT). It is positive to see that the FFT response rate has increased from 280 (2017/18) to 1085 (2018/19) with 748 people indicating that they were extremely likely to recommend non-emergency and emergency services to their friends and family (FFT). Whilst this is useful, the Trust could elaborate on whether it collects and how it uses qualitative data gathered from the FFT to understand why people say they were unlikely and extremely unlikely to recommend the Trust to their friends and family.

We support the Trust's initiative to increase feedback through
direct liaison with patients whilst in hospital units. In particular, that the Trust has received 296 pieces of patient feedback by visiting at least one hospital in the five contracts the Trust holds. We look forward to reading in the 2019/20 Quality Accounts how this has informed improvements and learning within the Trust.

In response to our comments to the 2017/18 Quality Account about the lack of evidence of the use of patients and public feedback, especially in developing the Quality Account, the Trust state's: *the priorities are developed through an integrated process using input from complaints, compliments, incident reports, risk management, patient safety and safeguarding reports. This process is shared regularly with commissioners and is held in very high regard due to the robust and thorough approach used.* This is to be commended. However, it is not clear how representative these processes are and how diverse the people who leave compliments, complaints or any other patient safety related issues. Healthwatch Birmingham still believes that the Trust would benefit from developing a Patient Public Involvement (PPI) Strategy that would ensure that engagement activities are equitable and representative of the localities the Trust works in. A PPI strategy would outline:

- Why the Trust is listening?
- What the Trust listens for?
- How the Trust listens?
- Who you want to hear from (including 'seldom-heard' groups)?
- How the Trust will use what it hears?
- Clear arrangements for collating feedback and experience.

Over the past year, Healthwatch Birmingham has worked with Clinical Commissioning Groups (CCGs) and Trusts to benchmark their patient and public involvement (PPI) processes using Healthwatch Birmingham's Quality Standard. Thus enabling them to identify areas of good PPI practice or areas that need to improve. This has led to the development of actions aimed at embedding systems for delivering consistently high quality PPI. Healthwatch Birmingham has been in contact with WMAS Head of Patient Experience on this project and we hope to continue working with the Trust moving forward.

It is positive to see that the Trust has continued to increase the NHS Staff Survey scores, with WMAS ranked amongst the top three performers in the country. Again, more Black and Minority Ethnicity (BME) staff have responded to this survey compared to 2017/18. We note, however, that only 35% of staff report that there is good communication between senior management and staff; and 47.6% say that they are treated fairly when they are involved in an error, near miss or incident; and only 26% say they are involved in deciding changes that affect their work. We would like to read in the 2019/20 Quality Account, the actions taken by the Staff Survey Response Action Group following their analysis and review of the survey results. We would also like to read how survey responses from BME staff inform other equality standards, such the Workforce Race Equality Standard.

We welcome the Trusts five equality objectives, especially on building trust and confidence with the community you work with, patients, carers and their families through effective communication, engagement and partnership working. As already mentioned, we believe a PPI strategy would be useful in meeting this objective.

LEARNING

In our review of the Trust's 2017/18 Quality Accounts, Healthwatch Birmingham asked to see examples of learning that has occurred from complaints and changes taken as a result in the 2018/19 Quality Account. We welcome the inclusion of examples of learning from complaints and PALS provided on p60/61 of the draft. In particular, openness around the cancellation of hospital appointments due to transport delays. It is positive that learning is noted and actioned when a complaint is upheld, it would also be good practice to learn from complaints which are not upheld. We would like to read in the 2019/20 Quality Accounts more examples of learning that has occurred because of complaints and PALs contact. Especially, the impact of changes made as a result of learning.

Learning from Audits

We note the number of audits, in particular local audits that the Trust has been involved in such as the delivery of mental health care, management of head injury, maternity, learning from deaths and the care of patients discharge at scene. These broadly reflect what patients, service users and carers have shared with Healthwatch Birmingham. It is therefore pleasing to see that learning has already taken place in relation to some of these audits. Particularly, the development of an internal Non-transportation and Referral Policy for staff to ensure that there is a system in place for the safe discharge of patients. Discharge has been an issue that Healthwatch Birmingham has heard about from many members of the public, especially where people do not have the right information or support for continued care. We therefore, welcome that the policy includes guidance on referral to alternative pathways, increasing the aim of improving safe care closer to home. We would like to read in the 2019/20 Quality Account, the impact that the policy has had to ensure that patients receive appropriate patient care and advice.

Learning from Death

We welcome that the Trust has implemented the Learning from Death Framework and has employed a full time patient safety officer. We note that during 2018/19, 639 of WMAS patients died. Of these, 106 case record reviews and 18 investigations were conducted, and 515 required no further action.

As a result of these reviews and investigations, we note that the Trust has carried out education & training of staff, purchasing of equipment, and changes to clinical guidelines and policies. However, it is not clear how or whether learning from death is shared across the Trust. We would like to see examples in the 2019/20 Quality Accounts of how the Learning Review Group effectively shares learning across the Trust, and how the Trust ensures that review and investigation findings are implemented effectively. In addition, it would be useful to indicate what lessons (positive or negative) have been drawn from the 515 of the 639 incidents reported that required no further action.

Patient Safety and Experience

The key themes identified by the Trust from patient safety cases and complaints reflect some of the feedback Healthwatch Birmingham has received over the year. We note the key themes of clinical treatment, timelines of 999 ambulance and patient transport service vehicles and professional conduct (especially of call takers). We look forward to reading how the Trust have addressed these in the 2019/20 Quality Accounts.

It would be useful to put a link to make it easier for the public to access the patient safety section. At present, the Trust refers to the patient safety section of the website under the 'sign up to safety' and 'duty of candour' sections.

Priorities for 2019/20

The priorities for 2019/20 have been clearly set out and we are pleased to see that there is an inclusion of how the Trust will measure success. A continued focus on patient experience, patient safety, and clinical effectiveness is important. Of concern for Healthwatch Birmingham is that, under the patient experience priority, it is not clear how the Trust will ensure that it is hearing from a diverse group of people. We are particularly keen the Trust hears feedback from 'seldom heard groups'. We would like to read in the 2019/20 Quality Account, the range of people the Trust has engaged with using the strategies outlined in the current Quality Account.

We note that the Trust recognises that there are issues they need to address in relation to non-emergency transport services. We suggest that this issue is included as one of the Trust's priorities for 2019/20.

Healthwatch Birmingham is pleased that the West Midlands Ambulance Service continues to meet the new standards under the new Ambulance Response Programme metrics and has been cited by the Lord Carter's Review as one of the most efficient services on every single measure.

Andy Cave
CEO
Healthwatch Birmingham

West Midlands Ambulance Service NHS Foundation Trust
Quality Report 2018/19

"Healthwatch Wolverhampton, Solihull and Walsall are pleased to have been invited to comment on the Quality Report for the Trust. We welcome the Trust's focus on listening to its service users, their families and also its staff to ensure that it can continue to improve and sustain its service provision.

Healthwatch Wolverhampton response

Healthwatch Wolverhampton would welcome the opportunity to work better with the trust to focus on improving patient experience, especially around the urgent transport patients as these don't seem to be a priority for the trust, and there have been a number of complaints around staff attitude / clinical issues, and would want to understand how these are being used to improve the patient experience, and how patients are being informed of any changes made from their experience.

The report format ensures that the priorities for the year ahead are identified as the ongoing programme of work.   However, Healthwatch Wolverhampton are unable to validate the priorities as they have not been involved in specific stakeholder consultation around these priorities.

Healthwatch Wolverhampton looks forward to reviewing progress against the forthcoming years priorities and to reviewing outcomes measured in the 2019/20 Quality Report to be able to assess how the quality initiatives have impacted on the residents of Wolverhampton".

Healthwatch Solihull response

"Healthwatch Solihull is delighted to have been invited to comment on the Quality Report for the Trust. We welcome the Trust's focus on listening to its service users, their families and also its staff to ensure that it can continue to improve and sustain its service provision.

Healthwatch Solihull would welcome the opportunity to work better with the trust to focus on improving patient experience.

The report format ensures that the priorities for the year ahead are identified as the ongoing programme of work. However, Healthwatch Solihull are unable to validate the priorities as they have not been involved in specific stakeholder consultation around these priorities.

Healthwatch Solihull looks forward to reviewing progress against the forthcoming years priorities and to reviewing outcomes measured in the 2019/20 Quality Report to be able to assess how the quality initiatives have impacted on the residents of Solihull."

Healthwatch Walsall response

Healthwatch Walsall welcomes the opportunity to review and comment on West Midlands Ambulance Service Quality Accounts 2018 /19. We welcome and congratulate the continuation in the quality of operational standards across the Trust, which is also noted by the most recent CQC report.
We also welcome that patient experience gathering through direct patent engagement is being set as a priority area of focus for Trust.

Increase in demand on WMAS services in relation to both emergency and none emergency transport is evident, and to help support with the increases in demand, the Quality Accounts highlights the Trust's plans to increase resources.
We have continued our ambitious recruitment programme and continue to deploy a Paramedic on every single front line ambulance. WMAS Quality Account 2018 / 19.

Whilst it is clear to see the commitment by WMAS in relation to recruitment / investment, ambulance conveyance and A&E admission has steadily increased in Walsall Manor Hospital over recent years. In terms of patients receiving the most appropriate care it is positive that a closer working relationship between WMAS, Walsall Healthcare NHS Trust, Walsall CCG, and DWMHT is being developed to look at alternative intervention to reduce cases of unnecessary ambulance conveyance. Healthwatch Walsall are aware of new procedures being developed around initial care assessments by paramedics and we welcome any future measures where the best decisions are made for patients. This is as Walsall has one highest conveyance rates across the West Midlands.

It is positive that there will be a focus around the right patient care, in the right place and at the right time model. Whilst we appreciate that a patient may have physical and mental health concerns and that A&E admission in many cases is essential, we would welcome closer working relationships with WMAS and Dudley and Walsall Mental Health Trust to ensure conveyance to the most appropriate provision around Mental health support particular for those patients at crisis point.

In relation to the Trust priorities for improvement 2019/20 patient experience contributions are key and it is important that other methods are used to gather experiences than just the Friends and Family Test (FFT) but direct patient engagement is used where possible. Healthwatch also believes that real time engagement and post patient experience gathering is key as noted in the Quality Accounts.

Communication with patients around their hand over procedures in hospital is vital. Whilst we are sure every effort is being made to inform patients around the process, we would like assurances that for all patient's hand over procedures are clear and that the patient is kept informed of the next stages of their care.

Healthwatch Walsall welcomes a closer dialogue with WMAS in the future particularly around the patient experience

Tracy Cresswell	Anthony Martlew	Paul Higgitt
Manager	Manager	Manager
Healthwatch Wolverhampton	Healthwatch Solihull	Healthwatch Walsall

Statement from Overview and Scrutiny Committees

Received 26 April 2019

Dudley MBC Health and Adult Social Care Scrutiny Committee

The Committee welcomes the opportunity to comment on the draft Quality Account report for 2018/19.

The Committee is interested to hear about the implementation of the Strategic Capacity Cell and Make Every Contact Count and looks forward to seeing how these initiatives progress during 2019/20.

In referring to delays experienced with the handover of care at Emergency Departments during peak periods, the Committee is keen that the West Midlands Ambulance Service contributes to the system wide work to improve the quality of care delivered through the Dudley Group NHS Trust Emergency Department. The Committee is interested to hear further as to how the quality of discharge will be monitored by West Midlands Ambulance Trust.

Members of the Committee commend West Midlands Ambulance Trust for the excellent and efficient service provided. The Trust becoming the first University Ambulance Trust is recognised and welcomed and the Committee looks forward to continuing to see how the collaboration developed during 2019/20.

Kind Regards

Helen Shepherd

Democratic Services Officer

West Midlands Ambulance Service University NHS Foundation Trust
Quality Accounts Statement
Cllr Jasbir Jaspal — Chair of Health Scrutiny Panel
City of Wolverhampton Council

City of Wolverhampton Council's, Health Scrutiny Panel would like to congratulate the West Midlands Ambulance Service for becoming the first University Ambulance Trust in the country. We also note that it has been a momentous year for the Trust with over a million calls having been received. It is a credit to the Trust that the ambulance response times continue to be the best in the country. The Panel will be asking to review the local ambulance response data for Wolverhampton in the forthcoming municipal year. We are pleased to know that despite workforce challenges in the NHS there are no Paramedic vacancies, enabling the Trust to have a Paramedic on every front-line ambulance.

We commend the Trust for prioritising improving patient safety in a number of areas, which includes reducing the incidence of drug administration errors. We are particularly interested in your work to improve Maternity care in the pre-hospital environment. We note that you have identified this as a priority because of recent adverse clinical incidents, serious incidents and audit findings. The Health Scrutiny Panel will wish to see how successful the measures you are taking to improve this area will be in the future. We are supportive of your priority areas for 2019/2020. We look forward you to attending some of our meetings in the new Municipal year. The Health Scrutiny Panel would like to praise the Trust's, Community First Responders, of which the Trust has over 560, for their dedication and important work - which is sometimes lifesaving in the community. We are pleased to see that the Trust continues to participate in pre-hospital research and is helping to lead the way in academic and research relationships with local universities. We give credit to the Trust for the positive results of the staff survey, showing an upward trend from the previous year. There are two areas in this survey, where we hope to see an improved result next year. These being, "my organisation treats staff who are involved in an error, near miss or incident fairly," and "I am involved in deciding on changes introduced that affect my work area / team / department."

The Health Scrutiny Panel is pleased to see that the Trust takes a proactive approach in learning from deaths. The Panel will be seeking information in the future to see how this learning is implemented and monitored year-on-year. We will also be interested to learn more about the Trust's participation in the National End of Life Leads Ambulance Group. The Health Scrutiny Panel is always in favour of building on our partnership working with our health partners and looks forward to continued collaboration with the West Midlands Ambulance Service for the benefit of all our residents.

Cllr Jasbir Jaspal
Chair of City of Wolverhampton Council's — Health Scrutiny Panel

Q87

Received 01 May 2019

Hi Mark/Nathan

Thank you both for recently attending committee and presenting a comprehensive overview of the Trusts progress and performance.

In response to your request for comments on the Trusts draft Quality Accounts, Councillor Pocock has asked that I forward the following couple of points that you highlighted at the meeting as possible 'areas for improvement':-

- That everyone, not only those who are coming towards the end of their natural life, has documented via a 'Respect Form' known to the Ambulance Service what they would want to happen if found in a life-threatening situation, and thereby ensuring the Ambulance Service is better integrated with wide care organisations.
- As a University Ambulance Service developing clinicians going forward, it is essential for the service to be more integrated within the care system and the whole health economy to meet the needs of patients.

Once again, on behalf of the committee, may I extend thanks and appreciation for the work that the Ambulance Service performs.

Regards

Gail

Gail Sadler

Scrutiny Officer

Legal & Governance Department

Birmingham City Council

Scrutiny Office, The Council House (3rd floor, Room 331), Birmingham, B1 1BB
0121 303 1901

Gail.Sadler@birmingham.gov.uk
www.birmingham.gov.uk/scrutiny / @bhamscrutiny

West Midlands Ambulance Services NHS Trust, Quality Assurance Report 2018/19 Healthy Staffordshire Select Committee Commentary.

We are directed to consider whether a Trust's Quality Account is representative and gives comprehensive coverage of their services and whether we believe that there are significant omissions of issues of concern. There are some sections of information that the Trust must include and some sections where they can choose what to include, which is expected to be locally determined and produced through engagement with stakeholders.

We focused on what we might expect to see in the Quality Account, based on the guidance that trusts are given and what we have learned about the Trust's services through health scrutiny activity in the last year.

We also considered how clearly the Trust's draft Account explains, for a public audience (with evidence and examples) what they are doing well, where improvement is needed and what will be the priorities for the coming year.

Our approach has been to review the Trust's draft Account and make comments for them to consider in finalising the publication. Our comments are as follows:

Introduction: Contained within the document is an outline of the vision with the associated explanation of values achievements goals and persons involved in the process to determine the "Vision". The presence of a Glossary of terms was particularly useful. A statement that to the best of the Boards knowledge the information in the document is accurate and a statement outlining the directors responsibilities signed by the Chief Executive Officer is present. However, a statement by the Chairman is not included.

Priorities for improvement: The Committee notes the rational and consultation process applied when determining the Trusts quality priorities for 2019/20, the linkage to the three domains of Patient Experience, Patient Safety, and Clinical Effectiveness. The decision to assess progress against last year's priorities and where necessary continue the priority into the current cycle is welcomed. We are also pleased to see that patients, staff and other stakeholders have been listened to.

We note the variance in emergency response times and that certain areas of the County are considered more challenging than others. In respect of the challenges and in order to add value the document it is our view that localised performance data to the level of County Council divisional level would provide an essential benchmark for the reader.

We are pleased to note the recognition of the importance and value of participation in local and national clinical audits, subsequent outcomes and lessons learned. However, we are of the view that is an opportunity to place greater emphasis on the change necessary to meet new challenges lie ahead.

The goals agreed with the Commissioners, CQUIN Indicators are present; we note the financial achievement against indicators. In relation to the Priorities for Improvements we note the level of detail included and the presence of the Work Force and Organisational Development. We feel that there is not enough detail in the text to tell us what actions are being taken to achieve the indicators. Under operational performance it is stated that 95% of ambulance crews are paramedic but elsewhere in the report it states that all vehicles are manned with paramedics. We would like to see this point clarified.

Some sections of the report such as the learning from deaths section doesn't contain any detail or figures so we are unable to effectively scrutinise some parts of the report.

There is concern over staff retention issues. The web links in the staffing section do not open.

Review of quality performance. There is information about specific services and specialities and what patients say about them. Indicators and evidence from complaints, patient and staff surveys inspection benchmarking is present together with performance against key quality and mandatory Indicators.

We believe that the value of the document would increase with the inclusion of more detail and supporting evidence of the resultant outcomes against targets; we believe this of particular importance as the document is intended for a public audience.

We note that this is a draft document and as in previous year's evidence and information is awaited pending publication of the final version. It is the view of the Committees that the absence of this data detracts from the worth of our commentary and we ask that this be addressed for future Quality Accounts.

Statement from the Council of Governors

Once again, we are presented with an extensive and detailed Quality Account, and it is evident a considerable amount of time and effort has been involved in its preparation. The document enables the reader to have a complete overview of West Midlands Ambulance Service University NHS Foundation Trust during the 2018/19 time scale, and appreciation should be given to all those involved in the delivery of this document.

Though we have not faced a winter as severe as last year, we have covered more than 1.1 million incidents an increase of approximately 4.3% from the previous year, which is amazing. It has been the first full year of operation since the National roll out of the Ambulance Response Programme and it is great to see that WMAS have continued throughout 2018/19 to be the only ambulance service in England that consistently meet all of the new standards.

This year WMAS have also opened the first National Ambulance Training Academy, which will enhance the Trust's academic experience. The Trust continues to recruit Student Paramedics most of whom will go on to be employed by the Trust. WMAS have also successfully become the first University Ambulance Trust in the country. This achievement is a great reflection of the partnerships which we have with many of the universities in the West Midlands.

With the television documentaries shown last year, the public are far more aware of the extraordinary work undertaken by WMAS staff; who on a daily basis interact with our patients both operationally and in the Emergency Control Room. We as Governors on behalf of the public are able to observe operational shifts and witness the dedication of WMAS staff and the quality of care given.

The fact that it is the best performing ambulance service in the country does not mean that the Trust should rest on its laurels and everyone should remain focussed on continuing to maintain and improve the services provided; especially in the light of the publication of the NHSE Long Term Plan. The Trust currently has a CQC rating of Outstanding and we hope that this rating will be maintained.

The Service never hesitates to take lessons from experiences and, if necessary, make changes for the better in the interests of the patient and endeavour to remain the best performing Ambulance Service in the Country.

Eileen Cox, Lead Governor and Public Governor - Staffordshire.

Annex 2 - Statement of Directors' Responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust Boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 and supporting guidance Detailed requirements for quality reports 2018/19
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  o board minutes and papers for the period April 2018 to May 2019
  o papers relating to quality reported to the Board over the period April 2018 to May 2019
  o feedback from commissioners dated 05/05/2019
  o feedback from governors dated 15/05/2019
  o feedback from local Healthwatch organisations dated from 30/04/2019
  o feedback from Overview and Scrutiny Committee dated from 26/04/2019
  o the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, published in year.
  o the [latest] national staff survey published 07/03/2019
  o the Head of Internal Audit's annual opinion of the Trust's control environment dated April 2019
  o CQC inspection report dated 25/01/2017
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.
By order of the board

Date: 23 May 2019   Chairman

Date: 23 May 2019   Chief Executive

                                     Q92

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST ON THE QUALITY REPORT

We have been engaged by the Council of Governors of West Midlands Ambulance Service University NHS Foundation Trust to perform an independent assurance engagement in respect of West Midlands Ambulance Service University NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following two national priority indicators:

- category 1 (C1) – life-threatening calls – mean response time

- category 2 (C2) – life-threatening calls – mean response time

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance;

- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed requirements for quality reports for foundation trusts 2018/19* ('the Guidance'); and

- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes and papers for the period April 2018 to May 2019;

- papers relating to quality reported to the board over the period April 2018 to May 2019;

- feedback from commissioners, dated 24 April 2019;

- feedback from governors, dated 15 May 2019;

- feedback from Coventry Healthwatch, dated 30 April 2019;

- feedback from Herefordshire Healthwatch, dated 29 April 2019;

- feedback from Birmingham Healthwatch, dated 30 April 2019;

- feedback from Wolverhampton Healthwatch, dated 03 May 2019;

- feedback from Solihull Healthwatch, dated 03 May 2019;

- feedback from Walsall Healthwatch, dated 03 May 2019;

- feedback from Overview and Scrutiny Committee, dated 26 April 2019;

- feedback from Wolverhampton Council's Health Scrutiny Panel, dated 30 April 2019;

- feedback from Birmingham City Council's Health Scrutiny Panel, dated 30 April 2019

- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;

- the latest national staff survey, dated 2018 for work carried out from 27 September 2018 to 30 November 2018;

- Care Quality Commission Inspection, dated 25 Jan 2017;

- the 2018/19 Head of Internal Audit's annual opinion over the trust's control environment, dated 23 May 2019; and

- any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of West Midlands Ambulance Service University NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and West Midlands Ambulance Service University NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;

- making enquiries of management;

- testing key management controls;

- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;

- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and

- reading the documents.

KPMG

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by West Midlands Ambulance Service University NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;

- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and

- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP

KPMG LLP
Chartered Accountants
One Snowhill
Snowhill Queensway
Birmingham
B4 6GH

24 May 2019

Annex 4: Glossary of Terms

Glossary of Terms

Abbreviation	Full Description
A&E	Accident and Emergency
AFA	Ambulance Fleet Assistant
ARP	Ambulance Response Programme
AQI	Ambulance Quality Indicators
BASICs	British Association of Immediate Care Doctors
CCGs	Clinical Commission Groups
CFR	Community First Responder
CPO	Community Paramedic Officer
CPR	Cardio Pulmonary Resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CSD	Clinical Support Desk
DCA	Double Crewed Ambulance
E&U	Emergency & Urgent
EMB	Executive Management Board
EOC	Emergency Operations Centre
FAST	Face, Arm, Speech Test
GP	General Practitioner
HALO	Hospital Ambulance Liaison Officer
HART	Hazardous Area Response Team
HCAI	Healthcare Acquired Infections
HCRT	Healthcare Referral Team
IGT	Information Governance Toolkit
IM&T	Information Management and Technology
IPC	Infection Prevention and Control
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
KPIs	Key Performance Indicators
MERIT	Medical Emergency Response Incident Team
MINAP	Myocardial Infarction Audit Project
NED	Non-Executive Director
NHSP	National Health Service Pathways
NICE	National Institute for Health and Clinical Excellence
NRLS	National Reporting & Learning System
OOH	Out of Hours
PALS	Patient Advice and Liaison Service
PDR	Personal Development Review
PRF	Patient Report Form
NEPTS	Non – Emergency Patient Transport Service
QIA	Quality Impact Assessment
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
ROSC	Return of Spontaneous Circulation
RRV	Rapid Response Vehicle
SI	Serious Incident
SOF	Single Oversight Framework
STEMI	ST Elevation Myocardial Infarction
STP	Sustainability and Transformational Partnerships
VAS	Voluntary Aid Services
WMAS	West Midlands Ambulance Service University NHS Foundation Trust
YTD	Year to Date

Further Information

Further information and action plans on all projects can be obtained by contacting the lead clinician named on the project.

Further information on performance for local areas is available as an Information Request from our Freedom of Information Officer or from the leads for the individual projects.

Progress reports will be available within the Trust Board papers every three months with the end of year progress being given in the Quality Report to be published in June.

If you require a copy in another language, or in a format such as large print, Braille or audio tape, please call West Midlands Ambulance Service on 01384 215 555 or write to:

West Midlands Ambulance Service NHS Foundation Trust
Regional Headquarters
Millennium Point
Waterfront Business Park
Brierley Hill
West Midlands
DY5 1LX

You can also find out more information by visiting our website: **www.wmas.nhs.uk**

If you have any comments, feedback or complaints about the service you have received from the Trust, please contact the **Patient Advice and Liaison Service (PALS)** in the first instance; **01384 246370.**

West Midlands Ambulance Service University NHS Foundation Trust

Annual Accounts for the year ended 31 March 2019

West Midlands Ambulance Service University NHS Foundation Trust
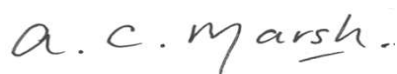
Annual accounts for the year ended 31 March 2019

Foreword to the accounts

West Midlands Ambulance Service University NHS Foundation Trust

These accounts, for the year ended 31 March 2019, have been prepared by West Midlands Ambulance Service University NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed   *a. c. marsh.*

Name   **Anthony Marsh**
Job title   **Chief Executive Officer**
Date   **23 May 2019**

Statement of Comprehensive Income

	Note	2018/19 £000	2017/18 £000
Operating income from patient care activities	3	263,444	250,529
Other operating income	4	13,037	13,384
Operating expenses	7, 9	(271,004)	(258,213)
Operating surplus from continuing operations		**5,477**	**5,700**
Finance income	12	273	95
Finance expenses	13	(17)	(18)
PDC dividends payable		(424)	(697)
Net finance costs		**(168)**	**(620)**
Other gains / (losses)	14	79	(1)
Share of profit / (losses) of associates / joint arrangements	21	-	-
Gains / (losses) arising from transfers by absorption	46	-	-
Corporation tax expense		-	-
Surplus for the year from continuing operations		**5,388**	**5,079**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	15	**-**	**-**
Surplus for the year		**5,388**	**5,079**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	-	-
Revaluations	19	(64)	1,270
Share of comprehensive income from associates and joint ventures	21	-	-
Fair value gains/(losses) on equity instruments designated at fair value through OCI	22	-	-
Other recognised gains and losses		-	-
Remeasurements of the net defined benefit pension scheme liability / asset	38	-	-
Other reserve movements		-	-
May be reclassified to income and expenditure when certain conditions are met:			
Fair value gains/(losses) on financial assets mandated at fair value through OCI	22	-	-
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI		-	-
Foreign exchange gains / (losses) recognised directly in OCI	14	-	-
Total comprehensive income for the period		**5,324**	**6,349**

Statement of Financial Position

	Note	31 March 2019 £000	31 March 2018 £000
Non-current assets			
Intangible assets	16	1,150	627
Property, plant and equipment	17	40,991	38,853
Investment property	20	-	-
Investments in associates and joint ventures	21	-	-
Other investments / financial assets	22	-	-
Receivables	25	1,040	1,384
Other assets	26	-	-
Total non-current assets		**43,181**	**40,864**
Current assets			
Inventories	24	3,267	2,690
Receivables	25	21,957	23,510
Other investments / financial assets	22	-	-
Other assets	26	-	-
Non-current assets held for sale / assets in disposal groups	27	-	-
Cash and cash equivalents	28	48,131	40,299
Total current assets		**73,355**	**66,499**
Current liabilities			
Trade and other payables	29	(37,930)	(36,287)
Borrowings	32	-	-
Other financial liabilities	30	-	-
Provisions	34	(8,285)	(6,547)
Other liabilities	31	-	-
Liabilities in disposal groups	27	-	-
Total current liabilities		**(46,215)**	**(42,834)**
Total assets less current liabilities		**70,321**	**64,529**
Non-current liabilities			
Trade and other payables	29	-	-
Borrowings	32	-	-
Other financial liabilities	30	-	-
Provisions	34	(2,309)	(2,565)
Other liabilities	31	-	-
Total non-current liabilities		**(2,309)**	**(2,565)**
Total assets employed		**68,012**	**61,964**
Financed by			
Public dividend capital		34,809	34,085
Revaluation reserve		4,889	4,980
Financial assets reserve		-	-
Other reserves		5,395	5,395
Merger reserve		-	-
Income and expenditure reserve		22,919	17,504
Total taxpayers' equity		**68,012**	**61,964**

The notes on pages F7 to F57 form part of these accounts.

a. c. marsh.

Name
Position   Chief Executive Officer
Date   **23 May 2019**

Statement of Changes in Equity for the year ended 31 March 2019

	Public dividend capital £000	Revaluation reserve £000	Financial assets reserve* £000	Other reserves £000	Merger reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2018 - brought forward	34,085	4,980	-	5,395	-	17,504	61,964
Impact of implementing IFRS 15 on 1 April 2018	-	-	-	-	-	-	-
Impact of implementing IFRS 9 on 1 April 2018	-	-	-	-	-	-	-
Surplus for the year	-	-	-	-	-	5,388	**5,388**
Transfers by absorption: transfers between reserves	-	-	-	-	-	-	-
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-	-
Other transfers between reserves	-	-	-	-	-	-	-
Impairments	-	-	-	-	-	-	-
Revaluations	-	(64)	-	-	-	-	**(64)**
Transfer to retained earnings on disposal of assets	-	(27)	-	-	-	27	-
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-	-
Fair value gains/(losses) on financial assets mandated at fair value through OCI	-	-	-	-	-	-	-
Fair value gains/(losses) on equity instruments designated at fair value through OCI	-	-	-	-	-	-	-
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	-	-	-	-	-	-	-
Foreign exchange gains/(losses) recognised directly in OCI	-	-	-	-	-	-	-
Other recognised gains and losses	-	-	-	-	-	-	-
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	-	-
Public dividend capital received	724	-	-	-	-	-	**724**
Public dividend capital repaid	-	-	-	-	-	-	-
Public dividend capital written off	-	-	-	-	-	-	-
Other movements in public dividend capital in year	-	-	-	-	-	-	-
Other reserve movements	-	-	-	-	-	-	-
Taxpayers' equity at 31 March 2019	34,809	4,889	-	5,395	-	22,919	68,012

* Following the implementation of IFRS 9 from 1 April 2018, the 'Available for sale investment reserve' is now renamed as the 'Financial assets reserve'

Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital £000	Revaluation reserve £000	Available for sale investment reserve £000	Other reserves £000	Merger reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2017 - brought forward	**33,945**	**3,747**	**-**	**5,395**	**-**	**12,388**	**55,475**
Surplus for the year	-	-	-	-	-	5,079	**5,079**
Transfers by absorption: transfers between reserves	-	-	-	-	-	-	**-**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-	**-**
Other transfers between reserves	-	-	-	-	-	-	**-**
Impairments	-	-	-	-	-	-	**-**
Revaluations	-	1,270	-	-	-	-	**1,270**
Transfer to retained earnings on disposal of assets	-	(37)	-	-	-	37	**-**
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-	**-**
Fair value gains/(losses) on available-for-sale financial investments	-	-	-	-	-	-	**-**
Recycling gains/(losses) on available-for-sale financial investments	-	-	-	-	-	-	**-**
Foreign exchange gains/(losses) recognised directly in OCI	-	-	-	-	-	-	**-**
Other recognised gains and losses	-	-	-	-	-	-	**-**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	-	**-**
Public dividend capital received	140	-	-	-	-	-	**140**
Public dividend capital repaid	-	-	-	-	-	-	**-**
Public dividend capital written off	-	-	-	-	-	-	**-**
Other movements in public dividend capital in year	-	-	-	-	-	-	**-**
Other reserve movements	-	-	-	-	-	-	**-**
Taxpayers' equity at 31 March 2018	**34,085**	**4,980**	**-**	**5,395**	**-**	**17,504**	**61,964**

Information on reserves

Public dividend capital

Public Dividend Capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the Public Dividend Capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Financial assets reserve / Available-for-sale investment reserve

This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

Other reserves

Other reserves were created from PDC on the dissolution of the following Ambulance Services:
Hereford & Worcester Ambulance Service NHS Trust (30.06.06)
Coventry & Warwickshire Ambulance NHS Trust (30.06.06)
Staffordshire Ambulance Service NHS Trust (30.09.07)
The 3 ambulance Trusts merged with the West Midlands Ambulance Service NHS Trust

Merger reserve

This reserve reflects balances formed on merger of NHS bodies.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows

	Note	2018/19 £000	2017/18 £000
Cash flows from operating activities			
Operating surplus		5,477	5,700
Non-cash income and expense:			
Depreciation and amortisation	7.1	6,461	6,590
Net impairments	8	1	(296)
Income recognised in respect of capital donations	4	-	-
Amortisation of PFI deferred credit		-	-
Non-cash movements in on-SoFP pension liability		-	-
Decrease/(Increase) in receivables and other assets		2,170	(1,667)
(Increase) in inventories		(577)	(494)
Increase in payables and other liabilties		1,079	4,443
Increase in provisions		1,465	3,574
Tax (paid) / received		-	-
Operating cash flows from discontinued operations		-	-
Other movements in operating cash flows		-	-
Net cash generated from operating activities		**16,076**	**17,850**
Cash flows from investing activities			
Interest received		273	95
Purchase and sale of financial assets / investments		-	-
Purchase of intangible assets		(775)	(189)
Sales of intangible assets		-	-
Purchase of property, plant, equipment and investment property		(7,948)	(7,642)
Sales of property, plant, equipment and investment property		179	978
Receipt of cash donations to purchase capital assets		-	-
Prepayment of PFI capital contributions		-	-
Investing cash flows of discontinued operations		-	-
Cash movement from acquisitions / disposals of subsidiaries		-	-
Net cash (used in) investing activities		**(8,271)**	**(6,758)**
Cash flows from financing activities			
Public dividend capital received		724	140
Public dividend capital repaid		-	-
Movement on loans from the Department of Health and Social Care		-	-
Movement on other loans		-	-
Other capital receipts		-	-
Capital element of finance lease rental payments		-	-
Capital element of PFI, LIFT and other service concession payments		-	-
Interest on loans		-	-
Other interest		-	-
Interest paid on finance lease liabilities		-	-
Interest paid on PFI, LIFT and other service concession obligations		-	-
PDC dividend (paid)		(697)	(850)
Financing cash flows of discontinued operations		-	-
Cash flows from (used in) other financing activities		-	-
Net cash generated from / (used in) financing activities		**27**	**(710)**
Increase in cash and cash equivalents		**7,832**	**10,382**
Cash and cash equivalents at 1 April - brought forward		**40,299**	**29,917**
Cash and cash equivalents transferred under absorption accounting	46	-	-
Unrealised gains / (losses) on foreign exchange		-	-
Cash and cash equivalents at 31 March	28.1	**48,131**	**40,299**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.1.2 Going concern

These accounts have been prepared on a going concern basis.

Note 1.2.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

The main source of income for the Trust is contracts with commissioners in respect of health care services.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioners but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

NHS injury cost recovery scheme
The Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.2.2 Revenue - government and other grants

Government grants are grants from Government bodies other than income from commissioners or NHS trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

Note 1.3 Expenditure on employee benefits

Short term employee benefits

Salaries, wages and employment-related payments, such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs
NHS Pension Scheme
Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as though it is a defined contribution scheme.

Employers' pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Note 1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.5 Property, plant and equipment

Recognition
Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes;
• it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
• it is expected to be used for more than one financial year;
• the cost of the item can be measured reliably; and
• the item has a cost of at least £5,000; or
• collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control; or
• items form part of the initial equipping and setting-up cost of a new building or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Measurement
Valuation
All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at valuation.

Land and buildings used for the Trust's services or for administrative purposes are stated in the Statement of Financial Position at their revalued amounts, being the fair-value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

• Land and non-specialised buildings – market value for existing use

• Specialised buildings – depreciated replacement cost

Until 31 March 2008, the depreciated replacement cost of specialised buildings was estimated for an exact replacement of the asset in its present location. HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. HM Treasury agreed that NHS Trusts had to apply these new valuation requirements by 1 April 2010 at the latest.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Improvements to properties leased or subject to a licence agreement will be valued in line with the Trust's Tangible Assets ie Initially measured at cost with Annual Indexation and Quinquennial Professional Revaluation, where available. The asset will be depreciated over the term of the Lease or Licence notice period. Where no Professional Valuation is possible due to the Lease terms or where the cost of obtaining the valuation for small value, short term leases is not deemed to be value for money, the asset will be valued at initial cost with Annual Indexation and depreciated over the term of the lease, as this represents a fair view of the value of the asset.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

Subsequent expenditure
Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments
In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss are reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

• the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
• the sale must be highly probable ie:

    - management are committed to a plan to sell the asset;
    - an active programme has begun to find a buyer and complete the sale;
    - the asset is being actively marketed at a reasonable price;
    - the sale is expected to be completed within 12 months of the date of classification as 'held for sale'; and
    - the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	999	999
Buildings, excluding dwellings	1	50
Dwellings	-	-
Assets under construction	-	-
Plant & machinery	5	10
Transport equipment	5	10
Information technology	5	5
Furniture & fittings	5	5

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.6 Intangible assets

Recognition
Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets
Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

• the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
• the Trust intends to complete the asset and sell or use it;
• the Trust has the ability to sell or use the asset;
• how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
• adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
• the Trust can measure reliably the expenses attributable to the asset during development.

Software
Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently, intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluation gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation
Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets
Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Intangible assets - internally generated		
Information technology	5	5
Development expenditure	5	5
Websites	5	5
Intangible assets - purchased		
Software	5	5
Licences & trademarks	5	5
Patents	5	5
Other	5	5
Goodwill	5	5

Note 1.7 Inventories

Inventories are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation to current cost due to the high turnover of stocks Partially completed contracts for patient services are not accounted for as work-in-progress.

Note 1.8 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.9 Financial assets and financial liabilities

Note 1.9.1 Recognition

Financial assets and financial liabilities arise where the Trust becomes party to the contractual provision of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument, or in the case of trade receivables, when the goods or services have been delivered.The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as tax by Office for National Statistics.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Note 1.9.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are classified into the following categories: financial assets at amortised cost, financial assets at fair value through other comprehensive income, and financial assets at fair value through profit and loss. The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets measured at amortised cost are those held with the objective of collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

The Trust's financial assets comprise cash and cash equivalents, NHS debtors, accrued income and other debtors

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method, less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the life of the financial asset or financial liability to the gross carrying amount of the financial asset or to the amortised cost of a financial liablity.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income as a financing income or expense.

Impairment of financial assets

Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For all financial assets measured at amortised cost or at fair value through other comprehensive income, lease receivables, contract receivables and contract assets, the Trust recognises a loss allowance representing expected credit losses on the financial instrument.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in expenditure and the carrying amount of the asset is reduced directly or through a provision for impairment of receivables.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

Note 1.9.3 De-recognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.10 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Note 1.10.1 The trust as lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability is de-recognised when the liability is discharged, cancelled or expires.

Operating Leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.11 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount, for which it is probable that there will be a future outflow of cash or other resources, and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 34.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.12 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 35 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 35, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:
• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.13 Public Dividend Capital

Public Dividend Capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.
At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as Public Dividend Capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable.
In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.14 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.15 Foreign exchange

The functional and presentational currencies of the Trust are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

• monetary items are translated at the spot exchange rate on 31 March;
• non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
• non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.16 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.17 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had theTrust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However, the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.18 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.19 Transfers of functions from/to other NHS bodies

For functions that have been transferred to the Trust from another NHS body, the assets and liabilities transferred are recognised in the accounts as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain corresponding to the net assets transferred is recognised within income, but not within operating activities.

For property plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

For functions that the Trust has transferred to another NHS body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net loss/gain corresponding to the net assets/ liabilities transferred is recognised within expenses / income, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve.

Note 1.20 Early adoption of standards, amendments and interpretations
No new accounting standards or revisions to existing standards have been early adopted in 2018/19

Note 1.21 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases - Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

IFRS 17 Insurance Contracts - Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

IFRIC 23 Uncertainty over Income Tax Treatments - Application required for accounting periods beginning on or after 1 January 2019.

Note 1.22 Critical accounting estimates and judgements

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Note 1.22.1 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

The Trust's Management made a critical judgement around the state of the commercial property sector in 2014/15 and as such a formal valuation was undertaken in that year. The Trust revalues its Land and Buildings assets every 5 years.

The Trust's purpose built Make Ready Hubs are valued as specialised assets in line with FRS 102. This estimation technique is not universally valid across all the Trust's owned Make Ready hubs and it will be applied only to those hubs which have been constructed from a single building covering offices, staff changing facilities, vehicle garaging, vehicle maintenance and cleaning facilities. Thus sites such as Hereford and Dudley, which do not match these criteria, will continue to be valued on a market basis.

There has been a long-standing commitment by the Trust to replace front-line vehicles after five years. The Trust depreciates front-line vehicles over 5 years.

The Trust reviews all lease contracts to determine whether they are operating or finance leases.

Information provided by NHS Resolution has been used to determine provisions required for potential employer liability claims and disclosure of Clinical Negligence liability.

The NHS Business Services Authority - Pensions Division has provided information with regard to disclosure and calculation of the Trust's liability for ill health retirements.

Accruals for services received not yet invoiced are estimated on the basis of past experience.

Note 1.22.2 Key sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

There is uncertainty around the future direction of commercial property prices. The Trust adopted a formal revaluation during 2014/15 and then intends to revalue every 5 years in line with FRS 102. Between valuations, and due to the state of the current commercial property sector, the Trust has adjusted the values of its Land and Buildings assets by applying indexation provided by a company of professional valuers.

Note 2 Operating Segments

Segments are identified where services have separate management and contractual arangements even if it forms
part of overall NHS Healthcare provision if the combined income from an area of service is 10% or more of the
total Trust income.

Income for E&U Services is received from the West Midlands Clinical Cimmissioning Groups. Income from this
source accounts for 82% of the total Trust income.

Income for Non Emergency Patient Transport Services is received from CCGs, FTs and NHS Trusts.There are no individual PTS
customers where income exceeds 10% of the overall Trust income

	E&U Services 2018/19 £000	PTS Services 2018/19 £000	Other 2018/19 £000	Total 2018/19 £000
Income	227,206	34,219	15,329	276,754
Common costs	(225,135)	(34,054)	(12,177)	(271,366)
Segment surplus	2,071	165	3,152	5,388
Total Assets employed	0	0	68,012	68,012

Income is directly attributed to segments. Direct and indirect costs are allocated directly to E&U and PTS and overhead costs are apportioned
on various useage basis.

All income and expenditure and asset values reported in the segments are included within the overall Trust Statement of Comprehensive Income and
Statement of Financial Position. The balance between the totals in the segmental report and the overall reported Trust balances relate to the supply
of other services which do not meet the criteria to have an individual segment.

There are no differences in methods of valuation of assets within the segmental reports and the overall Trust reported assets

There has not been any change in the methods of measuring or reporting the segmental figures from the previous year,

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.2.1

Note 3.1 Income from patient care activities (by nature)	2018/19 £000	2017/18 £000
Ambulance services		
Emergency & Urgent services income	224,087	214,492
Non Emergency Patient Transport Services income	33,749	33,943
Other income	1,756	2,094
All services		
Private patient income	-	-
Agenda for Change pay award central funding	3,852	-
Other clinical income	-	-
Total income from activities	**263,444**	**250,529**

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2018/19 £000	2017/18 £000
NHS England	1,127	1,471
Clinical commissioning groups	253,618	241,862
Department of Health and Social Care	3,852	-
Other NHS providers	3,797	6,071
NHS other	204	255
Local authorities	-	-
Non-NHS: private patients	-	-
Non-NHS: overseas patients (chargeable to patient)	-	-
Injury cost recovery scheme	835	848
Non NHS: other	11	22
Total income from activities	**263,444**	**250,529**
Of which:		
Related to continuing operations	263,444	250,529
Related to discontinued operations	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2018/19 £000	2017/18 £000
Income recognised this year	-	-
Cash payments received in-year	-	-
Amounts added to provision for impairment of receivables	-	-
Amounts written off in-year	-	-
	0	0

Note 4 Other operating income

	2018/19 £000	2017/18 £000
Other operating income from contracts with customers:		
Research and development (contract)	265	375
Education and training (excluding notional apprenticeship levy income)	5,350	7,175
Non-patient care services to other bodies	529	584
Provider sustainability / sustainability and transformation fund income (PSF / STF)	4,546	3,483
Income in respect of employee benefits accounted on a gross basis	1,467	1,498
Other contract income	880	269
Other non-contract operating income		
Research and development (non-contract)	-	-
Education and training - notional income from apprenticeship fund	-	-
Receipt of capital grants and donations	-	-
Charitable and other contributions to expenditure	-	-
Support from the Department of Health and Social Care for mergers	-	-
Rental revenue from finance leases	-	-
Rental revenue from operating leases	-	-
Amortisation of PFI deferred income / credits	-	-
Other non-contract income	-	-
Total other operating income	**13,037**	**13,384**
Of which:		
Related to continuing operations	13,037	13,384
Related to discontinued operations	-	-

Note 5.1 Additional information on revenue from contracts with customers recognised in the period

	2018/19
	£000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	-
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March 2019
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	£000
within one year	-
after one year, not later than five years	-
after five years	-
Total revenue allocated to remaining performance obligations	**-**

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 5.3 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2018/19	2017/18
	£000	£000
Income from services designated as commissioner requested services	261,688	248,435
Income from services not designated as commissioner requested services	14,793	15,478
Total	**276,481**	**263,913**

Note 5.4 Profits and losses on disposal of property, plant and equipment

No land and buildings assets used in the provision of commissioner requested services have been disposed of during the year.

Note 6 Fees and charges

HM Treasury requires disclosure of fees and charges income. The following disclosure is of income from charges to service users where income from that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed.

	2018/19	2017/18
	£000	£000
Income	-	-
Full cost	-	-
Surplus / (deficit)	**-**	**-**

Note 7.1 Operating expenses

	2018/19 £000	2017/18 £000
Purchase of healthcare from NHS and DHSC bodies	-	-
Purchase of healthcare from non-NHS and non-DHSC bodies	-	-
Purchase of social care	-	-
Staff and executive directors costs	194,664	178,425
Remuneration of non-executive directors	129	130
Supplies and services - clinical (excluding drugs costs)	7,537	7,003
Supplies and services - general	3,417	2,453
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,037	777
Inventories written down	-	-
Consultancy costs	114	84
Establishment	4,424	4,736
Premises	8,048	8,426
Transport (including patient travel)	19,226	17,743
Depreciation on property, plant and equipment	6,212	6,297
Amortisation on intangible assets	249	293
Net impairments	1	(296)
Movement in credit loss allowance: contract receivables / contract assets	(166)	
Movement in credit loss allowance: all other receivables and investments	-	381
Increase/(decrease) in other provisions	-	-
Change in provisions discount rate(s)	-	-
Audit fees payable to the external auditor		
audit services- statutory audit	45	53
other auditor remuneration (external auditor only)	9	9
Internal audit costs	737	737
Clinical negligence	2,065	1,865
Legal fees	177	364
Insurance	1,085	1,818
Research and development	225	320
Education and training	5,359	7,383
Rentals under operating leases	15,582	15,802
Early retirements	-	-
Redundancy	32	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	-	-
Charges to operating expenditure for off-SoFP PFI / LIFT schemes	-	-
Car parking & security	-	-
Hospitality	44	33
Losses, ex gratia & special payments	4	23
Grossing up consortium arrangements	-	-
Other services, eg external payroll	-	-
Other	748	3,354
Total	**271,004**	**258,213**
Of which:		
Related to continuing operations	271,004	258,213
Related to discontinued operations	-	-

Other auditor remuneration (external auditor only) relates to the assurance work for the Quality Report 2018/19
Other expenditure includes leased vehicle dilapidations.

Note 7.2 Other auditor remuneration

	2018/19	2017/18
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the Trust	-	-
2. Audit-related assurance services	-	-
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	9	9
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-
Total	**9**	**9**

Note 7.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1m (2017/18: £1m).

Note 8 Impairment of assets

	2018/19	2017/18
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	-	-
Over specification of assets	-	-
Abandonment of assets in course of construction	-	-
Unforeseen obsolescence	-	-
Loss as a result of catastrophe	-	-
Changes in market price	1	(296)
Other	-	-
Total net impairments charged to operating surplus	**1**	**(296)**
Impairments charged to the revaluation reserve	-	-
Total net impairments	**1**	**(296)**

Note 9 Employee benefits

	2018/19 Total £000	2017/18 Total £000
Salaries and wages	162,294	148,437
Social security costs	14,954	13,766
Apprenticeship levy	803	732
Employer's contributions to NHS pensions	19,840	18,189
Pension cost - other	-	-
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	-	-
Temporary staff (including agency)	0	0
Total gross staff costs	**197,891**	**181,124**
Recoveries in respect of seconded staff	-	-
Total staff costs	**197,891**	**181,124**
Of which		
Costs capitalised as part of assets	-	-

Note 9.1 Retirements due to ill-health

During 2018/19 there were 6 early retirements from the Trust agreed on the grounds of ill-health (5 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £364k (£461k in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 10 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Note 11 Operating leases

Note 11.1 West Midlands Ambulance Service University NHS Foundation Trust as a lessor

This note discloses income generated in operating lease agreements where West Midlands Ambulance Service University NHS Foundation Trust is the lessor.

	2018/19 £000	2017/18 £000
Operating lease revenue		
Minimum lease receipts	-	-
Contingent rent	-	-
Other	-	-
Total	-	-

	31 March 2019 £000	31 March 2018 £000
Future minimum lease receipts due:		
- not later than one year;	-	-
- later than one year and not later than five years;	-	-
- later than five years.	-	-
Total	-	-

Note 11.2 West Midlands Ambulance Service University NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where West Midlands Ambulance Service University NHS Foundation Trust is the lessee.

	2018/19 £000	2017/18 £000
Operating lease expense		
Minimum lease payments	15,582	15,802
Contingent rents	-	-
Less sublease payments received	-	-
Total	15,582	15,802

	31 March 2019 £000	31 March 2018 £000
Future minimum lease payments due:		
- not later than one year;	14,700	14,592
- later than one year and not later than five years;	24,230	33,204
- later than five years.	11,332	9,984
Total	50,262	57,780
Future minimum sublease payments to be received	-	-

The operating leases are for vehicles and property occupied.

Note 12 Finance income

Finance income represents interest received on assets and investments in the period.

	2018/19	2017/18
	£000	£000
Interest on bank accounts	273	95
Interest income on finance leases	-	-
Interest on other investments / financial assets	-	-
Other finance income	-	-
Total finance income	**273**	**95**

Note 13.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2018/19	2017/18
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	-	-
Other loans	-	-
Overdrafts	-	-
Finance leases	-	-
Interest on late payment of commercial debt	-	-
Main finance costs on PFI and LIFT schemes obligations	-	-
Contingent finance costs on PFI and LIFT scheme obligations	-	-
Total interest expense	**-**	**-**
Unwinding of discount on provisions	17	18
Other finance costs	-	-
Total finance costs	**17**	**18**

Note 13.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2018/19	2017/18
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 14 Other gains / (losses)

	2018/19	2017/18
	£000	£000
Gains on disposal of assets	170	166
Losses on disposal of assets	(91)	(167)
Total gains / (losses) on disposal of assets	**79**	**(1)**
Gains / (losses) on foreign exchange	-	-
Fair value gains / (losses) on investment properties	-	-
Fair value gains / (losses) on financial assets / investments	-	-
Fair value gains / (losses) on financial liabilities	-	-
Recycling gains / (losses) on disposal of financial assets mandated as fair value through OCI	-	-
Total other gains / (losses)	**79**	**(1)**

Note 15 Discontinued operations

	2018/19 £000	2017/18 £000
Operating income of discontinued operations	-	-
Operating expenses of discontinued operations	-	-
Gain on disposal of discontinued operations	-	-
(Loss) on disposal of discontinued operations	-	-
Corporation tax expense attributable to discontinued operations	-	-
Total	-	-

Note 16.1 Intangible assets - 2018/19

	Software licences £000	Development expenditure £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2018 - brought forward	1,022	740	-	1,762
Transfers by absorption	-	-	-	-
Additions	316	459	-	775
Impairments	-	-	-	-
Reversals of impairments	-	-	-	-
Revaluations	-	-	-	-
Reclassifications	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-
Disposals / derecognition	(9)	(46)	-	(55)
Valuation / gross cost at 31 March 2019	1,329	1,153	-	2,482
Amortisation at 1 April 2018 - brought forward	552	583	-	1,135
Transfers by absorption	-	-	-	-
Provided during the year	187	62	-	249
Impairments	-	-	-	-
Reversals of impairments	-	-	-	-
Revaluations	-	-	-	-
Reclassifications	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-
Disposals / derecognition	(9)	(43)	-	(52)
Amortisation at 31 March 2019	730	602	-	1,332
Net book value at 31 March 2019	599	551	-	1,150
Net book value at 1 April 2018	470	157	-	627

Note 16.2 Intangible assets - 2017/18

	Software licences £000	Development expenditure £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2017 - brought forward	919	919	113	1,951
Transfers by absorption	-	-	-	-
Additions	91	98	-	189
Impairments	-	-	-	-
Reversals of impairments	-	-	-	-
Revaluations	-	-	-	-
Reclassifications	12	-	(113)	(101)
Transfers to / from assets held for sale	-	-	-	-
Disposals / derecognition	-	(277)	-	(277)
Valuation / gross cost at 31 March 2018	1,022	740	-	1,762
Amortisation at 1 April 2017 - brought forward	395	724	-	1,119
Transfers by absorption	-	-	-	-
Provided during the year	157	136	-	293
Impairments	-	-	-	-
Reversals of impairments	-	-	-	-
Revaluations	-	-	-	-
Reclassifications	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-
Disposals / derecognition	-	(277)	-	(277)
Amortisation at 31 March 2018	552	583	-	1,135
Net book value at 31 March 2018	470	157	-	627
Net book value at 1 April 2017	524	195	113	832

Note 17.1 Property, plant and equipment - 2018/19

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2018 - brought forward	**4,161**	**20,987**	**358**	**8,205**	**12,760**	**12,841**	**978**	**60,290**
Transfers by absorption	-	-	-	-	-	-	-	-
Additions	-	656	668	1,242	4,445	1,481	20	**8,512**
Impairments	(1)	-	-	-	-	-	-	**(1)**
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	(12)	(52)	-	-	-	-	-	**(64)**
Reclassifications	-	102	(356)	47	203	4	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	(396)	(2)	(393)	(1,222)	(305)	-	**(2,318)**
Valuation/gross cost at 31 March 2019	**4,148**	**21,297**	**668**	**9,101**	**16,186**	**14,021**	**998**	**66,419**
Accumulated depreciation at 1 April 2018 - brought forward	**-**	**3,169**	**-**	**4,212**	**5,914**	**7,367**	**775**	**21,437**
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	-	1,039	-	1,167	2,166	1,741	99	**6,212**
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	(314)	-	(391)	(1,213)	(303)	-	**(2,221)**
Accumulated depreciation at 31 March 2019	**-**	**3,894**	**-**	**4,988**	**6,867**	**8,805**	**874**	**25,428**
Net book value at 31 March 2019	**4,148**	**17,403**	**668**	**4,113**	**9,319**	**5,216**	**124**	**40,991**
Net book value at 1 April 2018	**4,161**	**17,818**	**358**	**3,993**	**6,846**	**5,474**	**203**	**38,853**

Note 17.2 Property, plant and equipment - 2017/18

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2017 - brought forward	**3,209**	**14,905**	**4,837**	**7,757**	**11,768**	**13,638**	**887**	**57,001**
Transfers by absorption	-	-	-	-	-	-	-	-
Additions	-	1,543	354	635	2,935	1,238	55	**6,760**
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	147	149	-	-	-	-	-	**296**
Revaluations	135	1,134	1	-	-	-	-	**1,270**
Reclassifications	670	3,822	(4,831)	246	-	158	36	**101**
Transfers to / from assets held for sale	-	(29)	-	-	-	-	-	**(29)**
Disposals / derecognition	-	(537)	(3)	(433)	(1,943)	(2,193)	-	**(5,109)**
Valuation/gross cost at 31 March 2018	**4,161**	**20,987**	**358**	**8,205**	**12,760**	**12,841**	**978**	**60,290**
Accumulated depreciation at 1 April 2017 - brought forward	**-**	**2,688**	**-**	**3,511**	**6,202**	**7,042**	**598**	**20,041**
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	-	975	-	1,088	1,617	2,440	177	**6,297**
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	(494)	-	(387)	(1,905)	(2,115)	-	**(4,901)**
Accumulated depreciation at 31 March 2018	**-**	**3,169**	**-**	**4,212**	**5,914**	**7,367**	**775**	**21,437**
Net book value at 31 March 2018	**4,161**	**17,818**	**358**	**3,993**	**6,846**	**5,474**	**203**	**38,853**
Net book value at 1 April 2017	**3,209**	**12,217**	**4,837**	**4,246**	**5,566**	**6,596**	**289**	**36,960**

Note 17.3 Property, plant and equipment financing - 2018/19

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2019								
Owned - purchased	4,148	17,403	668	4,113	9,318	5,216	124	**40,990**
Finance leased	-	-	-	-	-	-	-	-
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	-
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-
Owned - government granted	-	-	-	-	-	-	-	-
Owned - donated	-	-	-	-	1	-	-	**1**
NBV total at 31 March 2019	**4,148**	**17,403**	**668**	**4,113**	**9,319**	**5,216**	**124**	**40,991**

Note 17.4 Property, plant and equipment financing - 2017/18

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2018								
Owned - purchased	4,161	17,818	358	3,993	6,842	5,474	203	**38,849**
Finance leased	-	-	-	-	-	-	-	-
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	-
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-
Owned - government granted	-	-	-	-	-	-	-	-
Owned - donated	-	-	-	-	4	-	-	**4**
NBV total at 31 March 2018	**4,161**	**17,818**	**358**	**3,993**	**6,846**	**5,474**	**203**	**38,853**

Note 18 Donations of property, plant and equipment

The Trust had no donations of property, plant and equipment received during the year.

Note 19 Revaluations of property, plant and equipment

	2018/19 £000	2017/18 £000
At start of period	4980	3747
Transfers by absorption	0	0
Impairments	0	-
Revaluations	(64)	1270
Transfers to the I&E reserve for impairments arising from consumption of economic benefits	0	0
Transfers to other reserves	0	0
Asset disposals	(27)	(37)
Fair Value gains/(losses) on Available-for-sale financial investments	0	0
Recycling gains/(losses) on Available-for-sale financial investments	0	0
Share of other comprehensive income/expenditure from associates and joint ventures	0	0
Other recognised gains and losses	0	0
Other reserve movements	0	0
Revaluation reserve at 31 March	**4889**	**4980**

Note 20.1 Investment Property

The Trust had no investment property in 2018/19 or 2017/18.

Note 20.2 Investment property income and expenses

The Trust had no investment property income and expenses in 2018/19 or 2017/18.

Note 21 Investments in associates and joint ventures

The Trust had no investments in associates or joint ventures in the current or previous accounting periods.

Note 22 Other investments / financial assets (non-current)

The Trust had no other non current investments or financial assets in the current or previous accounting periods.

Note 22.1 Other investments / financial assets (current)

The Trust had no other current investments or financial assets in the current or previous accounting periods.

Note 23 Disclosure of interests in other entities

The Trust held no interests in other entities at 31 March 2019 or 31 March 2018.

Note 24 Inventories

	31 March 2019 £000	31 March 2018 £000
Drugs	502	208
Work In progress	-	-
Consumables	2,765	2,482
Energy	-	-
Other	-	-
Total inventories	**3,267**	**2,690**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £18,777k (2017/18: £16,731k). Write-down of inventories recognised as expenses for the year were £0k (2017/18: £0k).

Note 25.1 Trade receivables and other receivables

	31 March 2019 £000	31 March 2018 £000
Current		
Contract receivables*	9,769	-
Contract assets*	-	-
Trade receivables*	-	10,508
Capital receivables	-	-
Accrued income*	-	-
Allowance for impaired contract receivables / assets*	(801)	-
Allowance for other impaired receivables	-	(967)
Deposits and advances	-	-
Prepayments (non-PFI)	11,827	12,370
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	-	-
Finance lease receivables	-	-
PDC dividend receivable	577	304
VAT receivable	585	532
Corporation and other taxes receivable	-	-
Other receivables	-	763
Total current trade and other receivables	**21,957**	**23,510**
Non-current		
Contract receivables*	1,040	-
Contract assets*	-	-
Trade receivables*	-	-
Capital receivables	-	-
Accrued income*	-	-
Allowance for impaired contract receivables / assets*	-	-
Allowance for other impaired receivables	-	-
Deposits and advances	-	-
Prepayments (non-PFI)	-	-
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	-	-
Finance lease receivables	-	-
VAT receivable	-	-
Corporation and other taxes receivable	-	-
Other receivables	-	1,384
Total non-current trade and other receivables	**1,040**	**1,384**

Of which receivables from NHS and DHSC group bodies:

Current	9,264	10,386
Non-current	-	-

*Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Note 25.2 Allowances for credit losses - 2018/19

	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 Apr 2018 - brought forward	-	967
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	967	(967)
Transfers by absorption	-	-
New allowances arising	-	-
Changes in existing allowances	-	-
Reversals of allowances	(166)	-
Utilisation of allowances (write offs)	-	-
Changes arising following modification of contractual cash flows	-	-
Foreign exchange and other changes	-	-
Allowances as at 31 March 2019	**801**	**-**

The provision for impairment of receivables is based on 75% of the value of Non NHS debts outstanding over 3 months old. The provision also includes a provision of 21.89% (22.84% 31 March 2018) for doubtful recovery of the income from the NHS Injury Recovery Scheme, which amounts to £453k.

Note 25.3 Allowances for credit losses - 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	All receivables £000
Allowances as at 1 Apr 2017 - as previously stated	597
Transfers by absorption	-
Increase in provision	381
Amounts utilised	(11)
Unused amounts reversed	-
Allowances as at 31 Mar 2018	**967**

Note 25.4 Exposure to credit risk

Because the majority of the West Midlands Ambulance Service University NHS Foundation Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2019 are in receivables from customers.

Note 26 Other assets

The Trust had no Other Assets in either the current or previous accounting periods.

Note 27 Non-current assets held for sale and assets in disposal groups

	2018/19 £000	2017/18 £000
NBV of non-current assets for sale and assets in disposal groups at 1 April	-	742
Transfers by absorption	-	-
Assets classified as available for sale in the year	-	29
Assets sold in year	-	(771)
Impairment of assets held for sale	-	-
Reversal of impairment of assets held for sale	-	-
Assets no longer classified as held for sale, for reasons other than sale	-	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	-	-

Note 27.1 Liabilities in disposal groups

	31 March 2019 £000	31 March 2018 £000
Categorised as:		
Provisions	-	-
Trade and other payables	-	-
Other	-	-
Total	**-**	**-**

Note 28.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2018/19 £000	2017/18 £000
At 1 April	**40,299**	**29,917**
Transfers by absorption	-	-
Net change in year	7,832	10,382
At 31 March	**48,131**	**40,299**
Broken down into:		
Cash at commercial banks and in hand	24	29
Cash with the Government Banking Service	48,107	40,270
Deposits with the National Loan Fund	-	-
Other current investments	-	-
Total cash and cash equivalents as in SoFP	**48,131**	**40,299**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**48,131**	**40,299**

Note 28.2 Third party assets held by the Trust

West Midlands Ambulance Service University NHS Foundation Trust receives income and makes payments on behalf of the National Ambulance Resilience Unit. These receivables and payables which are equal are included in the Trust's accounts. As at 31 March 2019, the cash and liability accrued amounted to £3.5m (2017/18 £2.6m).

Note 29.1 Trade and other payables

	31 March 2019 £000	31 March 2018 £000
Current		
Trade payables	3,427	2,286
Capital payables	1,442	878
Accruals	26,039	26,569
Receipts in advance (including payments on account)	-	-
Social security costs	4,340	4,044
VAT payables	-	-
Other taxes payable	-	-
PDC dividend payable	-	-
Accrued interest on loans*		-
Other payables	2,682	2,510
Total current trade and other payables	**37,930**	**36,287**
Non-current		
Trade payables	-	-
Capital payables	-	-
Accruals	-	-
Receipts in advance (including payments on account)	-	-
VAT payables	-	-
Other taxes payable	-	-
Other payables	-	-
Total non-current trade and other payables	**-**	**-**
Of which payables to NHS and DHSC group bodies:		
Current	1,152	664
Non-current	-	-

*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note 32. IFRS 9 is applied without restatement therefore comparatives have not been restated.

Note 29.2 Early retirements in NHS payables above
There were no early retirement payments in the above.

Note 30 Other financial liabilities

The Trust had no current or non-current other financial liabilities in either the current or previous accounting periods.

Note 31 Other liabilities

The Trust had no current or non-current other liabilities in either the current or previous accounting periods.

Note 32 Borrowings

The Trust had no current or non-current borrowings in either the current or previous accounting periods.

Note 33 Finance leases

The Trust had no finance lease arrangements as a lessor or as a lessee in either the current or previous accounting periods.

Note 34.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs £000	Pensions: injury benefits* £000	Legal claims £000	Redundancy £000	Other £000	Total £000
At 1 April 2018	**239**	**2,577**	**445**	**-**	**5,851**	**9,112**
Transfers by absorption	-	-	-	-	-	**-**
Change in the discount rate	-	-	-	-	-	**-**
Arising during the year	-	88	365	-	5,261	**5,714**
Utilised during the year	(41)	(266)	(179)	-	(535)	**(1,021)**
Reclassified to liabilities held in disposal groups	-	-	-	-	-	**-**
Reversed unused	-	-	(316)	-	(2,912)	**(3,228)**
Unwinding of discount	-	17	-	-	-	**17**
At 31 March 2019	**198**	**2,416**	**315**	**-**	**7,665**	**10,594**
Expected timing of cash flows:						
- not later than one year;	38	267	315	-	7,665	**8,285**
- later than one year and not later than five years;	151	1,101	-	-	-	**1,252**
- later than five years.	9	1,048	-	-	-	**1,057**
Total	**198**	**2,416**	**315**	**-**	**7,665**	**10,594**

Pensions relating to staff represent the value of Pre:1995 early retirement cases capitalised as a prior year adjustment in 2002-03.

Legal claims represent outstanding employer's liability.

Injury benefits represent outstanding injury benefit cases.

Other provisions include leased vehicle dilapidations and HMRC review of VAT allowances.

* In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within Legal claims.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the Treasury's discount rate of 3% in real terms (2017/18 - 1% real terms).

Note 34.2 Clinical negligence liabilities

At 31 March 2019, £30.12m was included in provisions of NHS Resolution in respect of clinical negligence liabilities of West Midlands Ambulance Service University NHS Foundation Trust (31 March 2018: £22.63m).

Note 35 Contingent assets and liabilities

	31 March 2019 £000	31 March 2018 £000
Value of contingent liabilities		
NHS Resolution legal claims	-	-
Employment tribunal and other employee related litigation	-	-
Redundancy	-	-
Other	(103)	(143)
Gross value of contingent liabilities	**(103)**	**(143)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(103)**	**(143)**
Net value of contingent assets	**-**	**-**

Contingent Liabilities represent outstanding employer's liability legal claims, as notified by NHS Resoution which, at this stage, are not deemed certain enough to include within the provision for liabilities and charges (note 34). The value of the uncertainty of the liability is determined by NHS Resolution according to the nature and details of each individual case.

Note 36 Contractual capital commitments

	31 March 2019 £000	31 March 2018 £000
Property, plant and equipment	-	-
Intangible assets	-	-
Total	**-**	**-**

Note 37 Other financial commitments

The Trust had no other financial commitments in either the current or previous accounting periods.

Note 38 Defined benefit pension schemes

The Trust had no defined benefit pension schemes in either the current or previous accounting periods.

Note 39 On-SoFP PFI, LIFT or other service concession arrangements

The Trust had no on-SoFP PFI, LIFT or other service concession arrangements in either the current or previous accounting periods.

Note 40 Off-SoFP PFI, LIFT and other service concession arrangements

The Trust had no off-SoFP PFI, LIFT or other service concession arrangements in either the current or previous accounting periods.

Note 41 Financial instruments

Note 41.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the West Midlands Ambulance Service University NHS Foundation Trust has with Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The West Midlands Ambulance Service University NHS Foundation Trust's treasury management operations are carried out by the Finance department, within parameters defined formally within the Trust's Standing Financial Instructions and Policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The West Midlands Ambulance Service University NHS Foundation Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The West Midlands Ambulance Service University NHS Foundation Trust has no borrowings from government and therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the West Midlands Ambulance Service University NHS Foundation Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2019 are in receivables from customers, as disclosed in 'Trade and Other Receivables' (Note 25).

Liquidity risk

The West Midlands Ambulance Service University NHS Foundation Trust's operating costs are incurred under contracts with Clinical Commissioning Groups, which are financed from resources voted annually by Parliament . The Trust funds its capital expenditure from funds generated from operations, which is acknowledged by the Commissioners. The Trust is not, therefore, exposed to significant liquidity risks.

Note 41.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2019 under IFRS 9				
Trade and other receivables excluding non financial assets	10,008	-	-	**10,008**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents at bank and in hand	48,131	-	-	**48,131**
Total at 31 March 2019	**58,139**	**-**	**-**	**58,139**

	Loans and receivables	Assets at fair value through the I&E	Held to maturity	Available-for-sale	Total book value
	£000	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2018 under IAS 39					
Trade and other receivables excluding non financial assets	22,793	-	-	-	**22,793**
Other investments / financial assets	-	-	-	-	**-**
Cash and cash equivalents at bank and in hand	40,299	-	-	-	**40,299**
Total at 31 March 2018	**63,092**	**-**	**-**	**-**	**63,092**

Note 41.3 Carrying value of financial liabilities

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost £000	Held at fair value through the I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9			
Loans from the Department of Health and Social Care	-	-	-
Obligations under finance leases	-	-	-
Obligations under PFI, LIFT and other service concession contracts	-	-	-
Other borrowings	-	-	-
Trade and other payables excluding non financial liabilities	33,590	-	**33,590**
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
Total at 31 March 2019	**33,590**	**-**	**33,590**

	Other financial liabilities £000	Held at fair value through the I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39			
Loans from the Department of Health and Social Care	-	-	-
Obligations under finance leases	-	-	-
Obligations under PFI, LIFT and other service concession contracts	-	-	-
Other borrowings	-	-	-
Trade and other payables excluding non financial liabilities	36,287	-	**36,287**
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
Total at 31 March 2018	**36,287**	**-**	**36,287**

Note 41.4 Fair values of financial assets and liabilities

Book value (carrying value) is a reasonable approximation of fair value.

Note 41.5 Maturity of financial liabilities

	31 March 2019 £000	31 March 2018 £000
In one year or less	33,590	36,287
In more than one year but not more than two years	-	-
In more than two years but not more than five years	-	-
In more than five years	-	-
Total	**33,590**	**36,287**

Note 42 Losses and special payments

	2018/19		2017/18	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	-	-	-	-
Fruitless payments	-	-	-	-
Bad debts and claims abandoned	-	-	-	-
Stores losses and damage to property	199	193	102	118
Total losses	**199**	**193**	**102**	**118**
Special payments				
Compensation under court order or legally binding arbitration award	-	-	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments	-	-	-	-
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**-**	**-**	**-**	**-**
Total losses and special payments	**199**	**193**	**102**	**118**
Compensation payments received		-		-

Note 43 Gifts

There were no gifts over £300k either as a total or individually for 2018/19 or 2017/18.

Note 44.1 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £0k, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model resulted in a £0k decrease in the carrying value of receivables.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classifiction of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £2,147k.

Note 44.2 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

Note 45 Related Parties

West Midlands Ambulance Service University NHS Foundation Trust is a body corporate authorised under section 35 on the National Health Service Act 2006

During the period none of the Board members or members of the key management staff or parties related to them has undertaken any material transactions with West Midlands Ambulance Service University NHS Foundation Trust.

All the Board members of West Midlands Ambulance Service University NHS Foundation Trust are trustees of the West Midlands Ambulance Service Charitable Fund.

During the period West Midlands Ambulance Service University NHS Foundation Trust has had a number of transactions with the independent Midland Air Ambulance Charity. These transactions are listed below:

Supply of Staff – £1,074,478

	Receivables		Payables	
	31-Mar-19	31-Mar-18	31-Mar-19	31-Mar-18
	£000	£000	£000	£000
Department of Health	8	55	0	0
Public Health England	0	2	1	0
NHS England & CCGs	4,534	5,129	388	310
Health Education England	8	370	0	0
NHS Trusts	1,105	1,628	561	283
NHS Foundation Trusts	421	209	95	208
DHSC NDPB	0	0	0	0
Special Health Authorities	86	101	6	16
Other DH Bodies	0	0	99	3
Local Government	17	17	14	58
Other Whole of Government Bodies	587	532	4,340	4,044
Total	**6,766**	**8,043**	**5,504**	**4,922**

	Income		Expenditure	
	31-Mar-19	31-Mar-18	31-Mar-19	31-Mar-18
	£000	£000	£000	£000
Department of Health	3,966	202	4	4
Public Health England	7	9	1	0
NHS England & CCGs	258,591	244,985	207	2
Health Education England	2,374	4,735	0	0
NHS Trusts	2,454	4,475	521	872
NHS Foundation Trusts	1,784	1,772	449	353
DHSC NDPB	0	0	169	246
Special Health Authorities	215	315	2,310	2,088
Other DH Bodies	0	0	102	0
Local Government	87	74	102	684
Other Whole of Government Bodies	3,175	245	35,597	32,687
Total	**272,653**	**256,812**	**39,462**	**36,936**

Note 45 Related Parties

The Department of Health and Social Care is regarded as a related party. During the period West Midlands Ambulance Service University NHS Foundation Trust has had a significant number of material transactions with the department and with other entities for which the Department is regarded as the parent Department. These Entities are listed below:

	Expenditure £000	Income £000	Debtor £000	Creditor £000
NHS Birmingham and Solihull CCG	3	49,341	302	0
NHS Cannock Chase CCG	0	5,106	0	26
NHS Coventry and Rugby CCG	0	17,770	223	0
NHS Dudley CCG	0	12,656	258	0
NHS East Staffordshire CCG	0	4,043	52	0
NHS Eastern Cheshire CCG	0	683	145	0
NHS Herefordshire CCG	0	8,668	55	0
NHS North Staffordshire CCG	0	7,038	4	0
NHS Redditch and Bromsgrove CCG	0	9,228	333	0
NHS Sandwell and West Birmingham CCG	204	24,923	250	168
NHS Shropshire CCG	0	13,680	208	0
NHS South Cheshire CCG	0	958	45	0
NHS South East Staffs and Seisdon Peninsular CCG	0	8,804	247	0
NHS South Warwickshire CCG	0	10,501	117	0
NHS South Worcestershire CCG	0	14,182	222	0
NHS Stafford and Surrounds CCG	0	6,234	0	13
NHS Stoke on Trent CCG	0	11,424	0	118
NHS Telford and Wrekin CCG	0	7,327	223	0
NHS Vale Royal CCG	0	603	0	1
NHS Walsall CCG	0	11,702	102	0
NHS Warrington CCG	0	870	112	0
NHS Warwickshire North CCG	0	8,515	191	0
NHS West Cheshire CCG	0	1,165	79	0
NHS Wirral CCG	0	1,583	292	0
NHS Wolverhampton CCG	0	11,423	0	62
NHS Wyre Forest CCG	0	5,102	224	0
NHS England	0	4,937	773	0

	Expenditure £000	Income £000	Receivables £000	Payables £000
Dudley And Walsall Mental Health Partnership NHS Trust	102	0	0	0
East Cheshire NHS Trust	0	180	0	0
London Ambulance Service NHS Trust	0	0	12	406
North Staffordshire Combined Healthcare NHS Trust	0	113	0	0
Staffordshire and Stoke on Trent Partnership NHS Trust (Demised 1 June 2018, following acquisition by RRE)	0	64	0	0
The Royal Wolverhampton NHS Trust	232	160	61	45
University Hospitals Coventry And Warwickshire NHS Trust	54	312	199	0
University Hospitals of North Midlands NHS Trust	86	335	6	21
Walsall Healthcare NHS Trust	13	1,100	809	0
Wye Valley NHS Trust	0	73	0	0

	Expenditure £000	Income £000	Receivables £000	Payables £000
Birmingham and Solihull Mental Health NHS Foundation Trust	0	120	0	0
Black Country Partnership NHS Foundation Trust	122	517	132	0
Midlands Partnership NHS Foundation Trust (formerly South Staffordshire and Shropshire Healthcare NHS Foundation Trust, acquired R1E on 1 June 2018)	0	425	80	0
Salford Royal NHS Foundation Trust	108	0	0	0
South Warwickshire NHS Foundation Trust	0	360	127	1
University Hospitals Birmingham NHS Foundation Trust (Acquired Heart of England NHS FT, RR1, on 1 April 2018)	156	297	26	19

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with HM Revenue and Customs with regard to income tax, national insurance and VAT, the Department of Works and Pensions with regard to the injury allowance scheme and the NHS Business Services Authority - Pensions Division with regard to both employee and employer pension contributions

Note 46 Transfers by absorption

There were no transfers by absorption in the year by the Trust for 2018/19 (nil, 2017/18)

Note 47 Prior period adjustments

There were no prior period adjustments in the year by the Trust for 2018/19 (nil, 2017/18)

Note 48 Events after the reporting date

There were no events of note after the current reporting period ends.

KPMG

Independent auditor's report

to the Council of Governors of West Midlands Ambulance Service University NHS Foundation Trust

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

1. Our opinion is unmodified

We have audited the financial statements of West Midlands Ambulance Service University NHS Foundation Trust ("the Trust") for the year ended 31 March 2019 which comprises the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity, Statement of Cash Flows and the related notes, including the accounting policies in note 1.

In our opinion:

— the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2019 and of the Trust's income and expenditure for the year then ended; and

— the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2018/19 and the Department of Health and Social Care Group Accounting Manual 2018/19.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Group in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Overview	
Materiality: financial statements as a whole	£4.2m (2018:£4.2m) 1.5% (2018: 1.7%) of total forecast revenue

Risks of material misstatement	vs 2018

Recurring risks	Valuation of Land and Buildings	▲
	Income from patient care activities	◀▶
	New: Expenditure Recognition	▲

2. Key audit matters: our assessment of risks of material misstatement

Key audit matters are those matters that, in our professional judgment, were of most significance in the audit of the financial statements and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by us, including those which had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. We summarise below the key audit matters [(unchanged from 201X)], in decreasing order of audit significance, in arriving at our audit opinion above together with our key audit procedures to address those matters and our findings from those procedures in order that the Company's members as a body may better understand the process by which we arrived at our audit opinion . These matters were addressed, and our findings are based on procedures undertaken, in the context of, and solely for the purpose of, our audit of the financial statements as a whole, and in forming our opinion thereon , and consequently are incidental to that opinion, and we do not provide a separate opinion on these matters.

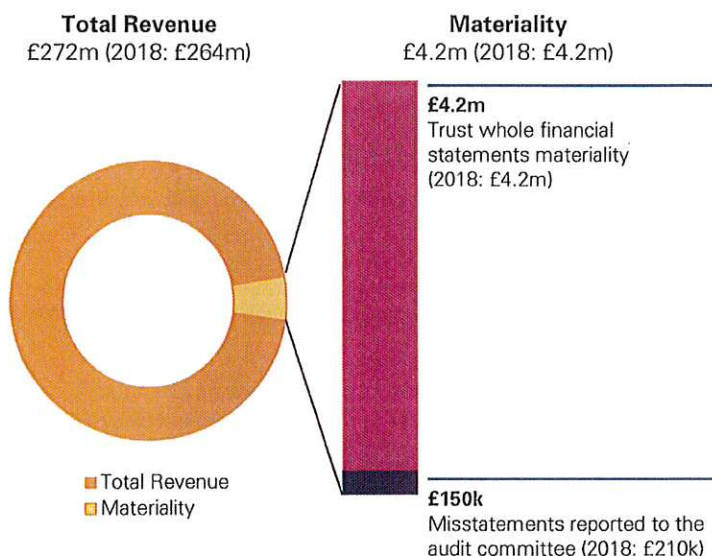|	The risk	Our response
Income from patient care activities (£263 million; 2018: £251m) *Refer to page 12 (Audit Committee Report), page F7 (accounting policy) and page F21 (financial disclosures).*	**Subjective estimate** Income from NHS England and CCGs is captured through the Agreement of Balances exercises performed at months 6, 9 and 12 to confirm amounts received and owed. This covers 99.25% of the Trust's income. Mismatches in income and expenditure, and receivables and payables are recognised by the Trust and its counterparties to be resolved. Where mismatches cannot be resolved they can be reclassified as formal disputes. Professional standards require us to make a rebuttable presumption that the fraud risk from revenue recognition is a significant risk. We recognise that the incentives in the NHS to manipulate revenue differ significantly to those in the private sector. These incentives include the requirement to meet regulatory and financial targets, rather than broader share-based management concerns. We recognise that aspects of the Income from Patient Care activities will derive from non-NHS sources. These have been tested separately. Consequently we have not rebutted the presumption that fraud risk relating to the recognition of income from patient care activities is a significant risk.	Our procedures included: **Tests of detail:** – We assessed the outcome for the Trust of the Agreement of Balances Exercise. Where there were any mismatches greater than £300,000, we identified the reasons and challenged the Directors' assessment of the level of income the Trust was entitled to recognise. – We assessed whether the Trust had issued invoice amounts in line with the contracts signed by NHS Commissioners. We also tested a sample of non-NHS income transactions to invoices and subsequent receipt; – We agreed any material variations to commissioner contracts and signed documents; – We tested the assumptions when setting the bad debt provision, taking into account both past performance and circumstances specific to the current year; and – We tested a sample of income transactions around the year end to assess the completeness and accuracy of material income. **Our findings:** We found the resulting treatment of income from patient care activities to be balanced.

The risk		Our response

Valuation of Land and Buildings

(£41 million; 2018: £38.8 million)

Refer to page 11 (Audit Committee Report), page F9 (accounting policy) and page F33 (financial disclosures)

Subjective valuation

The Trust is responsible for ensuring the valuation of its land and buildings is updated each year, and for conducting impairment reviews that confirm the condition of these assets

The Trust performs an annual review for impairment and a full valuation at not more than five yearly intervals The next full valuation will be undertaken in 2019/20 and in 2018/19, the Trust engaged an independent provider to supply indices to adjust its land and building values to current values.

The effect of these matters is that, as part of our risk assessment, we determined that the valuation of land and buildings has a high degree of estimation uncertainty, with a potential range of reasonable outcomes greater than our materiality for the financial statements as a whole.

Our procedures included:

— **Review of index provider:** We undertook an assessment of the expertise, independence and objectivity of the index provider to perform the indexation exercise.

— **Review of indexation process:** We agreed the indexation rate used in the fixed asset register to the underlying data provided by the index provider and compared this with national benchmarks. We confirmed the appropriateness of any amendments made by management to the information received and incorporated into the financial statements.

— **Review of capital programmes:** We reviewed the current capital programme and any resulting significant additions or disposals.

— **Test of detail:** We agreed a sample of asset additions and disposals to supporting evidence from the Trust, and assessed whether they had been appropriately capitalised in the correct period.

— **Test of detail:** We completed a physical asset verification on a sample of assets the Trust owns. In addition, we verified asset ownership by examining title deeds.

Our findings:

We found the resulting valuation of land and buildings to be marginally cautious.

Accrued Expenditure Recognition

(£271 million; 2018: £258m)

Refer to page 14 (Audit Committee Report), page F8 (accounting policy) and page F24 (financial disclosures).

Effect of irregularities

As most public bodies are net spending bodies, then the risk of material misstatement due to fraud related to expenditure recognition may in some cases be greater than the risk of material misstatements due to fraud related to revenue recognition and so we had regard to this when planning and performing our audit procedures.

This risk does not apply to all expenditure in the period. The incentives for accrued expenditure recognition relate to achieving financial targets and the key risks relate to the manipulation of creditors and accrued non-pay expenditure at year-end, as well as the completeness of the recognition of provisions or the inappropriate release of existing provisions.

Our procedures included:

— **Tests of detail:**
we have assessed the pressure upon the Trust to achieve its year-end outturn position;

– we have considered the design and implementation of budgetary controls;

– we have confirmed the basis upon which any provisions for expenditure have been made. We have tested the assumptions taking into account both past performance and any circumstances specific to the year ended 31 March 2019.

– We inspected all material items of expenditure in the March and April 2019 bank statements and cashbooks to agree these have been accounted for in the correct period.

– We have inquired with management that there are no performance based payments to senior staff other than the CEO. The CEO's performance related pay for 2018-19 has been disclosed in the Annual Report. We are satisfied that the Trust's arrangements in place and their assessment leading to his payment do not risk irregularities in the financial statements..

Our findings:

We found the resulting recording of expenditure to be balanced.

3. Our application of materiality

Materiality tor the Trust's financial statements as a whole was set at £4.2 million (2018 : £4.2 million), determined with reference to a benchmark of total revenue (of which it represents approximately 1.54% (2018: 1.74 %)). We consider operating income to be more stable than a surplus or deficit-related benchmark .

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £150,000 (2018 £210,000), in addition to other identified misstatements that warranted reporting on qualitative grounds.

Our audit of the Trust was undertaken to the materiality level specified above.

Total Revenue £272m (2018: £264m)

Materiality £4.2m (2018: £4.2m)

£4.2m
Trust whole financial statements materiality (2018: £4.2m)

■ Total Revenue
□ Materiality

£150k
Misstatements reported to the audit committee (2018: £210k)

4. We have nothing to report on going concern

The Directors have prepared the financial statements on the going concern basis as they do not intend to liquidate the Trust or to cease their operations, and as they have concluded that the Trust's financial position means that this is realistic. They have also concluded that there are no material uncertainties that could have cast significant doubt over their ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

Our responsibility is to conclude on the appropriateness of the Directors' conclusions and, had there been a material uncertainty related to going concern, to make reference to that in this audit report. However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks to the Trust's business model, including the impact of Brexit, and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period. We evaluated those risks and concluded that they were not significant enough to require us to perform additional audit procedures

Based on this work, we are required to report to you if we have anything material to add or draw attention to in relation to the Accounting Officers statement in Note [1.1.2] to the financial statements on the use of the going concern basis of accounting with no material uncertainties that may cast significant doubt over the Trust's use of that basis for a period of at least twelve months from the date of approval of the financial statements.

We have nothing to report in these respects, and we did not identify going concern as a key audit matter.

5. We have nothing to report on the other information in the Annual Report

The directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements

Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2018/19.

Corporate governance disclosures

We are required to report to you if:

— we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's position and performance, business model and strategy; or

— the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or

— the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

6. Respective responsibilities

Accounting Officer's responsibilities

As explained more fully in the statement set out on page A101, the Accounting Officer is responsible for: the preparation of financial statements that give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

We have nothing to report on the statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

— any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.

— any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

We have nothing to report in respect of our work on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources .

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

The significant risks identified during our risk assessment are set out overleaf together with the findings from the work we carried out on each area.

The risk		Our response

Financial Sustainability

The Trust set a budget surplus to meet the NHS Improvement control total surplus of £92k. Core Provider Sustainability Funding (PSF) was set at £1.9m and a CIP of £3.6m.

As at 31 March 2019, the Trust achieved its control total reporting a surplus of £846k. The Trust received £4.5m of PSF income in total.

We did not identify any financial statement level going concern risk, as the Trust has a robust Statement of Financial Position, with £48.1m of cash reserves, and net current assets of £70.3m.

Our procedures included:

- **Review of the year-end financial position:** We reviewed the Trust's financial outturn and the factors affecting this.

- **Review of CIPs:**

- We reviewed performance against Cost Improvement Plans (CIPs), the nature of the delivery and the arrangements in place that developed the plans and monitored their achievement.

Our findings:

We concluded that the Trust had adequate arrangements in place for planning finances effectively to maintain its financial sustainability and statutory functions.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Trust, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of West Midlands Ambulance Service University NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

Andrew Bostock
for and on behalf of KPMG LLP (Statutory Auditor)

Chartered Accountants
One Snowhill, Snow Hill Queensway, Birmingham, B4 6GH
24 May 2019

KPMG