



**Annual Report
and Accounts**
1 April 2020 – 31 March 2021



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

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

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A Message from the Chairman

When I was appointed as the new Chairman of the Trust towards the end of 2019, little could I have imagined what a first year it would be. I formally started in April 2020 at the height of the first wave of the pandemic when there was little certainty, but a huge amount of work being done to keep both patients and our own staff safe. That effort has paid off keeping staff safe and saving countless lives.

In my experience, ambulance staff are generally very modest people who see the most difficult and demanding task as part of their job. Indeed, I have met a number who have told me they are proud of what they do but are not inclined to shout about it. If you think back to the early days of the pandemic, when the public came out to show their appreciation for the NHS, it was an amazing sight; so many people showing their gratitude. I know that many of them would say: 'we were only doing our job' but the public appreciation last summer was achieved not by being boastful but by staff carrying out their role quietly and effectively, day in day out, helping people in their hour of need.

On behalf of the Board, I want to thank all of the staff, wherever they work in the organisation for all that they have done during this last most difficult of years. Whether on the frontline; a student who stood up to the plate when we needed to boost numbers rapidly; staff within our patient transport service; control room staff in 111 and 999; the likes of our mechanics, vehicle preparation teams and stores; the managers at all levels; the corporate staff; the many volunteers who support us on a daily basis, thank you for everything you have done. The fact that we have been able to achieve what we have has been down to everyone working together.

One of the things that has struck me since taking up my post is the way that staff continue to work in the most difficult circumstances. The work of those on the frontline is well known, but often it is those behind the scenes that are forgotten about. The staff in recruitment who brought in over 1,000 additional staff; the team in Finance who made sure it was business as usual for all of the functions that they are responsible for. The clinical team, press and communications, IT, estates and human resources among many others; several hundred have been working at home for over a year. While much of the country was in the same boat, it is worth noting that they continued working at the same high levels despite many having to juggle the likes of home schooling and indeed isolation from work colleagues despite the use of video conferencing. This new way of working may become the norm, but to have adapted to it so quickly is impressive none the less.

Friday 11 December 2020 was an important date for us as a Trust; it was the day that the first member of staff got their COVID-19 vaccination. The roll out of this programme across our Trust has been immensely successful, with thousands of staff getting their jab in just a few weeks. Such things do not happen by accident and I want to pay tribute not only to those who organised this programme but also mention the team who have carried out tens of thousands of swab tests on our staff and their immediate family members. Together these programmes have kept staff safe and provided reassurance at a time when that was in short supply.

Although the majority of this report will focus on our response to COVID-19, I also wanted to draw attention to a number of other projects that have been continuing unabated. I am particularly proud that we were the first Trust in the country to start using a fully electric ambulance. The vehicle is fully operational and proving popular with staff. It will provide us with important data that we can use to reduce still further our footprint on the environment, a subject that I believe very strongly in. Only last month we added two fully electric response cars to continue our learning. This Trust is committed to improving its environmental impact as can be seen by the Chief Executive's drive to become a paperless organisation.

Becoming more 'green' is a key part of our strategy going forward. Setting out our plans for the next five years has been a key focus for us over recent months and I am delighted that so many staff participated in sessions looking at this topic. Responding to the ever changing requirements within the NHS means we need to be flexible and able to adapt as circumstances dictate. Developing staff and their capabilities is a key part of that. The increasing use of technology will also be an important part of that development. We already have staff using video conferencing to discuss patient care with multi-disciplinary health teams whilst in the patient's own home so that we can reduce the number of patients being conveyed to the emergency department. Such developments will become common place over the next few years. As a forward thinking organisation, I am determined that we will make as much use of technology as possible to benefit patients but also allow our staff to enhance their skills.

While there is no question that the coming year will be challenging, not least because of the continuing pandemic, I am confident that we are well placed to remain at the forefront of excellent patient care while also looking after and developing our staff.

May I finish by once again paying tribute to the quite remarkable efforts of our staff over the last 12 months and thank them for everything they have done to save lives.

A handwritten signature in blue ink, appearing to read 'Ian Cumming', with a stylized flourish at the end.

Prof. Ian Cumming OBE
Chair, West Midlands Ambulance Service University NHS Foundation Trust

Chief Executive Review

I started my review last year with the words: “We are in the midst of the toughest challenge the NHS has ever faced; the coronavirus pandemic.” Sadly, those words came true. When I look back over the last 12 months, it is hard to believe the lengths to which the Trust and our staff have gone to help save lives. There is no question that the COVID-19 outbreak has touched every one of us with the ‘lock down’ but worse, has left thousands of grieving families across the Region who have lost loved ones.

Looking back, I made a commitment that I would do everything in my power to protect our staff, continue to provide the highest standards of care and by doing so, save as many lives as possible. I also said that not all of the decisions I would take would be popular, but I was equally clear that doing nothing was not an option. As I look back now, I am also clear that by taking those tough decisions early, we did make a difference and as a result many lives were saved, not just amongst our staff, but also amongst the public of the West Midlands.

In many ways we started from a good place: having a modern fleet based at large ‘make ready’ hubs allowed us to maintain the highest standard of infection, prevention and control. We were able to ensure that we were never short of personal protective equipment (PPE). A decision in 2019 to introduce Powered Respiratory Protective Hoods (PRPH) also played a significant part in keeping our staff safe. The hoods are a step beyond ‘FFP3’ face masks and are used in aerosol generating procedures such as in a cardiac arrest situation – they provide 100% protection for the most serious cases. We were the first Trust to introduce them and are the only Trust in the country that provides personal issue hoods to all frontline staff. While around 20% of our staff have caught COVID-19 and around 50 ended up in hospital, I am thankful that none have passed away as a result of this terrible virus.

As you know, we are hugely proud of our student paramedic programmes. We have literally hundreds of students from university and from our own internal programme working towards their qualification. This has been of huge benefit to us. We were able to take on around 700 additional staff in a variety of roles: some students who were only weeks away from completing their course were rapidly deployed to work with qualified staff on frontline ambulances; many more received additional training to work with our non-emergency patient transport service, working with existing staff to provide high dependency care transporting patients between hospitals and assisting in the discharge of others; some students at the beginning of their studies supported our vehicle preparation operatives and a variety of other roles. As we hopefully start to see the beginning of the end of this pandemic, we are now committed to ensuring these students, who have given so much, do not lose out and are able to continue their studies.

As with our frontline staff, our control centres have been at the forefront of our response to this cruel condition. We boosted the numbers of staff by around 400 which meant that we were able to maintain our outstanding ability to answer calls quickly. The decision by Commissioners to award us the contract to run the 111 service across the region (except in Staffordshire, which has other arrangements) was timely. Over the last 12 months we have been able to train almost all of our call handling staff to take both 999 and 111 calls which has allowed us to flex resources between the two centres resulting in both being able to operate at a much higher level than would otherwise have been possible.

Make no mistake, every part of this organisation has played its part in our response and I could not be more impressed by the way staff have gone above and beyond to help patients and save lives. It is impossible comment on everyone, but I must draw attention to the Education & Training team at the National Academy in Brierley Hill; they have worked

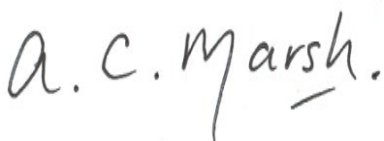
wonders to get so many staff and students trained and operationally ready to help in the effort to deal with the pandemic. Let me also mention the team in our stores who more than doubled the amount of goods being brought in, sorted and distributed across our hubs. The human resources and recruitment teams have equally exceeded all expectations to recruit and process over 1,000 additional staff. I must also mention the IT department, clinical team, press and communications, finance and many others. Hundreds of them have been working from home for over a year which is not to be underestimated, particularly as many will have had to juggle work commitments with home schooling, no small undertaking. Together their efforts have meant that the Trust has been able to continue with all of the usual activities that normally take place without interruption. To achieve that is remarkable given the challenges the last year has presented.

The Annual Report gives me the opportunity to formally thank the many volunteers that support the Trust. Of particular note are the Community First Responders (CFRs) who also had to get used to working with additional PPE, but in particular, the forty CFRs who stepped forward to undertake additional training that has seen them working on our High Dependency ambulances. I would also like to highlight the work of the 4x4 clubs that usually support us during bad weather such as snow and flooding. This year around a dozen individuals assisted at our stores hub in the Black Country driving vans that delivered vital supplies to our hubs. As always, I am immensely grateful to 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 who continue to support us on a daily basis; I truly am most grateful for your support.

Over the last year, we have all seen the devastating effect the pandemic has had on this country and particularly our staff. As we move forward, I will make this commitment: the health and wellbeing of staff has never been more important, and I will do everything possible to ensure that we support staff as they come to terms with the last 12 months and recognise that we need to continue to support them going forward. This year we have added to the mental wellbeing team of professionals but also supported our peer-to-peer support group the Staff Advice and Liaison Service to expand its numbers. We will continue to roll out the Mental Health First Aiders programme and ensure we support staff more than we have ever done before.

Thanks to the amazing work of our staff, despite the biggest challenge the NHS has ever faced, we were able to maintain our position as being the best performing Ambulance Trust in the country and the only one that exceeded all of the national standards in 2020-21!

I am enormously proud of each of our staff and volunteers; please accept my enormous thanks and pass on my personal thanks to your family members that have loved and supported you to enable you to give your best every day, saving lives across the West Midlands. While the future is clearly uncertain, I am confident that our Trust is as prepared as any to take on whatever comes our way over the next 12 months. I firmly believe that the public of the West Midlands should be justifiably proud of the team that protects them.

A handwritten signature in dark ink, reading 'A. C. Marsh' with a stylized flourish at the end.

Anthony C. Marsh
Chief Executive Officer

Performance Report 2020-21

Overview of Performance

This section includes a Summary of the Trust's Performance in 2020-21 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 2020-21

The Annual Report provides an opportunity to reflect on the last 12 months and indeed compare those to previous years. For the last three years, weather has played an important part - the 'Beast from the East' in 2017-18; then 2018-19 it was the heatwave summer of the World Cup. For 2019-20, it was rain which resulted in vast swathes of Herefordshire, Worcestershire and Shropshire becoming flooded with roads impassable and rivers reaching levels never seen before. Last year it was something entirely different: COVID-19. Although, it is difficult to compare weather events with the horror that this virus has brought to our country, but one thing holds true across all four years – it is the way that this organisation once again met these challenges head on and ensured the public continued to receive excellent healthcare despite the extraordinary challenges that it faced.

The word 'unprecedented' is perhaps the most overused word of the last year but it is difficult to find another word that sums up the last 12 months better. We have seen call numbers for both 999 and 111 like never before with periods where demand was extraordinarily high, yet other months where it was far below what we might have expected based on infection rates and whether the country was in lockdown or not. As a Trust we took difficult but very necessary decisions that enabled us to protect the 999 system which allowed us to keep staff safe and save lives.

The decision that the Board of Directors made some years ago to move to large 'make ready' hubs and our continued presence in the non-emergency patient transport service sector have both proved to be a blessing. At any one time, we have up to 1,000 student paramedics working with us, both those we employ directly but also from the five universities we work with: Birmingham City, Coventry, Staffordshire, Worcester and Wolverhampton. At a time when we needed to increase our workforce incredibly rapidly, having access to a pool of highly motivated and dedicated students meant that we were able to increase staffing in large numbers within weeks.

Hundreds of these students are now working on our frontline ambulances with qualified staff. Many more are supporting our team of vehicle preparation operatives with more still working with our non-emergency crews in a high dependency role.

However, it wasn't just in these roles where our staff numbers increased rapidly: we recruited and trained hundreds of new staff to work in both the 999 and 111 call centres we operate enabling us to maintain the best call answering rate in the country.

When I look around the country, we were far beyond any other service in our ability to rapidly and decisively increase our workforce to tackle the scourge of COVID-19 head on. Yes, these were difficult decisions, which were not universally popular, but to do nothing was not an option. I am in no doubt that these rapid actions have saved hundreds of lives and given thousands of family members more time with their loved ones when they might otherwise have been left heartbroken.

Training of staff is a central plank of our Trust and despite the coronavirus outbreak, we were still able to ensure over 99% of frontline staff received their update training in 2020-21, the highest training level in the country. Over 97% of our staff also received a personal development review with their line manager.

Last year I commented that us taking over the 111 service in the West Midlands (except Staffordshire) was a building block for us to continue moving our organisation forward. We continue to move towards the aim of full integration of the two services: we have almost completed the training of staff in both 999 and 111 to be able to take calls for the other service. We recently completed the move of the 999 service into the same building as 111 which will allow us to fully implement integration. Even over the last year, training staff up to take both types of calls paid big dividends with us able to flex staffing across the two services to make them as efficient as possible.

Supporting our staff continues to gain in importance. The past 12 months have been particularly hard for staff, seeing heart breaking situations such as taking a patient to hospital and leaving their husband or wife at home, knowing they were unlikely to see each other again due to COVID-19 restrictions and visiting in hospitals. After appointing two mental wellbeing specialists in 2019, we have also appointed a psychological well-being practitioner. 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 the Trust and continuing to have the lowest sickness rate in the country. I am also pleased to see that in the last National Staff Survey, our staff rated us as the best place to work within the ambulance sector.

While the staff on the frontline, those in our control rooms and those who provide non-emergency services are the face that most people know us for, there is a small army of people who support them. These are 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 corporate functions who make sure the organisation works effectively and efficiently such as those in finance, IT, workforce, recruitment, supplies and distribution, and press & communications. They may not be as high profile but they play a vital role nonetheless. It is particularly notable given many of the corporate staff have been working from home for over a year.

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 continue to push this hugely important agenda forward.

While it is now several years since the horrific terrorist attacks in London and Manchester, we remain vigilant and ready to deal with any such atrocity in this region. As an organisation we are determined to be as prepared 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. We are also keeping a close eye on the public enquiry into the Manchester Arena attack to see what lessons can be learnt.

Despite the pandemic, I am immensely proud of our performance as the only ambulance service in the country to exceed all of the national performance criteria. There is no question that this position is down to the hard work of our staff along with the support of the many volunteers who assist us such as community first responders, air ambulance charities, BASICS Emergency Doctors amongst many others.

The finances of the NHS often hit the many national headlines. Whilst there has been a welcome input of money during the pandemic, we continue to face a tough financial climate. This often results in difficult decisions, but as an organisation we are committed to ensuring we utilise our resources effectively and will continue to invest the maximum amount in our frontline services. We will face each challenge head on and make the necessary changes 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.

During the Covid-19 Pandemic NHS Improvement suspended the Use of Resources (UoR) rating scheme for NHS organisations.

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 £370 million per annum. It employs over 8,000 staff and operates from 15 operational hubs and 13 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 1000 vehicles including ambulances, non-emergency ambulances and specialist resources such as major incident assets and helicopters.

In total there are two Integrated Emergency and Urgent Call (IEUC) Centres that look after WMAS' two Emergency Operations Centres (EOC) and the 111 service. These are based at Navigation Point in Brierley Hill and Tollgate in Stafford.

The EOC processes and manages approximately 4,000 emergency and urgent calls a day, this equates to approximately 1.25 million '999' calls per year. 111 takes between 4,000 and 8,000 calls per day, circa 1.45 million calls per year.

The Trust is supported by a network of volunteers. More than 300 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 Air Ambulance Service 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 borders 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 12 '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 a 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.

- **NHS 111**

The NHS 111 service was introduced to make it easier for the public to access local NHS healthcare services in England. 111 demand for the year 2020-21 far exceeded the 1.2 million calls answered that the Trust was commissioned to handle. Over 1.46 million calls were answered during the year with some significant demand peaks seen during the early days of the pandemic, followed by some stability throughout the Summer. The Autumn period presented more activity on a very consistent basis which continued throughout the Winter period.

The biggest challenge throughout the year has been the uncertainty surrounding patterns of demand associated with the pandemic and also changes in the primary care landscape.

- **Emergency Preparedness Resilience and Response (EPRR)**

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 ensure the Trust learns from incidents and public enquiries such as the Manchester Arena Incident to ensure we are constantly improving the care we provide. 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 of England regions.

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

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
- Promote equality of opportunity and celebrate diversity
- 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
- 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 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.

Within the current Risk Management Strategy the **Director of Nursing and Clinical Commissioning supported by the Executive Management Board**, are responsible for the Risk Management Process within the Trust and ensure:

- 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 which has been designed to provide Board members with the assurance they require that any risk to achievement of Trust objectives is managed, any gaps in controls are highlighted and any mitigating action is undertaken, and which provides 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. There are 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.

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.

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).

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 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

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. However, it is impossible to eliminate all risks and every organisation has to accept a degree of residual risk. It is for the Board of Directors to decide the balance between mitigating, tolerating and accepting a level of risk which is not mitigated, based on a benefit v cost analysis. This is known as the “**Risk Appetite**” of the organisation. It is defined in terms of the severity of residual risk that can be tolerated. The Trust's risk management systems will ensure that the scoring of risk after applying controls and other mitigation define the Risk Appetite.

The Trust Risk Appetite Statement has been created and viewed by both Audit Committee, EMB and agreed by the Trust Board in March 2021. Understanding risk appetite is key to enhancing management of risk, safety, and patient care and is a central part of the Trust's strategic management. It is the process whereby the Trust methodically addresses risks with the goal of achieving sustained benefits to the Trust's strategic agenda and vision and values across all Trust activities. The statement sets out the Board's strategic approach to risk-taking by defining its overall risk appetite, its boundaries, risk tolerance, acceptance and threats to its Strategic Objectives and supports delivery of the Trust's Risk Management Strategy and Policy.

Risk and the management of risk is an intrinsic part of the governance of the Trust. The effective management of risk relies on adequate controls being in place to provide assurance. The Board of Directors, Audit Committee and the Executive Management Board consider what constitutes an appropriate source of Assurance. The Board Assurance Framework (BAF) records the key processes used to manage the organisation. Through the BAF and understanding Assurance, the Board of Directors and its Committees as well as Management can make informed and defensible decisions.

The levels of Assurance are clear:

- Management continually challenges on whether there are appropriate processes and controls in place that are effective and will result in achievement of the corporate priorities.
- Audit Committee and the Board Committees provide advice to the Board of Directors on the status of governance risk and internal control and the Board continually challenges the assurance that it receives.
- The Board of Directors collectively as a unitary Board is responsible for the formulation and setting of strategy and good stewardship of the Trust, and each year approves a Corporate Governance Statement as part of its licence obligations and also approves the Annual Governance Statement
- The Accounting Officer of the Trust is the Chief Executive Officer who is responsible for ensuring that the organisation operates effectively, economically and with probity; that the organisation makes good use of the resources which are publicly funded and that proper accounts are maintained.
- The Internal Auditors undertake an annual review of Risk Management and the Board Assurance Framework which is reported to Audit Committee and the Board of Directors.
- The External Auditors also review risk and the assurance framework as part of their annual audit.

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

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.

A Health, Safety and Risk Framework was introduced in January 2021 which sets out safe working processes and hierarchy of control needed to ensure overall compliance with the Health and Safety at Work Act 1974 and relevant Regulations in support of the Health and Safety Executive (HSE) guidance. It aims to empower all Managers to understand and conduct risk assessments by defining:

- How risks threaten the achievement of the Trust Strategic Objectives
- Risk appetite, tolerance, levels of residual risk and acceptance
- The Risk Strategy and associated Policies and Procedures
- How risk is managed within the Trust regardless of grade (low, medium, high)
- Duty of Care and responsibility for every Staff member within the Trust relating to risk management
- Allocation of responsibility
- Identification, monitor and review of risks

It also introduces a system of audits of incident reporting and risk assessments to ensure regular monitoring, identification of gaps and any further actions required

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

Level 1 – Very Low Risk

Level 2 – Low Risk

Level 3 – Moderate Risk

Level 4 – High Risk

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. As of March 2021 this will be an online document housed on SharePoint which will allow assurance to be given by relevant leads for ease of reporting and discussion at committee level, to offer more robust assurance to the Trust Board.

Covid-19 National Pandemic

A specific COVID Risk Register has been developed which has identified 17 Risk Assessments related to new risks as a result of the Pandemic. These are linked to various directorates and processes across the Trust including PTS, HR, IPC, PPE and their impact on the whole Organisation. These have been regularly reviewed throughout the Pandemic when any changes have occurred with National Guidance and practices, where risks increased/decreased based on incident reporting, impact on staff and resourcing through test and trace and COVID Secure and other factors which influence the risk. The Risk Assessments are all supported via a robust approach to Safety Notices, Action Cards, Guidance and ensuring these are frequently and accurately updated to reflect the current stance to ensure that all Staff are kept up to date and able to undertake their job safely. This approach has meant that the safety of our Staff and Patients has continued to remain paramount throughout the Pandemic whilst the Trust still provided a world class service and adhered to its vision and values and strategic objectives.

Directors' Conclusion on the Assessment of Going Concern

At the meeting of the Trust's Audit Committee on the 16 March 2021 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 31 March 2021 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 2020-21.

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

New measures implemented from September 2017 under the Ambulance Response Programme (ARP) defined 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 key focus of the Trust to meet 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 Trust is able to report that in 2020/21, despite the challenges of the pandemic, in all of the four categories, it met and exceeded the national standards at a mean average, and 90th centile. We remain the only ambulance service in England that consistently meets ARP performance standards across the Categories.

National Standards		WMAS Achievement
		April 2020 to March 2021
999 Category 1 Mean	7 minutes	6 minutes, 54 seconds
999 Category 1 90 th Percentile	15 minutes	12 minutes
999 Category 2 Mean	18 minutes	12 minutes, 42 seconds
999 Category 2 90 th Percentile	40 minutes	23 minutes, 15 seconds
999 Category 3 90 th Percentile	120 minutes	70 minutes, 47 seconds
999 Category 4 90 th Percentile	180 minutes	98 minutes, 34 seconds

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 2020-2021 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.

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.

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

1. *Percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the Trust during the reporting period.*
2. *The mean, median and 90th centile time from the call for help until hospital arrival for confirmed stroke patients*
3. *The mean, median and 90th centile time from the arrival at hospital to scan for patients who receive a CT scan*
4. *The mean, median and 90th centile time from the arrival at hospital to thrombolysis for patients who receive treatment*

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 and a care bundle for treatment given post return of spontaneous circulation.

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.

The reports of the National AQIs were reviewed by the Trust in 2020-2021 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”
- Awareness campaign to reduce 999 on scene times.
- Development and review of individual staff performance from the Electronic Patient Record.

Local Audits

The below details the local clinical audit programme and two examples of clinical audits that were completed during 2020-2021.

Theme	Ref	Clinical Audit Title	Audit
Drug Administration	CG002	PGD Audit	ReAudit 4
	CG080	Administration of Morphine Audit	ReAudit 4
	CG091	Adrenaline Administration	ReAudit 1
	CG092	Naloxone Administration	ReAudit 1
	CG093	Pre Hospital Thrombolysis	ReAudit 1
	CG094	Activated Charcoal	Initial Audit
	CG095	Co-amoxiclav administration	Initial Audit
	CG096	Salbutamol MDI	Initial Audit
Locally Identified Concerns	CG043	Management of Paediatric Pain	ReAudit 4
	CG059	Management of Head Injury	ReAudit 4
	CG061	Maternity Management	ReAudit 3
	CG084	Post Intubation Documentation Audit	ReAudit 3
	CG089	Post-partum haemorrhage (PPH) management	ReAudit 1
	CG097	Falls >=65 discharged at scene	Initial Audit
	CG098	Non traumatic chest pain >=18 years discharged at scene	Initial Audit
	CG099	Head Injury discharged at scene discharged at scene	Initial Audit
	CG100	Feverish Illness in children discharged at scene	Initial Audit
	CG101	Post RSI Sedation audit	Initial Audit
NICE	CG040	Deliberate Self Harm	ReAudit 6

Feverish Illness in Children Discharged at scene

There has been increasing interest in the process, practice and behaviour of ambulance clinicians when discharging patients at scene. There has been a trend in patient safety incidents following discharge at scene. The Trust has previously completed discharge at scene audits which whilst helpful have not provided an end-to-end review of the patient care.

Feverish illness in children is a common presentation to prehospital clinicians and whilst the vast majority of cases will be self-limiting viral conditions there is a risk of missing significant illness in this patient group who are difficult to fully assess in the prehospital environment.

The aim of the audit is to provide assurance that the discharge on scene of patients under the age of 16 presenting with feverish illness by WMAS clinicians is clinically safe and appropriate.

The audit highlighted the need to improve the assessment and documentation of these patients and therefore an action plan has been developed including, education and promotion of the appropriate assessment using the NICE guidance, promoting the online resource "Spotting the sick child" and publication of the audit results.

Co-amoxiclav Administration

Following an update to the national clinical guidance for the management of open fractures in the pre-hospital environment the Trust introduced Co-amoxiclav under a Patient Group Directive (PGD) as part of the care provided to patients.

This audit has been completed to provide assurance that the drug is administered in compliance with the PGD.

The objectives of the audit are to identify trust compliance with PGD-011, identify areas for improvement and feedback to staff on levels of compliance.

Since the introduction of the drug into the Trust it has been administered to 161 patients which demonstrates all these patients have received the best evidenced care for their condition. It was identified that compliance to the standards have been affected by documentation and therefore an action plan has been developed to ensure improvement. The action plan includes publishing the audit reports with further education highlighting the areas of improvement and re-iterating the importance for clinicians to adhere, and document adherence, to the PGD. A process will also be developed to address non-compliance with PGDs with individual clinicians.

Non Emergency Patient Transport Services

The Trust currently operates eight Patient Transport Service contracts, each of which has its own set of performance measures and thresholds for achievement. There are 69 operational KPI's in total. They include a set of standard measures in relation to punctuality both on inward, outward and transfers /discharges ensuring patients arrive for appointments promptly and are also collected in a timely manner. All performance standards have been achieved across all of the contracts throughout 2020-21. This is a significant achievement, particularly during the course of the pandemic as the ability to meet targets and patients' needs relies significantly upon careful scheduling to ensure that patients' journeys are completed swiftly and efficiently.

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 2020/21 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.

Having commenced the year at the beginning of the COVID-19 pandemic, the challenges facing the Trust and the NHS as a whole have unprecedented. Demand has been particularly difficult to plan for in both the Emergency and Urgent Service and the 111 Service, both of which have experienced exceptional peaks. In addition to fluctuations in demand, there has been widespread nervousness among the public and regularly changing protocols with regard to service delivery, social distancing and personal protective equipment. When looking at the year as a whole, 999 demand was slightly down (0.6%) when compared to the previous year, whilst some periods, for instance January, were operating at an annual increase of almost 10 per cent. The 111 service has experienced the most extreme levels of demand, with more than 1.5million calls answered throughout the year, representing an increase of around 22% compared to forecast.

Despite such pressure, with careful resource and contingency planning, along with our highly successful command and control model, the Trust has achieved every performance target. The table below shows the performance standards achievement for 2020-21 compared to 2019-20:

999 Category	Performance Standard	Achievement (WMAS) 2020-21	Achievement (WMAS) 2019-20
Category 1	7 Minutes mean response time	6 minutes 54 seconds	6 Minutes 57 Seconds
	15 Minutes 90th Percentile response time	12 Minutes 0 Seconds	12 Minutes 05 Seconds
Category 2	18 minutes mean response time	12 minutes 42 seconds	13 Minutes 20 Seconds
	40 minutes 90th Percentile response time	23 minutes 15 seconds	24 Minutes 37 Seconds
Category 3	120 minutes 90 th Percentile response time	70 minutes 47 seconds	103 Minutes 43 Seconds
Category 4	180 minutes 90 th Percentile response time	98 minutes 34 seconds	149 Minutes 39 Seconds

111 Performance Standard	Achievement (WMAS) 2020-21
% calls answered within 60 seconds	85.84%
Average time to call answer	On average the Trust took 51 seconds to answer a 111 call

WMAS has remained within the top three Trusts in the country for non-conveyance, with 49.20% of patients being conveyed to an Emergency Department, compared to 54.70% in the previous year. This is underpinned by utilisation of all tools available including access to patient's medical history via primary care records, making best use of alternative pathways where available and providing self-care advice.

Clinical Performance

The Quality Account 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.

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:

[Statistics » Ambulance Quality Indicators \(england.nhs.uk\)](https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/)

(<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.

Business As Usual

- Achievement of all national performance standards for all core services
- Continued deployment of highest Paramedic Skill Mix
- Continual achievement of the best rating for Use of Resources
- Continued optimum rate of response per incident
- Operational skill mix continues to meet demand profile
- Full training of staff in the use of Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)
- Achievement of top quartile results for Return of Spontaneous Circulation (ROSC) survival to discharge, ST Elevation Myocardial Infarction (STEMI) and Stroke
- Further developments to the Electronic Patient Record System including:
 - Further insights from clinical information to support future research and service developments
- The Trust's Electronic Patient Record system enables managers and clinicians to review hub and individual performance

- Proactive response to COVID-19 including:
 - effective command and control ensuring continued service delivery
 - procuring the best personal protective equipment to protect staff and patients
 - proactive test and trace function, quickly identifying staff who have contracted the virus; and control and prevent outbreaks

New Models of Care

- The Trust is a University Trust, actively supporting the development of and implementation of nationally approved research.
- The Trust is currently expanding its research portfolio further and encouraging paramedic-initiated research studies. There are 8 studies undergoing start up processes, of which 3 are Urgent Public Health studies. The Trust is supporting an additional 14 studies with design, development and funding bids.
- Dual training of staff to respond to both 999 and 111 calls.
- Continued development 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); this has resulted in significant uptake of access to primary care records to gain a better understanding of patient's medical history and delivery of most appropriate care pathways to suit patient needs.
- Improvement in all care bundles, as measured by national ambulance quality indicators.
- Expansion of specialist community-based models (e.g. Mental Health triage teams).
- Continued use of CCTV and telematics system on emergency fleet.
- Trial of body worn cameras for increased crew safety.
- All Paramedic staff on Air Ambulance aircraft trained to Critical Care Practitioner status.
- Continued successful involvement in large research projects.
- Continued development of alliance with two other ambulance Trusts to share best practice, work collaboratively and improve resilience.

Prevention

- Health promotion:
 - Making Every Contact Count
 - Successful management of high volume service users
 - Continued roll out of ReSPECT
- Introduction of Initial Response Model to link Community First Responders to incidents for the Trust, moving closer to communities with providing basic life support training to the communities served.
- Region-wide recruitment of Community First Responders to boost numbers of volunteers in all areas.

- Virtual Restart a Heart Day in October 2020 within schools and communities.
- 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.
- Regional deployment of access to primary care information at scene with Paramedics accessing primary care records for more than 57% of face to face contacts throughout the year.

Business Opportunities

- Strong relationships with commissioners through which future care models can be jointly planned.
- Review of strategic partnerships throughout the health and care system to support alignment and joint understanding of the our potential contribution to future service models. Successfully delivering all Non-Emergency Patient Transport Service contracts, achieving all standards despite the significant challenges introduced by the pandemic.

All enabling strategies are monitored on a quarterly basis to ensure delivery.

Financial Performance

In 2020/21 the Trust's total income for patient care activities was £358.2m, derived from the following sources:

Service area	£m	%
E&U services including March COVID-19 additional costs reimbursed	264.1	73.8
Non-Emergency Patient Transport	43.6	12.2
111 Call Centre service	30.1	8.4
Other income sources including £12.1m Additional Employer's Pension Contributions centrally paid by NHSE for all NHS Providers	20.4	5.6
All income	358.2	100.0

As is apparent from the table above, over 73% of the Trust's patient care 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. The Trust had agreed with NHSE/I a planned deficit of £6.3m but it will be noted from the table below that the Trust achieved a small operational surplus for the year.

Achievement against key financial targets, 2020/21			
	Target	Outturn	Notes
Delivery of EBITDA (earnings before interest, tax, depreciation, amortisation)	£3.2m	£11.5m	Plan achieved

Achievement against key financial targets, 2020/21			
	Target	Outturn	Notes
Delivery of a surplus operating budget/Control Total	£6.3m deficit	£0.3m	Trust achieved a small surplus of £285k surplus against a planned £6.3m deficit
Closing cash balance	£26.8m	£47.0m	Cash position better than Plan
Delivery of cost improvement programme	£2.2m	£2.2m	Target achieved
Capital programme	£24.7m	£24.7m	Plan achieved – As part of a national initiative the Trust received additional PDC of £7.4m to purchase personal use devices

Use of Resources rating has not been measured in 2020-2021.

Reporting a satisfactory outturn on all financial targets in 2020/21 is a significant achievement, particularly against the uncertainty of the pandemic and the implementation of an emergency financial regime. The Trust position includes:

- the delivery of an overall break-even position – small surplus of £285k.
- delivery of 100% of the Trust's Cost Improvement Programme
- a better than forecast Cash position
- delivery of the year's capital programme of £24.7m

At the start of the pandemic an interim financial regime was mandated by the NHS. Although originally seen as a short term measure the system remained in place up to 30th September 2020. Under this regime all providers received block contract funding and received retrospective top-up funding to meet the break-even requirement.

A revised regime was implemented in Months 7 to 12 of 2020/21 where local STP systems were devolved Covid top up funding to manage at an overall system level. West Midlands Ambulance Service NHS Foundation Trust is part of the Black Country and West Birmingham STP.

Due to the pandemic and with the introduction and relaxation of lockdown measures E&U activity fluctuated considerably over the past 12 months. The table below shows the monthly trend of activity against the 3 year average and the activity and percentage movement in year. E&U activity continues to rise and activity levels currently exceed pre-pandemic levels. It should be noted that there was no actual E&U contract for the year due to the National Pandemic and the Trust had a Block Contract in place for that period of time. The same arrangements will be in place for the first 6 months of 2021/22

	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Average last 3 years	88,494	92,361	90,373	94,964	89,968	90,396	95,231	95,230	102,120	98,898	90,095	99,671	1,127,801
2020/21	92,359	90,354	91,301	96,652	98,708	97,936	100,322	97,837	101,931	107,709	90,429	100,509	1,166,047
Movement in year	3,865	-2,007	928	1,688	8,740	7,540	5,091	2,607	-189	8,811	334	838	38,246
% movement in year	4.37%	-2.17%	1.03%	1.78%	9.71%	8.34%	5.35%	2.74%	-0.19%	8.91%	0.37%	0.84%	3.39%

The Trust spent £284m on Pay which was £15.6m above plan, reflecting the additional staff costs for increased recruitment and workload to support the pandemic and national response. Non-Pay expenditure totalled £88.4m which was £18.3m above plan however reflected significant costs in relation to Covid infection control and social distancing measures.

To offset the increased expenditure, top up funding and partial 111 First funding was received. In addition to this, during March 2021 the Trust was notified of the settlement regarding an ongoing court case in relation to the calculation of holiday and overtime payments and received additional income to resolve the settlement which is reflected in the accounts.

The **capital budget** for 2020/21 was initially set at £24.7m (£25.1m after asset sales). The Capital Programme was funded entirely from internal resources – depreciation, asset sales and cash balances. In Month 12 the Trust received notification of a national initiative which would support the purchase of personal issue devices totalling £7.4m. The table below summarises the application of those capital resources:

Application of capital resources, 2020/21	
Area	£m
Information Technology including Electronic Patient Record	9.608
Clinical Equipment	0.023
Estates	5.447
Fleet	17.498
Total capital expenditure	32.576*

**As part of a national initiative the Trust received additional PDC of £7.4m to purchase personal use devices.*

The Statement of the Trust's Financial Position on 31 March 2021 showed total non-current assets of £81.4m.

Financial Plan for 2021/22

Due to the pandemic the 2021/22 planning guidance was not issued until 26 March 2021. This guidance outlined that the planning arrangements would consist of 2 halves of the year: H1 for Months 1 to 6, and H2 for Months 7 to 12. Full details have been issued for H1 and arrangements for H1 will be broadly similar to Months 7 to 12 of 2020/21.

NHS organisations will receive block funding from commissioners. Local systems have been allocated financial envelopes to support costs for Covid, growth and other set policy priorities. Guidance for H2 (Months 7 to 12, 2021/22) is yet to be issued.

The Board of Directors agreed the financial plan at the March 2021 Board. An assessment of any implications arising from the guidance was carried out and an update provided at the Board of Directors meeting in April 2021.

The internal budget for 2021/22 is based on a full year turnover of £365m. Key H1 figures from that budget are:-

Key planned financial metrics, 2021/22 M1-6 only (H1)	£m
Income	183.5
Pay	(138.5)
Non-pay	(45)
Total expenditure	(183.5)
Retained surplus	NIL
'Use of Resources' Risk Rating (on scale 1-4, with 1 being lowest risk)	1
Capital programme	16.6

Key points to note are:-

- A significant amount of training was paused in response to the pandemic. The plan includes the workforce requirements to ensure delivery of this training in 2021/22.
- The 111 service has been included at full year cost to meet the current demand.
- The plan delivers a Break-even position required by NHSE/I.
- 0.28% planned 'Cost Improvement/Efficiency Savings' have been included.

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's achievements are summarised in the table below:

Invoices			
	Total number of invoices	Number paid within 30 days	% paid within 30 days
	30,281	26,677	88.1%
Non NHS	29,283	25,975	88.7%
NHS	998	702	70.3%
	Total value of invoices £'000	Value paid within 30 days £'000	% paid within 30 days
	199,531	184,545	92.5%
Non NHS	188,245	175,955	93.5%
NHS	11,286	8,590	76.1%

The Trust and the Environment

The West Midlands Ambulance Service University 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 including 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 and 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, Integrated Care Systems and the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) 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

- **Planning**

From 1 April 2021 the Trust will continue to operate under the emergency financial regime established by NHSE/I in response to the pandemic. This approach will cover the first half of 2021/22 and is consistent with the regime that was in place during the second half of 2020/21. Planning guidance is yet to be issued by NHSE/I for the period covering Months 7-12 of 2021/22.

- **Merger of EOC and 111**

There has been a control room at Millennium Point for more than 20 years and during April 2021 the EOC staff based in Millennium Point moved across to the Navigation Point building. The development marks the next stage in the plan to merge 111 and 999 call handling. Relocating the entire control room has taken months of planning to install and test telephony, network connections and computers. Demands on the two services are very different and by merging them the Trust will be better able to reduce the pressure on call handlers and ensure patients get an even better service particularly at times of peak demand. WMAS is now one of only two ambulance services in the country with a fully integrated 111 and 999 control room.

- **Electric Vehicles**

West Midlands Ambulance Service is continuing its commitment to reducing its impact on the environment by taking delivery of two fully electric operational manager response cars. Following the launch of the UK's first 100% electric ambulance by the Trust in October 2020, West Midlands Ambulance Service has worked with its partner, conversion specialist VCS of Bradford, to launch two all-electric zero emissions Jaguar I-Pace ambulance response cars which will be going into operation in Birmingham during the early part of 2021. The Trust has also invested in a rapid charge infrastructure to facilitate fully charging of these vehicles in less than an hour. WMAS is completely committed to driving down the carbon footprint of its operations and these new vehicles will also help WMAS contribute to the 2022 Commonwealth Games commitment to a reduced carbon footprint. WMAS is looking to introducing more electric vehicles in the future.

- **New Ambulance Hub in Sandwell**

Sandwell Council approved a proposal for a 76,000 sq ft ambulance hub on disused land off Shidas Lane, Oldbury, which was submitted in December 2020. The three-storey building will provide a home for many West Midlands Ambulance Service functions and will be the largest hub of its kind in the country. The hub will also see a significant increase in ambulance operational capability for Birmingham and the Black Country. The project will open in time for the Commonwealth Games to be held in Birmingham in 2022. Once fully open it will house around 350 operational ambulance staff working shifts and replaces a much smaller facility in West Bromwich. In addition, it will include a facility for the Hazardous Area Response Team (HART), as well as fleet maintenance and vehicle preparation areas, the Trust's Education and Training Academy and Central Stores. It will also achieve the BREEAM Excellence rating, which rates a building's environmental, social and economic sustainability performance.

- **Agenda for Change – Holiday Pay Entitlement**

NHS Employers is working on guidance for the future application of annual leave pay in respect of regularly worked overtime under the NHS terms and conditions of service (Agenda for Change).

Signed

a. c. marsh.

Position: Chief Executive

Date: 19 May 2021

Accountability Report 2020-21

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 2020/21 (1 April 2020 to 31 March 2021)

Position	Name
Voting Members of the Board of Directors	
Chairman	Professor Ian Cumming
Deputy Chairman	Anthony Yeaman
Chief Executive Officer	Anthony Marsh
Non Executive Director	Jacynth Ivey (Retired from the Board on 31 December 2020)
Non Executive Director	Mohammed Fessal (Joined the Board from 1 January 2021)
Non Executive Director	Caroline Wigley
Non Executive Director	Wendy Farrington-Chadd
Non Executive Director	Narinder Kaur Kooner
Non Executive Director	Mushtaq Khan
Director of Finance	Linda Millinchamp
Medical Director	Dr Alison Walker
Director of Nursing and Clinical Commissioning	Mark Docherty
Director of Workforce and Organisational Development	Kim Nurse
Director of Strategic Operations and Digital Integration	Craig Cooke
Non Voting Members of the Board of Directors	
Communications Director	Murray MacGregor
Interim Strategy and Engagement Director	Pippa Wall (stepped down from the Board on 1 September 2020)
Strategy and Engagement Director	Vivek Khashu (joined the Board from 1 September 2020)

In view of the current National Emergency and the guidance on maintaining social distancing meetings of the Board and its committees have been convened by electronic means through Microsoft Teams software. All Board papers and the minutes of each meeting are available on the Trust's website.

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

Governance and Leadership

The Governance framework of a Foundation Trust is set out in Schedule 7 to the NHS Act 2006 as amended. It sets out an obligation to have:

- A Membership
- A Council of Governors
- A Board of Directors
- Specific directors on the Board
- Committees required under regulation

In terms of regulation there are two main regulators that hold NHS Foundation Trusts to account for the quality of care they deliver and how they are run.

- The Care Quality Commission (CQC) is the independent regulator of health and social care services, they register, inspect and monitor providers of health services including NHS Foundation Trusts, and enforce action where necessary.
- NHS England/Improvement (NHSE/I) is responsible for overseeing providers of NHS funded care acting as both an economic regulator and supporting providers to meet standards set by the CQC.

During 2020/21 the new Chairman reviewed the Governance of the Trust (a copy of the report is available within the July 2020 Board Papers and is available on the Trust's website). Governance in the context of this report is the system by which the Trust is directed and controlled. The Board of Directors is responsible for overseeing the governance of the Trust. This includes setting the Trust's Strategic Objectives and providing the leadership to put those Objectives into effect. The Governance Framework enables the Board of Directors to supervise the management of the Trust. It is to be distinguished from the day to day operational management of the Trust by full-time executives.

Governance is primarily conducted and orchestrated through the leadership and functions of the Board. It is however the business and concern of everyone in the organisation. For the Board to undertake its duties effectively, (and for the Trust to provide the best services to patients) it requires the structure, people and process of governance to be integrated into the fabric of the organisation and, that any "Ward to Board" risks and issues are well-articulated and escalated via an easily navigated path. A key job of the Board is to seek assurance that risks to its strategic objectives are known and that there are clear plans in place to mitigate, eliminate or manage those risks. The Board is the key place where all the aspects of governance (clinical, financial, workforce, staffing, information, research etc.) come together.

The focus of the Chairman's review of governance was based around five key themes:

- 1) **Strategy** - The strategic direction of the organisation has to be owned and agreed by the Board as a whole and that formulating strategy is therefore a whole-board activity. As we look forward the future delivery of healthcare, the impact of robotics, of artificial intelligence, and of genomics are going to be immense. The role of artificial intelligence, home-based clinical informatics and the 'internet of things' in particular will bring huge changes and huge opportunities for us in WMAS. Couple these technological changes with the evolving role of paramedics in the delivery of healthcare away from their traditional role in 999 services and we have really exciting opportunities ahead of us, and WMAS can lead with these opportunities rather than be led by others. Therefore, as a Board it needs to position itself to be able to dedicate significant

protected time to thinking these issues through, and how we build our new strategic direction. This will require better focus in terms of meetings of the Board and the structure of its governance also better engagement with stakeholders.

- 2) **Streamlining** - The time spent in Board and Committee meetings needs to have better focus so that it can be more productive with our time. The frequency of committees and sub-committees within WMAS is generally acceptable, but some meetings do seem to last much longer and that in terms of time management should never as a rule last longer than 3 hours. After 3 hours the meeting loses its identity and also focus it is also doubtful that it is productive due to lack of concentration.
- 3) **Structure of Committees** - In terms of developing a more streamlined approach to the governance of the Trust as previously stated, it is appropriate for the Board to annually review its Committees and governance. Generally the Committee structure in existence is still appropriate. However, directors have in the past suggested that the Resources Committee has so much within its Terms of Reference that it is unable to provide detailed focus on the key issues. To this end and given the publication of the interim NHS People Plan it is timely to consider splitting the Resources Committee into a Performance Committee and a People Committee. This would allow the drawing up of much clearer Terms of Reference and provide better focus.
- 4) **Succession (and resilience)** - as the Covid emergency has shown we have some exceptionally talented people in WMAS. Which provides us with an opportunity develop our 'talent pipeline' so that ideally we have at least one credible candidate in-house for every senior job that becomes available. This could be a key role for the newly established People Committee) to give some thought to how we can strengthen our talent planning across the organisation and how non-executives could add value in this area.
- 5) **Stakeholder engagement** – WMAS has a reasonable track record in engaging with key stakeholders; this will be a good base to respond to the changing health care system and structure. In this changing landscape we will need to develop even stronger relationships with the NHS (especially Trusts and Integrated Care Systems (ICS) / Sustainability Transformation Programmes (STPs), with key partners in the third sector, with Local Authorities, with academic providers, and to develop strategic alliances where these can help in our objective to remain a world leading provider.

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.

To provide **high-quality, person-centred care for all** the Trust is committed **to be a high performing organisation** working in partnership with, and for, local people and communities, that:

- is **well-led**: we are open and collaborate internally and externally and are committed to learning and improvement.
- uses **resources sustainably**: we use our resources responsibly and efficiently, providing fair access to all, according to need, and promote an open and fair culture.
- is **equitable for all**: we ensure inequalities in health outcomes are a focus for quality improvement, making sure care quality does not vary due to characteristics such as gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.
- **delivers a high quality service for people who need its care**: the quality of the services provided by WMAS is measured by looking at a number of metrics, including:
 - **Safety**: people in our care are protected from avoidable harm and abuse. When mistakes occur lessons are learned.
 - **Effectiveness**: people's care and treatment achieve good outcomes, promote a good quality of life, and are based on the best available evidence.
 - **A positive experience**:
 - **Our staff are caring**: staff involve and treat people with compassion, dignity and respect.
 - The Trust is **responsive and person-centred**: Our services respond to people's needs and choices and enable them to be equal partners in their care.

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.

The Trust has appointed a **Medical Director**. The Medical Director and the Director of Nursing and Clinical Commissioning 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 approved copy of the Minutes of each meeting are submitted for review to each meeting of the Board of Directors and are available on the Trust's website.

In addition, the Executive Management Board has established a Professional Standards Group which now reports into the Quality Governance Committee. Its principle purpose is to:

- promote 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.
- support the organisation's Well Led programme of work by ensuring a timely and effective response to work required.
- take appropriate actions to mitigate risks as identified.
- provide updates to the Confidential Session of the Trust Board of Directors, presenting any recommendations from the group.
- ensure through its Health, Safety, Risk and Environment Group the effective prevention and control of Healthcare Associated Infection (HCAI) for the Trust and provides a key role in monitoring 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.
- ensure 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.
- ensure 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 Quality Governance Committee on an 'assurance, exception & escalation' basis for all business scheduled for the most recent meeting of the Group.

Risk Management

Risk is managed as detailed in the Annual Governance Statement.

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 are also presented to the Executive Management Board, The Board and its Committees.

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 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.

During the year ended 31 March 2021 the members of the Committee were: Professor Ian Cumming (Chairman), The Chief Executive (who was not in attendance when discussing his Remuneration package) and the Non-Executive Directors - Anthony Yeaman, Narinder Kooner, Jacynth Ivey (until 31 December 2020), Wendy Farrington-Chadd, Mushtaq Khan, Caroline Wigley and from 1 January 2021 Mohammed Fessal. The Committee met on four occasions during the year.

The Chief Executive and Executive Directors are directly employed by the Trust on contracts with a notice period of six months.

The Trust does not normally 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 2020-21 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 regularly by considering benchmarking data 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 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 2019/20, and a payment has been agreed.

Non-Executive Directors

The Chair has had his remuneration considered and increased (£5k basic plus 1.03% cost of living) and the Non-Executive Directors have had a cost of living increase of 1.03% during the year.

Directors' Salaries and Allowances

Name and title	April 2020 - March 2021						April 2019-March 2020					
	Salary (bands of £5,000) £'000	Expense Payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000) £'000	Long Term Performance pay and bonuses (bands of £5,000) £'000	All Pension related benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000	Salary (bands of £5,000) £'000	Expense Payments (taxable) to nearest £100	Performance related Bonus (bands of £5,000) £'000	Long Term Performance pay and bonuses (bands of £5,000) £'000	All Pension related benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000
Mr A C Marsh, Chief Executive	235-240	0	15-20	0	47.5-50.0	300-305	185 - 190	201	0	0	40.0-42.5	250-255
Mrs K Nurse, Director of Workforce and Organisational Development	110-115	74	0	0	0	120-125	105 - 110	126	0	0	2.5-5.0	125-130
Mrs L Millinchamp, Director of Finance	110-115	113	0	0	0	120-125	70-75	110	0	0	0	70-75
Mr M Docherty, Director of Nursing and Clinical Commissioning	105-110	114	0	0	22.5-25.0	140-145	105 - 110	127	0	0	22.5-25.0	145-150
Dr Alison Walker, Medical Director	125-130	0	0	0	0	125-130	60-65	0	0	0	*	60-65
Mr Craig Cooke Director of Strategic Operations and Digital Integration	130-135	0	0	0	30.0-32.5	165-170	70-75	93	0	0	27.5-30.0	110-115
Sir Graham Meldrum Chairman (to 31.3.20)	-	-	-	-	-	-	45-50	0	0	0	0	45 - 50
Professor Ian Cumming, Chairman (from 1.4.20)	50-55	0	0	0	0	50-55	-	-	-	-	-	-
Mr A Yeaman, Non-Executive Director	15-20	0	0	0	0	15-20	10-15	0	0	0	0	10 - 15
Mrs J Ivey, Non-Executive Director (to 31.12.20)	10-15	0	0	0	0	10-15	10 - 15	0	0	0	0	10 - 15
Mrs C Wigley, Non-Executive Director	10-15	0	0	0	0	10-15	10 - 15	0	0	0	0	10 - 15
Mrs W Farrington-Chadd, Non-Executive Director	15-20	0	0	0	0	15-20	10-15	0	0	0	0	10 - 15
Mrs N Kooner, Non-Executive Director	10-15	0	0	0	0	10-15	10 - 15	0	0	0	0	10 - 15
Mr M Khan, Non- Executive Director	10-15	0	0	0	0	10-15	5-10	0	0	0	0	5-10
Mr M Fessal, Non- Executive Director (from 1.1.21)	0-5	0	0	0	0	0-5	-	-	-	-	-	-

- This note relates only to those senior managers with a voting right on the Trust's Board of Directors. The expense payments are for lease cars.
- The clinical element of the remuneration Dr A Walker as 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	Real increase in pension lump sum at aged 60 (bands of £2,500) £'000	Total accrued pension at age 60 at 31 March 2021 (bands of £5,000) £'000	Lump sum at pension age 60 related to accrued pension at 31 March 2021 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 1 April 2020 £'000	Real increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 31 March 2021 £'000	Employer's contribution to stakeholder pension To nearest £'000
Mr A C Marsh, Chief Executive	2.5-5.0	0-2.5	50-55	105-110	1014	49	1107	0
Mrs K Nurse, Director of Workforce and Organisational Development	0	0	0	0	0	0	0	0
Mrs L Millinchamp, Director of Finance	0	0	0	0	0	0	0	0
Mr M Docherty, Director of Nursing and Clinical Commissioning	0.0-2.5	0	45-50	115 - 120	981	33	1046	0
Dr Alison Walker* Medical Director	-	-	-	-	-	-	-	-
Mr Craig Cooke, Director of Strategic Operations and Digital Integration	2.5-5.0	0	50-55	115-120	810	30	871	0

*The pension entitlement for Dr Alison Walker is included on the report for Harrogate and District NHS Foundation Trust.

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.

NHS Pensions are using pension and lump sum data from their systems without any adjustment for a potential future legal remedy required as a result of the McCloud judgment. (This is a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a Final Salary design.). We believe this approach is appropriate given that there is still considerable uncertainty on how the affected benefits within the new NHS 2015 Scheme would be adjusted in future once legal proceedings are completed.

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 2020/21	All Pension related benefits 2019/20
	£'000	£'000
Mr A C Marsh, Chief Executive	48.98	40.68
Mrs K Nurse, Director of Workforce and Organisational Development	0	4.73
Mr M Docherty, Director of Nursing and Clinical Commissioning	22.67	24.56
Mrs L Millinchamp, Director of Finance	0	-
Dr Alison Walker, Medical Director	-	-
Mr Craig Cooke, Director of Strategic Operations and Digital Integration	31.75	29.31

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 2020 to March 2021	Period April 2019 to March 2020
Governors	Number of Governors in Office in the period	26	26
	Number of Governors receiving expenses in the period	0	5
	Sum of expenses paid to Governors in the period	0	£1.8 (£'00)
Directors	Number of Directors in office in the period	14	16
	Number of Directors receiving expenses	10	12
	Sum of expenses paid to Directors in the period	£3.5 (£'00)	£16.4 (£'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.

	Year ended Mar 2021	Year ended Mar 2020
Band of Highest paid Directors' remuneration (£'000)	£280,000 - £285,000	£215,000 – £220,000
Median Total remuneration	£30,631	£26,470
Ratio	9.3	8.2

In 2020/21, zero (2019/20, zero) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £18,005 to £269,105 (2019/20 £17,652 to £205,531).

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 19 May 2021

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 2021

	FTE		Total FTE	Headcount		Total Headcount
Job Role	Female	Male		Female	Male	
Directors (excluding NEDs)	2.40	3.00	5.40	4	3	7
Senior Managers	5.00	10.32	15.32	5	11	16
Employees (excluding Directors and Senior Managers)	3016.87	3312.18	6329.05	4011	3754	7765
Grand Total	3024.27	3325.50	6349.77	4020	3768	7788

Breakdown of Staff - by Contract type as at 31 March 2021

	FTE				Headcount			
Job Role	Bank	Fixed Term Temp	Permanent	Total	Bank	Fixed Term Temp	Permanent	Total
Directors (excluding NEDs)	0.00	0.40	5.00	5.40	1	1	5	7
Senior Managers	0.00	1.00	14.32	15.32	0	1	15	16
Employees (excluding Directors and Senior Managers)	0.00	81.11	6247.94	6329.05	886	86	6793	7765
Grand Total	0.00	82.51	6267.26	6349.77	887	88	6813	7788

Sickness absence has been managed well, with an average for the year of 3.69% - 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)
April 2020	6.74%
May 2020	4.11%
June 2020	3.35%
July 2020	3.28%
August 2020	3.72%
September 2020	4.46%
October 2020	4.62%
November 2020	5.20%
December 2020	5.90%
January 2021	7.24%
February 2021	4.90%
March 2021	3.99%
Average for the Year: 1 Apr 2020 to 31 Mar 2021	4.79%

The Government Financial Reporting Manual 2020/21 (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 2020 to December 2020	Average FTE of Staff	Total Days Lost (FTE)	Average Working Days Lost (FTE) per FTE
	6,119	62,111	10.15

Analysis of Staff Costs

Staff costs

				2020/21		2019/20
	Permanent	Other		Total		Total
	£000	£000		£000		£000
Salaries and wages	233,773	129		233,902		186,257
Social security costs	20,657	-		20,657		16,897
Apprenticeship levy	1,136	-		1,136		909
Employer's contributions to NHS pensions	39,854	-		39,854		32,097
Pension cost - other	-	-		-		-
Other post-employment benefits	-	-		-		-
Other employment benefits	-	-		-		-
Termination benefits	-	-		-		-
Temporary staff	-	474		474		666
Total gross staff costs	295,420	603		296,023		236,826
Recoveries in respect of seconded staff	-	-		-		-
Total staff costs	295,420	603		296,023		236,826
Of which						
Costs capitalised as part of assets	-	-		-		-
Average number of employees (WTE basis)						
						2019/20
	Permanent	Other				Total
	Number	Number				Number
Medical and dental	7	-		7		3
Ambulance staff	2,408	-		2,408	*	2,258
Administration and estates	567	-		567	*	477
Healthcare assistants and other support staff	3,157	-		3,157	*	2,618
Nursing, midwifery and health visiting staff	99	-		99		29
Nursing, midwifery and health visiting learners	-	-		-		-
Scientific, therapeutic and technical staff	32	-		32		11
Healthcare science staff	-	-		-		-
Social care staff	-	-		-		-
Other	-	-		-		-
Total average numbers	6,270	-		6,270		5,396
Of which:						
Number of employees (WTE) engaged on capital projects	-					-

*From April 2019 the National Workforce Database v3.1 introduced revised Occupation Codes for Ambulance staff, therefore major staff groups have been reported on different lines.

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 People Strategy, Flexible Working and the Freedom to Speak Up (Whistleblowing) Policy.

Trade Union Facility Time 2019-20

The Trade Union (Facility Time Publication Requirements) Regulations 2017, which came into force on 1st April 2017, implemented the requirement introduced by the Trade Union Act 2016 for specified public-sector employers, including NHS Trusts, to report annually a range of data in relation to their usage and spend on trade union facility time.

The facility time data for **West Midlands Ambulance Service University NHS Foundation Trust**, for the period **1 April 2019 to 31 March 2020**, the latest data available, is shown below.

- a) **TU representative** – the total number of employees who were TU representatives during the relevant period.

<i>Number of employees who were relevant union officials during the relevant period</i>	<i>FTE employee number</i>
81	76.10

- b) **Percentage of time spent on facility time** – the number of employees who were TU representatives officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time.

<i>Percentage of time</i>	<i>Number of employees</i>
0%	44
1-50%	34
51%-99%	2
100%	1

- c) **Percentage of pay bill spent on facility time** - Percentage of the total pay bill spent on paying employees who were TU representatives for facility time during the relevant period.

<i>Measure</i>	<i>Data</i>
Total cost of facility time	£146,484
Total pay bill	£236,826,000
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.06%

- d) **Paid TU activities** - As a percentage of total paid facility time hours, the number hours spent by employees who were TU representatives during the relevant period on paid TU activities.

Time spent on paid TU activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid TU activities by TU representatives during the relevant period ÷ total paid facility time hours) x 100	58.23%
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The figures have been calculated using the standard methodologies used in the Trade Union (Facility Time Publication Requirements) Regulations 2017.

The Trust issues a Weekly Briefing to all staff and this is the primary mode of information sharing. The Trust is certified by the Department for Work and Pensions (DWP) as a “Disability Confident Leader” Employer (previously the two tick Disability Symbol) and is proud of its record of employing, maintaining employment and supporting colleagues who consider themselves to have a disability.

NHS Staff Survey 2020

The NHS Staff Survey 2020 was carried out from 21 September to 27 November 2020 and was conducted by Picker Institute Europe, on behalf of West Midlands Ambulance Service University NHS Foundation Trust. The survey was conducted electronically to maintain confidentiality and anonymity. 3724 staff returned a completed survey, giving a response rate of 56%. Although the response rate is lower than the 2019 survey, the number of staff taking part in the 2020 survey increased by 349. The average response rate for the 11 Ambulance Trusts (Including Wales) is 56%.

It was very pleasing to also note a 66% increase in the number of responses received from BME staff compared with the previous year. 331 BME staff took part in the 2020 staff survey compared to 199 in 2019, and 184 in 2018.

Out of the 78 questions in the survey questionnaire, WMAS has improved significantly compared to last year on 23 questions, scored the same on 47 questions and scored significantly worse on 5 questions. 3 questions cannot be compared to last year. Two of them are Covid related questions and one is the staff demographics background information.

A number of actions were in place to encourage staff to take part in the survey and share their views.

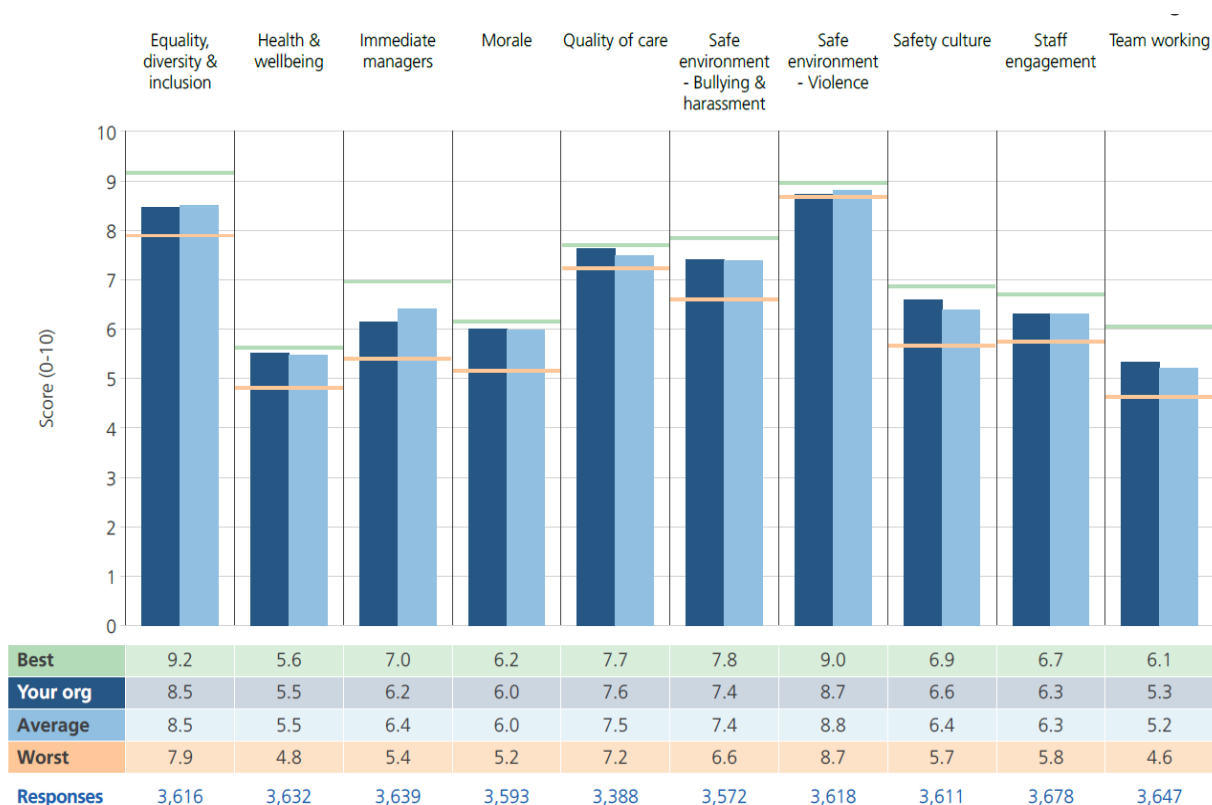
1. All staff were given 20 minutes protected time to complete their survey.
2. Weekly results from Picker Europe were shared with all sector leads to cascade to staff.
3. Information about the survey and responses rates were published on information screens at all locations and in the Weekly Briefing to provide clarity and show progress.
4. Posters and information about confidentiality were shared with all Managers to be displayed at all sites
5. Weekly emails were sent to Managers to remind them to keep encouraging their staff to complete their survey questionnaire.
6. A banner reminding staff to complete their staff survey was visible on the intranet home page as a constant reminder for staff.
7. All email signatures were assigned a staff survey tag at the bottom of emails.
8. Tablets were made available for staff who may struggle to gain access to a computer.
9. Staff Side colleagues encouraged staff to participate in the survey through weekly briefing articles and publications on their website.

The staff survey results feedback focused on some 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 Care
- Safe Environment- Bullying and Harassment
- Safe Environment- Violence
- Safety Culture
- Staff Engagement
- Team Working

Each theme comprises of a set of individually scored question results which are then grouped together to provide a theme score between 0-10. For all themes the higher score is better. The chart below is an overview of the Trust's score for each theme compared to all Ambulance Trusts in UK. ("Average", "Best" and "Worst" refer to scores for Ambulance Trusts benchmark group)

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 and downward arrow indicates a significant decrease.



Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	8.5	3322	8.5	3616	Not significant
Health & wellbeing	5.2	3345	5.5	3632	↑
Immediate managers †	6.2	3347	6.2	3639	Not significant
Morale	5.9	3292	6.0	3593	↑
Quality of care	7.6	3120	7.6	3388	Not significant
Safe environment - Bullying & harassment	7.4	3319	7.4	3572	Not significant
Safe environment - Violence	8.7	3318	8.7	3618	Not significant
Safety culture	6.5	3315	6.6	3611	↑
Staff engagement	6.3	3374	6.3	3678	Not significant
Team working	5.6	3333	5.3	3647	↓

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

Five-year trend for each Theme

Equality and Diversity

	2016	2017	2018	2019	2020
Best	9.0	8.8	8.7	9.5	9.2
Your org	8.3	8.3	8.4	8.5	8.5
Average	8.4	8.3	8.4	8.5	8.5
Worst	7.9	7.8	8.0	8.1	7.9
Responses	1,293	2,187	2,914	3,322	3,616

Health and Wellbeing

	2016	2017	2018	2019	2020
Best	5.2	5.2	5.3	5.3	5.6
Your org	4.8	5.1	5.1	5.2	5.5
Average	4.8	5.1	5.0	5.0	5.5
Worst	3.9	4.3	4.5	4.6	4.8
Responses	1,305	2,230	2,937	3,345	3,632

Immediate Managers

	2016	2017	2018	2019	2020
Best	6.8	7.0	7.0	6.9	7.0
Your org	5.4	5.7	6.0	6.2	6.2
Average	5.8	5.9	6.2	6.3	6.4
Worst	5.3	5.5	5.3	5.5	5.4
Responses	1,308	2,228	2,953	3,347	3,639

Morale

	2018	2019	2020
Best	5.8	6.0	6.2
Your org	5.8	5.9	6.0
Average	5.7	5.7	6.0
Worst	4.9	5.1	5.2
Responses	2,875	3,292	3,593

Quality of Care

	2016	2017	2018	2019	2020
Best	7.7	7.7	7.8	7.7	7.7
Your org	7.4	7.5	7.5	7.6	7.6
Average	7.3	7.2	7.4	7.4	7.5
Worst	7.1	6.8	7.0	7.0	7.2
Responses	1,139	2,046	2,701	3,120	3,388

Safe Environment-Bullying and Harassment

	2016	2017	2018	2019	2020
Best	8.1	7.6	7.6	7.5	7.8
Your org	6.9	7.1	7.3	7.4	7.4
Average	7.1	7.1	7.3	7.4	7.4
Worst	6.3	6.5	6.9	7.0	6.6
Responses	1,289	2,174	2,903	3,319	3,572

Safe Environment- Violence

	2016	2017	2018	2019	2020
Best	9.0	9.0	9.0	8.9	9.0
Your org	8.6	8.5	8.7	8.7	8.7
Average	8.8	8.7	8.8	8.8	8.8
Worst	8.5	8.5	8.2	8.7	8.7
Responses	1,290	2,171	2,892	3,318	3,618

Safety Culture

	2016	2017	2018	2019	2020
Best	6.3	6.4	6.5	6.5	6.9
Your org	5.9	6.1	6.4	6.5	6.6
Average	5.9	5.9	6.1	6.2	6.4
Worst	5.1	5.4	5.8	6.0	5.7
Responses	1,298	2,198	2,899	3,315	3,611

Team working

	2016	2017	2018	2019	2020
Best	5.9	5.9	6.1	6.2	6.1
Your org	5.1	5.4	5.5	5.6	5.3
Average	5.1	5.1	5.3	5.2	5.2
Worst	4.5	4.6	4.5	4.7	4.6
Responses	1,307	2,259	2,960	3,333	3,647

Staff Engagement

	2016	2017	2018	2019	2020
Best	6.4	6.4	6.5	6.6	6.7
Your org	6.0	6.1	6.3	6.3	6.3
Average	6.0	6.1	6.2	6.3	6.3
Worst	5.5	5.5	5.7	5.8	5.8
Responses	1,329	2,277	2,990	3,374	3,678

Top 5 scores noted compared to 2019

Q4g. Enough staff at organisation to do my job properly
% of staff selecting 'Agree'/'Strongly Agree'

	2019	2020
Best	42.1%	54.5%
Your org	42.1%	54.5%
Average	27.5%	35.8%
Worst	9.8%	15.8%
Responses	3,364	3,674

Q6a. I have unrealistic time pressures
% of staff selecting 'Never'/'Rarely'

	2019	2020
Best	26.7%	29.7%
Your org	18.6%	26.0%
Average	18.6%	23.0%
Worst	14.5%	17.9%
Responses	3,350	3,646

Q11d. In the last three months have you ever come to work despite not feeling well enough to perform your duties?
% of staff selecting 'Yes'

	2019	2020
Worst	67.8%	56.7%
Your org	63.6%	54.5%
Average	63.6%	53.5%
Best	56.0%	40.6%
Responses	3,346	3,632

Q4e. Able to meet conflicting demands on my time at work
% of staff selecting 'Agree'/'Strongly Agree'

	2019	2020
Best	42.6%	46.6%
Your org	40.8%	46.6%
Average	37.8%	39.1%
Worst	27.7%	30.6%
Responses	3,363	3,671

Q18c. Would recommend organisation as place to work
% of staff selecting 'Agree'/'Strongly Agree'

	2019	2020
Best	61.0%	63.9%
Your org	58.0%	63.9%
Average	51.4%	58.1%
Worst	41.7%	40.4%
Responses	3,293	3,601

Bottom 5 scores noted compared to 2019

“Average”, “Best” and “Worst” refer to results for Ambulance Trusts benchmark group

Q4i. Team members often meet to discuss the team's effectiveness
% of staff selecting 'Agree'/'Strongly Agree'

	2019	2020
Best	47.1%	44.6%
Your org	32.9%	26.9%
Average	28.4%	27.9%
Worst	21.3%	22.9%
Responses	3,365	3,670

Q4a. Opportunities for me to show initiative frequently in my role
% of staff selecting 'Agree'/'Strongly Agree'

	2019	2020
Best	71.9%	69.7%
Your org	64.3%	62.0%
Average	62.7%	62.0%
Worst	55.5%	52.1%
Responses	3,372	3,665

Q5a. Satisfied with recognition for good work
% of staff selecting 'Satisfied'/'Very Satisfied'

	2019	2020
Best	50.5%	47.7%
Your org	42.4%	39.2%
Average	39.9%	39.2%
Worst	32.1%	31.4%
Responses	3,356	3,650

Q4b. Able to make suggestions to improve the work of my team/dept
% of staff selecting 'Agree'/'Strongly Agree'

	2019	2020
Best	78.4%	72.3%
Your org	48.8%	45.6%
Average	52.7%	50.1%
Worst	40.7%	39.7%
Responses	3,371	3,678

Q9c. Senior managers try to involve staff in important decisions
% of staff selecting 'Agree'/'Strongly Agree'

	2019	2020
Best	49.5%	33.4%
Your org	28.6%	26.2%
Average	24.5%	26.0%
Worst	18.4%	16.8%
Responses	3,344	3,634

Staff Friends and Family Scores

"Average", "Best" and "Worst" refer to results for Ambulance Trusts benchmark group

Q18c. I would recommend my organisation as a place to work
% of staff selecting 'Agree'/'Strongly Agree'

	2019	2020
Best	61.0%	63.9%
Your org	58.0%	63.9%
Average	51.4%	58.1%
Worst	41.7%	40.4%
Responses	3,293	3,601

Q18d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation
% of staff selecting 'Agree'/'Strongly Agree'

	2019	2020
Best	78.1%	79.7%
Your org	73.5%	75.1%
Average	73.5%	76.0%
Worst	35.5%	64.7%
Responses	3,296	3,597

Staff Engagement Score

"Average", "Best" and "Worst" refer to results for Ambulance Trusts benchmark group

The staff engagement remains unchanged since last survey. However, there is an increase in the number of staff responding positively to the staff engagement questions.

	2016	2017	2018	2019	2020
Best	6.4	6.4	6.5	6.6	6.7
Your org	6.0	6.1	6.3	6.3	6.3
Average	6.0	6.1	6.2	6.3	6.3
Worst	5.5	5.5	5.7	5.8	5.8
Responses	1,329	2,277	2,990	3,374	3,678

	Comparator (Organisation Overall)	111 Integrated Urgent Care	Air Ambulance	Corporate Services	Delivery/Logi stics	Emergency Operations Centre	Emergency Preparedness	Emergency Services	Finance	NARU	Non Emergency Services	Strategic Operations	Workforce & Organisationa
Section	n = 3724	n = 515	n = 17	n = 35	n = 41	n = 346	n = 63	n = 1959	n = 54	n = 12	n = 488	n = 111	n = 83
Advocacy	6.7	7.3	6.1	8.5	7.1	7.3	5.4	6.3	7.9	6.9	6.9	7.6	8.0
Involvement	5.4	4.6	7.5	7.7	5.0	5.2	6.2	5.3	6.9	7.2	5.5	7.2	7.4
Motivation	6.7	6.3	8.1	7.4	6.2	6.0	6.6	6.6	7.1	7.6	7.6	7.4	7.4
Staff Engagement Score	6.3	6.1	7.2	7.9	6.1	6.2	6.1	6.1	7.3	7.2	6.6	7.4	7.6

Freedom To Speak Up Index

"Average", "Best" and "Worst" refer to results for Ambulance Trusts benchmark group

	2019	2020
Q16a. My organisation treats staff who are involved in an error, near miss or incident fairly		
% of staff selecting 'Agree'/'Strongly Agree'		
Best	51.6%	69.2%
Your org	49.1%	52.0%
Average	49.2%	52.0%
Worst	40.4%	36.9%
Responses	2,712	2,959

	2019	2020
Q16b. My organisation encourages us to report errors, near misses or incidents		
% of staff selecting 'Agree'/'Strongly Agree'		
Best	89.5%	90.1%
Your org	86.3%	88.1%
Average	84.9%	86.7%
Worst	81.2%	77.3%
Responses	3,256	3,506

	2019	2020
Q17a. If you were concerned about unsafe clinical practice, would you know how to report it?		
% of staff selecting 'Yes'		
Best	96.5%	96.3%
Your org	93.1%	93.7%
Average	93.9%	94.3%
Worst	92.9%	91.6%
Responses	3,008	3,330

	2019	2020
Q17b. I would feel secure raising concerns about unsafe clinical practice		
% of staff selecting 'Agree'/'Strongly Agree'		
Best	73.7%	81.8%
Your org	66.4%	69.1%
Average	66.1%	69.1%
Worst	60.6%	58.0%
Responses	3,313	3,605

The Workforce Race Equality Standard (WRES) Results

“Average” refer to results for Ambulance Trusts benchmark group

a) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

There is an increase of 7.3% in the response rates for BME staff reporting that they have experienced harassment, bullying or abuse from patients, relatives or the public in last 12 months.

	2017	2018	2019	2020
White: Your org	51.0%	48.4%	49.1%	48.6%
BME: Your org	43.5%	37.7%	37.9%	45.2%
White: Average	49.7%	46.5%	45.8%	43.5%
BME: Average	39.4%	37.8%	41.2%	44.3%
White: Responses	2,022	2,666	3,030	3,127
BME: Responses	108	183	198	325

b) Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

There is an increase of 1.6% in the response rates for BME staff reporting that they have experienced harassment, bullying or abuse from staff in last 12 months.

	2017	2018	2019	2020
White: Your org	29.7%	29.2%	25.5%	23.9%
BME: Your org	39.6%	31.3%	24.9%	26.5%
White: Average	27.5%	27.1%	25.5%	24.1%
BME: Average	32.0%	31.0%	26.2%	31.1%
White: Responses	2,022	2,657	3,025	3,123
BME: Responses	106	182	197	325

c) Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

There is a decrease of 5.5% in the response rates for BME staff reporting that the organisation provides equal opportunities for career progression or promotion.

	2017	2018	2019	2020
White: Your org	70.0%	73.7%	77.0%	77.3%
BME: Your org	47.4%	57.8%	67.9%	62.4%
White: Average	71.3%	73.6%	74.7%	77.3%
BME: Average	47.7%	59.6%	56.6%	62.8%
White: Responses	1,428	1,766	2,043	2,100
BME: Responses	78	116	140	213

d) Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months

There is an increase of 4.9% in the response rates for BME staff reporting that they have experienced discrimination at work from manager / team leader or other colleagues in last 12 months.

	2017	2018	2019	2020
White: Your org	10.7%	10.0%	8.8%	8.6%
BME: Your org	22.7%	17.9%	15.8%	20.7%
White: Average	10.3%	10.0%	8.8%	8.6%
BME: Average	18.3%	17.7%	15.8%	16.7%
White: Responses	2,031	2,661	3,009	3,158
BME: Responses	110	184	196	329

The Workforce Disability Equality Standard (WDES) Results

a) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

There is decrease of 2.5% in the response rates for staff with a long-term condition (LTC) or illness reporting that they have experienced harassment, bullying or abuse from patients, relatives or the public in last 12 months.

	2018	2019	2020
Staff with a LTC or illness: Your org	52.3%	55.0%	52.5%
Staff without a LTC or illness: Your org	46.9%	46.9%	46.8%
Staff with a LTC or illness: Average	52.3%	52.5%	47.5%
Staff without a LTC or illness: Average	45.8%	44.9%	42.1%
Staff with a LTC or illness: Responses	526	671	771
Staff without a LTC or illness: Responses	2,296	2,606	2,722

b) Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months

No significant change was noted in the response rate compared to the previous year.

	2018	2019	2020
Staff with a LTC or illness: Your org	31.0%	24.8%	25.3%
Staff without a LTC or illness: Your org	16.6%	13.3%	11.7%
Staff with a LTC or illness: Average	28.4%	23.2%	22.1%
Staff without a LTC or illness: Average	13.8%	13.3%	11.2%
Staff with a LTC or illness: Responses	523	666	767
Staff without a LTC or illness: Responses	2,277	2,596	2,711

c) Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months

There is a decrease of 2.0% in the response rates for staff with a LTC or illness reporting that they have experienced harassment, bullying or abuse from other colleagues in last 12 months.

	2018	2019	2020
Staff with a LTC or illness: Your org	24.7%	25.1%	23.1%
Staff without a LTC or illness: Your org	16.3%	14.5%	13.5%
Staff with a LTC or illness: Average	26.5%	25.9%	23.1%
Staff without a LTC or illness: Average	16.3%	15.7%	14.7%
Staff with a LTC or illness: Responses	522	665	771
Staff without a LTC or illness: Responses	2,276	2,601	2,713

d) Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

No significant change was noted in the response rate compared to the previous year.

	2018	2019	2020
Staff with a LTC or illness: Your org	46.2%	46.4%	46.2%
Staff without a LTC or illness: Your org	44.0%	47.1%	48.5%
Staff with a LTC or illness: Average	40.4%	44.6%	46.2%
Staff without a LTC or illness: Average	40.6%	41.2%	45.6%
Staff with a LTC or illness: Responses	305	392	444
Staff without a LTC or illness: Responses	1,094	1,266	1,250

e) Percentage of staff who believe that the organisation provides equal opportunities for career progression or promotion

There is a decrease of 3.2% in the response rates for staff with a LTC or Illness reporting that the organisation provides equal opportunities for career progression or promotion.

	2018	2019	2020
Staff with a LTC or illness: Your org	61.9%	69.6%	66.4%
Staff without a LTC or illness: Your org	74.7%	77.8%	78.3%
Staff with a LTC or illness: Average	60.5%	66.4%	66.5%
Staff without a LTC or illness: Average	74.4%	75.8%	78.3%
Staff with a LTC or illness: Responses	354	467	533
Staff without a LTC or illness: Responses	1,508	1,744	1,803

f) Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

There is a decrease of 3.6% in the response rates for staff with a LTC or Illness reporting that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

	2018	2019	2020
Staff with a LTC or illness: Your org	61.3%	58.2%	54.6%
Staff without a LTC or illness: Your org	50.5%	44.3%	44.9%
Staff with a LTC or illness: Average	45.3%	41.6%	38.3%
Staff without a LTC or illness: Average	33.1%	32.3%	30.8%
Staff with a LTC or illness: Responses	429	531	582
Staff without a LTC or illness: Responses	1,363	1,566	1,371

g) Percentage of staff satisfied with the extent to which their organisation values their work

There is an increase of 1.6% in the response rates for staff with a LTC or Illness reporting that they are satisfied with the extent to which their organisation values their work.

	2018	2019	2020
Staff with a LTC or illness: Your org	27.6%	26.7%	28.3%
Staff without a LTC or illness: Your org	36.0%	39.9%	38.1%
Staff with a LTC or illness: Average	25.3%	27.8%	29.1%
Staff without a LTC or illness: Average	36.0%	38.9%	37.9%
Staff with a LTC or illness: Responses	525	670	775
Staff without a LTC or illness: Responses	2,290	2,611	2,762

h) Percentage of staff with a long-lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work

There is an increase of 4.8% in the response rates for staff with a LTC or Illness reporting that adequate adjustment(s) has been made by the organisation to enable them to carry out their work.

	2018	2019	2020
Staff with a LTC or illness: Your org	60.6%	56.4%	61.2%
Staff with a LTC or illness: Average	60.3%	58.8%	68.5%
Staff with a LTC or illness: Responses	292	367	467

i) Staff engagement score (0-10)

No significant change was noted in the staff engagement score compared to the previous year.

	2018	2019	2020
Organisation average	6.2	6.3	6.3
Staff with a LTC or illness: Your org	5.7	5.8	5.8
Staff without a LTC or illness: Your org	6.3	6.4	6.4
Staff with a LTC or illness: Average	5.7	5.9	6.1
Staff without a LTC or illness: Average	6.4	6.4	6.4
Organisation Responses	2,990	3,374	3,678
Staff with a LTC or illness: Responses	529	671	778
Staff without a LTC or illness: Responses	2,300	2,616	2,765

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 2020/21 (2019/20 none).

For all off-payroll engagements as of 31 March 2021, for more than £245 per day and that last for longer than six months

No. of existing engagements as of 31 March 2021	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 2020 and 31 March 2021, 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 2020 and 31 March 2021	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 2020 and 31 March 2021

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.	5

Staff Exit Packages

Two 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 2020/21

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£10,000	-	-	-
£10,000 - £25,000	1	-	1
£25,001 - 50,000	-	-	-
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	1	-	1
>£200,000	-	-	-
Total number of exit packages by type	2	-	2
Total cost (£)	£179,000	£0	£179,000

Reporting of compensation schemes - exit packages 2019/20

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£10,000	-	-	-
£10,000 - £25,000	-	1	1
£25,001 - 50,000	2	1	3
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	2	2	4
Total cost (£)	£89,000	£50,000	£139,000

Exit packages: other (non-compulsory) departure payments

	2020/21		2019/20	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £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	-	-	2	50
Non-contractual payments requiring HMT approval	-	-	-	-
Total	-	-	2	50
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.

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 2020/21 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 £111,884 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 amount received was much less than in previous years because of the National Covid-19 Pandemic and spectators not being allowed to attend sporting events, plus the sporting events themselves were suspended for a period of time during

the Pandemic. 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 Minutes of the Committee meeting, the Board also receives a Trust Information Pack setting out performance for Ambulance Quality Indicators, Operational Key Performance Indicators, 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 Assurance Framework is the key source of evidence that links the Trust's "mission critical" strategic objectives to risks, controls and assurances. It is the main tool that the Board uses in discharging its overall responsibility for internal control. 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.

During the period covered by this Annual report the Board Assurance Framework has been reviewed in consultation with colleagues from Internal Audit.

During the period of the Pandemic the Board and the Council of Governors have continued to meet but have maintained compliance with appropriate guidance to control the spread of the virus. This has meant that there has been no face to face meetings open to the public. However the papers for the Board meeting are available on the website and the minutes of each meeting is published as soon as practicable. In addition members of the public are still able to ask questions to the Board on matters on the agenda or more wider issues. Staff side attend public Board meetings and are invited to participate. At meetings of the Council of Governors the Chairman and Chief Executive present detailed reports and answer questions from both public elected and staff elected governors on matters in relation to the Trust and wider system issues such as Handover delays and staff welfare during the pandemic. The Trust convened and held its Annual Meeting of the Membership and Governors and used a system of Microsoft Teams to allow questions to be submitted to the Chairman and Chief Executive. Going forward the Board are looking at technical ways of opening the Board up to allow public access but will remain compliant with guidance provided at the time. 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 Chief Executive Officer as part of his report to each meeting of the Board of Directors includes a high level Integrated Performance Dashboard 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 are invited to 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 2020, January, and March 2021. Board meetings in April, June, September 2020 and February 2021 were given over to strategy and development sessions and were in private. These are now referred to as Board Briefing Sessions. Extraordinary Board meetings were convened as appropriate during the year following agreement of the Chairman.

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.

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 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 2020/21, 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 Non-Executive 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.

At each meeting the Board of Directors and Council of Governors receive 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
- Knowledge and Application of Diversity and Inclusion
- 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 2020/21 is set out below.

Non-Executive Directors

Skill	Professor Ian Cumming	Tony Yeaman	Mushtaq Khan	Jacynth Ivey (to 31.12.20)	Mohammed Fessal (from 01.01.21)	Caroline Wigley	Wendy Farrington Chadd	Narinder Kooner
Strategic Leadership	✓	✓	✓	✓	✓	✓	✓	✓
Informed and Sound Judgment	✓	✓	✓	✓	✓	✓	✓	✓
Ethics, Integrity and Accountability	✓	✓	✓	✓	✓	✓	✓	✓

Skill	Professor Ian Cumming	Tony Yeaman	Mushtaq Khan	Jacynth Ivey (to 31.12.20)	Mohammed Fessal (from 01.01.21)	Caroline Wigley	Wendy Farrington Chadd	Narinder Kooner
Impact and Influence	✓	✓	✓	✓	✓	✓	✓	✓
Risk Management	✓	✓	✓	✓	✓	✓	✓	✓
Financial qualification							✓	
Financial acumen	✓	✓	✓	✓	✓	✓	✓	✓
Public policy	✓	✓	✓	✓	✓	✓	✓	✓
Knowledge and Application of Diversity and Inclusion	✓	✓	✓	✓	✓	✓	✓	✓
Clinical and Health Experience	✓			✓	✓			
Health Experience: Non Clinical		✓	✓			✓	✓	
Legal awareness		✓	✓		✓	✓	✓	
Corporate Communications and Media		✓	✓			✓		✓
Commercial focus		✓	✓	✓			✓	✓
Human Resource Management	✓					✓		✓
Clinical Registration/ Professional Membership	Graduate Member Sports Therapy Association Chartered Scientist – The Science Council Fellow - Chartered Institute of Management Fellow - Institute of Biomedical Sciences HCPC Registered – Biomedical Scientist, PIN: BS31759	The Law Society (England and Wales) SRA ID:138630	The Law Society [England and Wales] SRA ID:26073	None	General Pharmaceutical Council – Pharmacist PIN: 2061184	Fellow CIPD	Chartered Institute of Public Finance and Accountancy	None
Professional/ Business Qualification/ Experience	MSc in Sports and Exercise Medicine PgDip in Sports and Exercise Medicine Doctor (Honorary) of Health (DH) Doctor (Honorary) of Science (DSc) Doctor (Honorary) of the University (D Univ) HNC in Biomedical Sciences	Solicitor, MBA	Solicitor (England & Wales); BSc. (Hons) Social Policy; Post Graduate Diploma in Law; Legal Practice Certificate; Post graduate Diploma in Management Studies; Certificate in Advanced Corporate Governance.	Former General Nurse, Midwife Health Visitor. PG Diploma Collaborative Community Care.	Master of Sciences of Pharmacy Independent Prescriber Course	BA Law; Diploma in Coaching, Employment Tribunal Panelist	Qualified Accountant. BA(Hons) English Lit Certificate in Executive Coaching	Business Experience. Local Authority Councillor

Executive Directors

Skill	Anthony Marsh	Linda Millinchamp	Kim Nurse	Mark Docherty	Dr Alison Walker	Craig Cooke
Strategic Leadership	✓	✓	✓	✓	✓	✓
Informed and Sound Judgment	✓	✓	✓	✓	✓	✓
Ethics, Integrity and Accountability	✓	✓	✓	✓	✓	✓
Impact and Influence	✓	✓	✓	✓	✓	✓
Risk Management	✓	✓	✓	✓	✓	✓
Financial qualification		✓				
Financial acumen	✓	✓	✓	✓	✓	✓
Public policy	✓	✓	✓	✓		
Knowledge and Application of Diversity and Inclusion	✓	✓	✓	✓	✓	✓
Clinical and Health Experience	✓			✓	✓	✓
Health Experience: Non Clinical		✓	✓			
Legal awareness		✓	✓			
Corporate Communications and Media	✓			✓		
Commercial focus	✓	✓	✓	✓		
Human Resource Management	✓		✓			
Clinical Registration/ Professional Membership	None	Fellow of the Institute of Chartered Accountants England and Wales	Chartered Institute of Personnel and Development	Registered Nurse (Adult) NMC PIN 83L3134E	GMC Registration 4210643	HCPC Registered Paramedic PIN PA02247
Professional/ Business Qualification/ Experience	National Ambulance Strategic Advisor Extended Ambulance Aid [NHSTA] (former Paramedic) Professor (Honorary) Wolverhampton University, MSc Strategic Leadership, MBA, MA.	Chartered Accountant ICAEW B.Com (Hons) Commerce, Foreign Trade and Languages	MSc Human Resource Management, MBA, Post -Grad Diploma Personnel Management and Industrial Relations, Cert in Consulting Essentials, Visiting Fellow - Staffordshire University	BSc, (Hons) Nursing MSc Healthcare Commissioning	Emergency Medicine (A&E) Consultant, MB BChir, FRCEM, FIMCRCS, FRCS, FDSRCS, MA, MFSEM, Dip Health Research, Cert Medicolegal.	None

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)

Professor Ian Cumming OBE 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, he chaired all meetings of the Remuneration and Nominations Committee during 2020/21. Tony Yeaman has continued in the role of Deputy Chair up to 31 March 2021.

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. She also carried out the duties of the Senior Independent Director (SID) from February 2019 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. As reported to the Board of Directors at its meeting on 31 March 2021 the SIRO role has now transferred from the Chief Executive Officer to Craig Cooke, the Director of Strategic Operations and Digital Integration. 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 Mark Docherty the nominated Executive Director for Freedom To Speak Up (FTSU). Barbara Kozłowska, 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 Board has also made a number of appointments.

The following are responsibilities held by Non Executive Directors:

- Nominated NED for Security Management
- Emergency Officer NED required under the NHS England Emergency Preparedness, Resilience and Response Framework
- Senior Independent Director
- Safeguarding Lead
- Learning from Deaths
- Freedom to Speak Up
- NED lead Director to support the executive lead director for maternity services
- Complaints and FTSU Auditor
- NHS Workforce Well Being Guardian
- Lead NED for Diversity and Inclusion
- Sustainability Lead

The following Board responsibilities are all held by Executive Directors:

- Accounting Officer
- Accountable Officer for Emergency Preparedness
- Director of Infection Prevention and Control (DIPC)
- Caldicott Guardian
- Board Level Champion for maternity services. (Better Births Report)
- Senior Information Risk Owner (SIRO)
- Prevent & Safeguarding Executive Lead

- Director for Health, Safety and Risk
- Security Management Director (SMD)
- Controlled Drugs Accountable Officer (CDAO)
- Responsible Officer (this is part of medical revalidation)
- Responsible Director CQC
- NHS Improvement – Relationship Manager
- Registration Authority (Smart Cards)
- Equality, Diversity & Human Rights
- Patient Group Directives (PGDs)
- Freedom to Speak Up
- Executive Nurse
- Sustainability
- Learning from Deaths Responsible Executive
- Responsibility for Learning Disabilities and Mental Health.
- NHS Workforce Well Being Guardian
- COVID-19 incident director
- Fraud Champion
- Fit & Proper Persons Test

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 was undertaken by an experienced former senior nurse, Jacynth Ivey until December 2020. The Trust has appointed Professor Lisa Bayliss-Pratt from April 2021 who is a former Nurse and is also Pro-Vice-Chancellor at Coventry University in the Faculty of Health and Life Sciences. The Director of Strategic Operations and Digital Integration reports on performance against national operational indicators. During the period of this report the Communications Director was 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 (2020/21)

Professor Ian Cumming OBE – Chair



Ian started his career in the NHS as a Scientist and, after qualifying, worked in the field of hereditary coagulation disorders before moving into NHS Leadership in 1990. Since then Ian has held a variety of NHS general management posts including over 11 years as Chief Executive of acute hospital Trusts, three years as the Chief Executive of a healthcare commissioning organisation, and three years as the Chief Executive of the NHS in the West Midlands.

From 2012 to 2020, Ian was Chief Executive of Health Education England (HEE), the largest education and training organisation in the world, responsible for the education, training and development of the current and future NHS workforce. Ian has a personal interest in both pre-hospital care and in sports medicine, an area in which he holds an MSc. Through his role with Health Education England Ian was keen to see the paramedic profession flourish. He is determined to keep the Trust at the forefront of developing patient care and embrace the future delivery of healthcare through the potential use of robotics, artificial intelligence, genomics, home-based clinical informatics and the 'internet of things' which will bring huge opportunities for WMAS together with the evolving role of paramedics in the delivery of healthcare away from their traditional role in 999 services; together these bring an array of exciting opportunities for WMAS.

In addition to his role as Trust Chairman, Prof. Cumming also holds roles as Professor of Global Healthcare Workforce and Strategy at Keele University and is the UK Senior Responsible Officer for Health in the Overseas Territories, and the NHS Global Workforce Ambassador. In 2003 Ian was awarded the OBE for services to the NHS and in 2010 Ian was made an Honorary Fellow of the Royal College of General Practitioners. Ian has also been recognised with Honorary Degrees from 5 universities. Ian has an interest in Sport and Exercise Medicine, is a qualified level 3 swimming coach, a keen snow skier and enjoys sailing and hill-walking.

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 Master's Degrees: an MSc in Strategic Leadership, a Master's 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.



Linda Millinchamp – Director of Finance (to 31 March 2021)

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 Nursing and Clinical Commissioning**

Mark has a First-Class honours degree in Nursing and after working for over 20 years in acute hospitals across Yorkshire and the Midlands, started specialising in out of hospital urgent and emergency care. As the Ambulance Commissioning Director for the West Midlands, he led the development of the major trauma model, and was subsequently Chair of the National Ambulance Commissioners Group, and Director of Ambulance Commissioning in London; in June 2013 he was asked to give evidence to the House of Commons Health Committee on Urgent and Emergency Services Chaired by Stephen Dorrell MP. Mark is currently Executive Director of Nursing at the West Midlands Ambulance Service University NHS Foundation Trust; he also leads on clinical commissioning for the Board of Directors. Mark is an accomplished Author, Publisher, and Researcher; 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", and was a Principal Investigator in the Paramedic 2 (Adrenalin in pre-hospital cardiac arrest) Trial (2017), which was published in the New England Journal of Medicine (2018). 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 out of hospital clinical environment.

Kim Nurse – Director of Workforce and Organisational Development (to 31 March 2021)

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. Kim also works as an NHS IMAS consultant where she has provided support to organisations delivering national programmes and projects.



Craig Cooke – Director of Strategic Operations and Digital Integration

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 with the West Midlands Ambulance Service in 2006. Since the merger, 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 Professions Council Registered (HCPC) Paramedic and is currently the Director of Strategic Operations and Digital Integration of the West Midlands Ambulance Service University NHS Foundation Trust, responsible for the Emergency and Urgent Service, Non-Emergency Patient Transport, Commercial Services and wider operational support functions. Craig is currently the appointed chairperson for the National Director of Operations group, reporting to the Association of Ambulance Chief Executives.





Dr Alison Walker - Medical Director

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 from 2010 both as an Interim Medical Director and Honorary Medical Advisor, later becoming Executive Medical Director in 2019. She was the chair of the National Ambulance Services Medical Directors Group 2012-13. She is an examiner for the Fellowship and Diploma 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, becoming the Chair in January 2020 and is a member of the UK Trauma and Audit Research Network Committee (TARN).

Murray MacGregor – Communications Director (Non-Voting)

Murray MacGregor has been working in the media and public relations since 1995, with the last 15 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 and the Trust's response to the coronavirus pandemic. 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.



Phil Higgins - Governance Director & Trust Secretary (Non-Voting)

Phil joined the former WMAS in 2010 prior to authorisation as a Foundation Trust and provides advice on Corporate Governance and also Constitutional advice to the Chairman, Board of Directors and the Council of Governors. He holds a degree in Law with Legal Practice, in addition he holds a degree in Government and Politics and also has a Master's Degree in Business Administration.





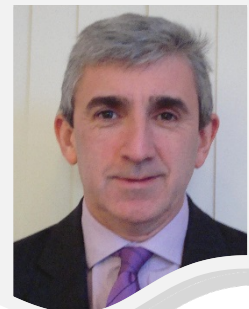
Vivek Khashu - Strategy and Engagement Director (Non-Voting) (from 24 August 2020)

Vivek started his career straight from university on the NHS Graduate Management Training scheme. Vivek has held a number of operational management posts in Acute Hospitals around the country and has also worked at a national level with NHS England and Improvement. Vivek holds a degree in Medical Biochemistry from the University of Leicester and a Master's Degree in Healthcare Management from the University

of Birmingham.

Tony Yeaman - Deputy Chair, Non Executive Director (to 31 March 2021)

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 Health Authority based in Hampshire. Following major NHS reforms and six years' service he joined the private sector where for the last 26 years he has continued his specialism in Health Service related issues for two national law firms.



Mohammed Fessal – Non-Executive Director (from 1 January 2021)

Mohammed initially joined the Trust on the NExT Director scheme in 2019. The NExT scheme supports talented people to become the next generation of non-executives in the NHS. As a qualified pharmacist, Mohammed has over 15 years of experience across the NHS, private and voluntary sectors. Currently Chief Pharmacist at CGL, a voluntary sector organisation specialising in substance misuse, homelessness, domestic violence and young people's services, Mohammed is passionate about supporting the most vulnerable in society by empowering and tackling discrimination. Mohammed is a member of the Advisory Council of Misuse of Drugs, which is an advisory non-departmental public body that makes recommendations to the Home Office on the control of dangerous or otherwise harmful drugs. He also works as a specialist advisor for the CQC, sits on the CQC Controlled Drugs National Sub-Group and is a member of the Approved Premises Governance Board.



**Jacynth Ivey – Non-Executive Director
(to 31 December 2020)**

The Trust appointed its first clinical non-executive director in July 2011. Jacynth has over 26 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
(to 31 March 2021)**

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.



Mushtaq Khan – Non-Executive Director



Mushtaq is a highly regarded solicitor, former President of Birmingham Law Society and an experienced Board Director. He has over 20 years' of legal practice experience including at a senior level at a national commercial law firm. He has been highly recommended as a leading lawyer in the respected legal directories of Chambers & Partners UK and the Legal 500 UK. Mushtaq cares passionately about improving lives in communities. He actively supports organisations and initiatives with shared values and he has for more than 10 years supported organisations in the housing, education and NHS sector as a Board member. He is the founder of the schools' initiative, "*Inspiring Communities*" in which he works in partnership with Birmingham City University and Central England Law Centre. It is an outreach school project to inspire students to consider a career in the legal profession and to get involved in helping their local communities. Mushtaq is also a Board Director (Non-Executive) at the Accord Group, one of the largest housing and social care organisations in the Midlands.

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 works as a Management Consultant and Executive Coach. She lives in Shropshire and has two grown up children.



Narinder Kaur Kooner OBE NLP Prac. – Non-Executive Director

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 Assembly 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 was recognised in the Queen's Birthday Honours in 2019 by being awarded an OBE for her work in "supporting vulnerable people and the communities of the West Midlands". 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 an Executive Director and Co-founder 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 2020 to March 2021, (of which 5 were Public Board meetings, 5 were Board Briefing sessions and 1 was an Extraordinary Board meeting) were as follows:

Name	Position	Attendance out of 11 meetings
Professor Ian Cumming*	Chair and Non-Executive Director	11
Anthony C Marsh*	Chief Executive Officer	11
Mushtaq Khan*	Non-Executive Director	8
Jacynth Ivey* (to 31.12.20)	Non-Executive Director	3
Tony Yeaman* (to 31.3.21)	Non-Executive Director	9
Caroline Wigley* (to 31.3.21)	Non-Executive Director	10
Wendy Farrington-Chadd*	Non-Executive Director	9
Narinder Kaur Kooner*	Non-Executive Director	11
Mohammed Fessal* (from 1.1.21)	Non-Executive Director	2
Mark Docherty*	Director of Nursing and Clinical Commissioning	9
Dr Alison Walker*	Medical Director	10
Craig Cooke*	Director of Strategic Operations and Digital Integration	11
Linda Millinchamp*	Director of Finance	9
Kim Nurse*	Director of Workforce and Organisational Development	6
Vivek Khashu (from 24.8.20)	Strategy and Engagement Director	7
Murray MacGregor	Communications Director	10
Pippa Wall (to 24.8.20)	Interim Strategy and Engagement Director	4

*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 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 the Regulator's Code of Governance.

The Chairman, Professor Ian Cumming took up his position on 1 April 2020 and will serve for an initial three-year term. The Council of Governors in May 2020 agreed to reappoint Tony Yeaman and Caroline Wigley for a further period of six months until 31 March 2021. Jacynth Ivey retired from the Board on 31 December 2020. In September, following an advertisement and interview process led by the Governors, the Council of Governors appointed Mohammed Fessal to replace Jacynth Ivey from the 1 January 2021 for an initial three-year term. In addition, the Council of Governors appointed Lisa Bayliss-Pratt pending the departure of Caroline Wigley and Tony Yeaman who both stepped down from the Board on 31 March 2021. This means that the number of voting members has been reduced and that the number of Non-Executive Directors will be reduced by one from 1 April 2021. Lisa Bayliss-Pratt will not take her seat on the Board of Directors until the 1 April 2021.

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
Professor Ian Cumming	31 March 2023
Wendy Farrington-Chadd	25 January 2023
Jacynth Ivey	31 December 2020
Tony Yeaman	31 March 2021
Caroline Wigley	31 March 2021
Narinder Kooner	5 November 2021
Mushtaq Khan	1 October 2022
Mohammed Fessal	31 December 2023

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.

At its meeting in November 2020 the Council of Governors agreed upon the recommendation of the Lead Governor to recognise the leadership provided by the Chairman during his tenure which has not been easy given the national emergency. Governors were of the opinion that since April 2020 when the Chairman took over he has, with the Chief Executive and the directors of the Trust, led on the Trust's response to the Covid emergency. The Trust under the Chairman's leadership has maintained its governance and also tight financial control. It has done this even though the NHS and this Trust have faced massive challenges in responding to the Covid emergency. In addition, as Governors are aware the new Chairman has reviewed the Committee structure and the Board of Directors to provide a strategic focus. In October 2020 the governors joined with the Board of Directors to hear what progress has been made under the leadership of the Chairman in developing a strategic direction that aligns with the proposed systemic changes across the regional system and nationally across the NHS and social care system. Our Ambulance Service, our paramedics and clinical staff will have to meet new challenges and ways of working. The new strategic focus is predicated on this.

After receiving the report of Lead Governor, The Council of Governors agreed to award the Chairman a £5,000 uplift to his current remuneration of £50,000 and determine if agreed when this uplift will come into force. In addition, the new remuneration package will incorporate the 1.03% cost of living increase that was awarded to executive directors from April 2020.

The Board of Directors has reviewed the Committee structure and agreed to abolish the Resources Committee and establish the People Committee and the Performance Committee instead. To ensure that the remuneration system is fair to all NEDs the current Chairman is proposing now that, with the exception of the Audit Committee, the special responsibility allowance for all Committee Chairs is abolished. The annual allowance for the Chairman of the Audit Committee will remain in place given the important regulatory and governance role of the Audit Committee. The system will also be more sustainable going forward in the event of changes of people or structures and overall simplifies the system of remuneration.

It was agreed that from 1 April 2021 that the number of NEDs on the Board (excluding the Chairman) will be reduced to five, there are currently six.

In the interests of efficiencies and to simplify the remuneration structure and also provide a more sustainable process, it is proposed that each Non-Executive Director (with the exception of the Chairman) is remunerated on the basis of £14,000 a year.

The Deputy Chairman however will receive an additional £1,000 allowance given that the person holding that role will act up in the absence of the Chairman or where the Chairman is conflicted, such as the annual appraisal of the Chairman as Leader of the Trust.

In addition, it is normal practice that given the Audit Committee is a statutory requirement it is not unusual to remunerate the Chairman of the Audit Committee with an additional responsibility allowance. It is suggested that this is also £1,000 per annum. The allowance reflects the Audit Committee chairman's responsibilities and time demands which will generally be heavier than the other members of the audit committee.

There will also be no allowance paid to the Senior Independent Director.

The changes if agreed are proposed to come into effect on 1 April 2021.

Linking the NED remuneration to the Executive Directors "cost of living increase"

The Governors are reminded that every three years they should review the Remuneration of the NEDs. To avoid this requirement and build in a sustainable system they are also asked to consider whether to agree to authorise the People Director of the Trust to automatically award the Non-Executive Directors the same cost of living adjustment that is paid to Executive Directors. The executive director cost of living increases are agreed by an independent pay review body each year and not the NEDs. This year it will be 1.03% the total cost will be incorporated into the above remuneration package. In future the People Director can automatically pay whatever is agreed by the independent pay review body to the NEDs. This can be reviewed again in three years' time as required in the Code of Governance.

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, during the period of this annual report six Executive Directors who are all directly employed by the Trust 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 Director of Finance.

Linda Millinchamp and Kim Nurse stepped down from the Board on 31 March 2021, following a recruitment process the Remuneration and Nominations Committee has appointed Claire Finn to the position of Director of Finance from 1 April 2021 and a voting member of the Board. Carla Beechey was appointed to the position of People Director from 1 April 2021 but will not be a voting member.

Board Level Committees

During the period of this report, and following the appointment of Professor Ian Cumming as Chairman, the Board reviewed its Governance arrangements, and the report setting out the revised arrangements was submitted to the Board of Directors in July 2020. (This is available on the Trust website or upon request to the Trust Secretary). The Trust has maintained and enhanced its Committee structure to provide assurance that its governance arrangements are strong and effective. The Board of Directors receive the minutes of each meeting of its Committees, once they have been approved as an accurate record by the relevant Committee. 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, except for the **Audit Committee** and the **Remuneration and Nominations Committee** that are required under the Constitution.

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. 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.
- 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 provide 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
- Immediate Care Governance Group
- Clinical Audit and Research 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:

- to ensure the effective prevention and control of Healthcare Associated Infection (HCAI) for the organisation.
- to 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.
- to receive and review any reports from the Learning Review Group, ensuring there is adequate learning from incidents to minimise impact on patient safety/trust business.
- to 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.

The Trust has abolished the former **Resources Committee** and has now established two Committees which have incorporated elements of the former Resources Committee into their Terms of Reference, the Performance Committee and the People Committee.

The **Performance Committee**

The specific responsibilities of the Committee are to:

- Review the integrated performance of the Trust
- Provide overview and scrutiny in any other areas of financial and operational performance referred to the Performance Committee by the Board.
- Monitor the effectiveness of the Trust's financial and operational performance reporting systems ensuring that the Board is assured of continued compliance through its annual reporting, reporting by exception where required.
- To provide the Board of Directors with assurance that major capital investment schemes are in line with the Trust's overall agreed strategy.

- Review the Trust's performance against its annual financial plan and budgets.
- Review the Trust's operational performance against its annual plan and to monitor any necessary corrective planning and action.
- Monitor the performance of the Trust's physical estate and non-clinical services.
- Provide overview and scrutiny to the development of the medium and long term financial models (MTFM and LTFM).
- Ensure the MTFM and LTFM are designed, developed, delivered, managed and monitored appropriately.
- Ensure that appropriate clinical advice and involvement in the MTFM and LTFM is provided.
- Review the in-year delivery of annual efficiency savings programmes.
- Assure the Trust's maintenance of compliance with NHSE/I.
- Review the performance indicators relevant to the remit of the Committee.
- Consider any relevant risks within the Board Assurance Framework and corporate level risk register as they relate to the remit of the Committee, as part of the reporting requirements, and to report any areas of significant concern to the Audit Committee or the Board as appropriate.
- Undertake any other responsibilities as delegated by the Board of Directors.

People Committee

The purpose of the Committee is to provide assurance to the Board on the quality and impact of people, workforce and organisational development strategies and the effectiveness of people management in the Trust. This includes, but is not limited to, recruitment and retention, training, appraisals, employee health and wellbeing, learning and development, employee engagement, reward and recognition, organisational development, leadership, workforce development, workforce spend and workforce planning and employee culture, diversity and inclusion.

The Committee will assure the Board of the achievement of the objectives set out in the NHS People Plan and the Trust's People Plan and ensures alignment of work with the Sustainability and Transformation Partnerships (STP) / Integrated Care Systems (ICS) Workforce Strategy.

The Equality, Diversity and Inclusion Steering Group reports into this Committee.

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 2020 to 31 March 2021 is set out below:

Executive Management Board

Name	Position	Attendance out of 23 meetings
Anthony C Marsh	Chief Executive	23
Mark Docherty	Director of Nursing and Clinical Commissioning	22
Linda Millinchamp	Director of Finance	20
Kim Nurse	Director of Workforce and Organisational Development	15
Craig Cooke	Director of Strategic Operations and Digital Integration	21
Murray MacGregor	Communications Director	20
Phil Higgins	Governance Director & Trust Secretary	22
Alison Walker	Medical Director	20
Vivek Khashu	Strategy & Engagement Director (from 24.8.20)	13 out of 13

Audit Committee

Name	Position	Attendance out of 6 meetings
Wendy Farrington-Chadd	Committee Chair and Non-Executive Director	5
Jacynth Ivey (member up to 27.7.20)	Non-Executive Director	1
Mushtaq Khan	Non-Executive Director	2
Narinder Kooner (member up to 27.7.20)	Non-Executive Director	2
Caroline Wigley	Non -Executive Director	6
Tony Yeaman	Non-Executive Director	5

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

KPMG comply with the Audit Code published by NHSE/I. 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 the National Audit Office's Auditor Guidance Note 1 (AGN 01). KPMG's ethics and independence manual is fully consistent with the professional practice rules of the Financial Reporting Council's

Revised Ethical Standard 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 AGN 01 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 4 meetings
Professor Ian Cumming	Chair and Non-Executive Director	4
Jacynth Ivey (Retired from the Board on 31 December 2020)	Non-Executive Director	3 out of a possible 3 meetings
Mushtaq Khan	Non-Executive Director	2
Tony Yeaman	Non-Executive Director	4
Caroline Wigley	Non-Executive Director	4
Wendy Farrington-Chadd	Non-Executive Director	3
Narinder Kooner	Non-Executive Director	3
Mohammed Fessal (Joined the Board on 1 January 2021)	Non-Executive Director	1 out of a possible 1 meeting
Anthony C Marsh	Chief Executive Officer	4

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

Name	Position	Attendance out of 2 meetings
Professor Ian Cumming	Chair and Non-Executive Director	2
Anthony C Marsh	Chief Executive Officer	2
Jacynth Ivey (retired from the Board 31 December 2020)	Non-Executive Director	1 out of possible 1
Mushtaq Khan	Non-Executive Director	2
Tony Yeaman	Non-Executive Director	2
Caroline Wigley	Non-Executive Director	2
Wendy Farrington-Chadd	Non-Executive Director	2
Narinder Kooner	Non-Executive Director	2
Mohammed Fessal (Joined the Board on 1 January 2021)	Non-Executive Director	1 out of possible 1
Mark Docherty	Director of Nursing and Clinical Commissioning	2
Kim Nurse	Director of Workforce and Organisational Development	1
Linda Millinchamp	Director of Finance	1
Craig Cooke	Director of Strategic Operations & Digital Integration	2
Dr Alison Walker	Medical Director	2

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

Resources Committee (up to 27 July 2020)

Name	Position	Attendance out of 2 meetings
Caroline Wigley	Non-Executive Director (Chair)	2
Wendy Farrington-Chadd	Non-Executive Director	2
Narinder Kooner	Non-Executive Director	0
Linda Millinchamp	Director of Finance	2
Craig Cooke	Director of Strategic Operations and Digital Integration	1
Mark Docherty	Director of Nursing and Clinical Commissioning	1
Kim Nurse	Director of Workforce and Organisational Development	2
Michelle Brotherton	Non-Emergency Services Delivery Director	2
Jeremy Brown	Integrated Emergency and Urgent Care Director	2

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

Performance Committee (from 27 July 2020)

Name	Position	Attendance out of 3 meetings
Mushtaq Khan	Non-Executive Director (Chair)	3
Wendy Farrington-Chadd	Non-Executive Director	3
Narinder Kooner	Non-Executive Director	2
Linda Millinchamp	Director of Finance	2
Craig Cooke	Director of Strategic Operations and Digital Integration	3
Jeremy Brown	Integrated Emergency and Urgent Care Director	2

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

People Committee (from 27 July 2020)

Name	Position	Attendance out of 4 meetings
Caroline Wigley	Non-Executive Director (Chair)	4
Narinder Kooner	Non-Executive Director	2
Mohammed Fessal	Non-Executive Director	3
Kim Nurse	Director of Workforce and Organisational Development	4
Linda Millinchamp ¹	Director of Finance	1

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

¹Member from November 2020

Quality Governance Committee

Name	Position	Attendance out of 5 meetings
Jacynth Ivey (left Trust on 31.12.20)	Non-Executive Director & Chair (to October 2020)	2
Caroline Wigley	Non-Executive Director & Vice Chair	2 Membership change Oct 2020
Dr Alison Walker	Medical Director	5
Mark Docherty	Director of Nursing and Clinical Commissioning	5
Kim Nurse	Director of Workforce & Organisational Development	2 Membership change Oct 2020
Craig Cooke	Director of Strategic Operations and Digital Integration	2 Deputy sent to 1
Andrew Proctor	Quality Improvement & Compliance Director	4 Membership change July 2020
The following changes were made to the membership in October 2020		
Tony Yeaman (Chair from October 2020)	Non-Executive Director & Chair	3
Mohammed Fessal	Associate Non-Executive Director & Vice Chair	3
Nick Henry	Head of Operational Information & Planning	3
Vivek Khashu (commenced with Trust 24.8.20)	Strategy & Engagement Director	3

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

Performance evaluation of the Board and Directors

It is worth prefacing this section of the Annual Report by stating that Board Development has been affected by the current pandemic. Although the Chief Executive and the Chairman where relevant have maintained annual appraisals, and some Board development has taken place especially in the area of Diversity and Inclusion. In addition the induction programme for individual directors has been maintained given the changes that have taken place on the Board.

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 Chairman.

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 Chairman for any learning.

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.

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.

The Trust Chairman 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 Chairman also has carried out an appraisal of each of the Non-Executive Directors. The Senior Independent Director undertook the appraisal of the Chairman.

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

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 NHSE/I’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 NHSE/I and are similarly asked to make declarations of interest.

Council of Governors

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

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 .

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 ensure that the Governors are equipped with the skills and knowledge they require in their capacity as such.

The most significant obligations 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.

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 Although in view of the pandemic this programme has been curtailed.

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 NHSE/I 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
- Determine whether, 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, that 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
- Approve implementation of any proposal to increase by 5% or more the proportion of the Trust's 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. The Trust may only implement the proposal if Governors approve.
- Approve any merger, acquisition, separation or dissolution.
- 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;
- 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 Trust may make amendments to its Constitution only if the Governors of the Trust approve the amendments.

The Council of Governors in the period covered by this Annual Report has discharged many of its statutory duties, including the re-appointment and review of remuneration of the 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 2020/21

CONSTITUENCY	GOVERNOR	ELECTED TERM
Emergency and Urgent Operational Staff	Sarah Bessant	01/01/2020 – 31/12/22
	Adam Aston	01/01/19 – 31/12/2021
Non-Emergency Operational Staff	Andrew Rowles	01/01/17 – 31/12/20 Extended for an additional year 01/01/20 – 31/12/2021
Emergency Operations Centre	Duncan Spencer	01/06/14 - 31/12/20 Extended for an additional year 01/01/20 – 31/12/2021
Support Staff	Matt Brown	01/01/2020 – 31/12/22

Public elected Governors 2020/21

CONSTITUENCY	GOVERNOR	ELECTED TERM
	Iqbal Saddal	06/06/19 – 31/12/20
	Peter Brookes	01/01/19 – 31/12/21
	Jeanette Mortimer	01/01/20 – 31/12/22
Black Country	Lachman Jassi	01/01/17 – 31/12/20
	Julie Winpenny	01/01/19 – 31/12/21
	Samuel Penn	01/01/20 – 31/12/22
Staffordshire	Eileen Cox	01/01/20 – 31/12/22
	David Hardy	01/01/19 – 31/12/21
	Uday Katkar	01/01/20 – 31/12/20
	Roy Aldcroft	01/01/18 – 31/12/20
	Judy D'albertson	01/01/20 - 31/12/22
	Helen Higginbotham	01/01/19 – 31/12/21
Coventry and Warwickshire	John Davies	01/01/20 – 31/12/22
	William Brown	01/01/19 – 31/12/21
	Brian Murray	01/01/20 - 31/12/20

‘Appointed’ Governors were nominated by organisations to serve on the Council of Governors in 2020/21

ORGANISATION	GOVERNOR	APPOINTED TERM
NHS Provider (A new seat created by merging the Acute provider and Mental Health service provider seats)	Shajeda Ahmed (resigned)	29/05/19-01/12/21
Community First Responders Forum	David Fitton	01/01/19-31/12/21

ORGANISATION	GOVERNOR	APPOINTED TERM
Local Authority	Cllr Ed Lawrence 01/05/20 -01/05/23	
West Midlands Fire Service	Becci Bryant	30/07/18-31/12/20
St John Ambulance Youth Governor	Alisha Rehman	01/01/19 -31/12/21
Universities Representative	Geoff Layer	01/05/19 – 31/12/21

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

During 2020, it was felt it was timely for a review to be carried out of the Council of Governors. At its meeting held on 27 July 2020 the Council of Governors approved a reduction in the number of members of the council. It was agreed to reduce the number of public governors from 15 to 10. It was also agreed that the appointed governors would reduce from six to two during 2020/21. These changes come into place as individuals' terms of offices come to an end. On the 1 January 2021, the Council of Governors had a total of 20 members, this reduced by an additional one to 19 members this year as the Universities representative retired from the position. The Council of Governors will be reduced by a further two during 2021.

An annual election was not required in the Autumn of 2020 to enable the reduction in the numbers of Governors on the Council.

Until 30 July 2020 the Lead Governor was Eileen Cox; due to the pandemic preventing a secret ballot, the Governors agreed to defer the ballot and Eileen Cox remained as Lead Governor for a further year. The deputy lead governor was carried as a vacancy.

As part of the Governance Review undertaken by the new Chairman and reported to the Board of Directors in July and October 2020, the Council of Governors have reduced the number of standing panels. Instead Governors will establish task and finish groups if required. The only standing panel that was maintained with approved Terms of Reference is The Remuneration, Terms of Service and Nominations Panel.

Over the year, there have been presentations from Trust Directors providing Governors with the information to ensure that the Council fully understands the business of the Trust and enabling them to fulfil some of the statutory duties.

A joint Board and Governor strategy session also took place on the 28 October 2020. Various Winter and Covid-19 briefings have also been held.

Due to the Covid-19 pandemic this year, Governors have not been able to undertake observation activities within the emergency operations centres or on a Trust emergency or non-emergency vehicles, in order to fully appreciate a 'day in the life' of an operational member of staff, due to safety concerns surrounding the pandemic.

In November 2020 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 2020 are set out below:

Returns

- 11 returned questionnaires.
- 14 non returns

In summary

- The Council of Governors (CoG) agreed or strongly Agreed to all elements of the CoGs understanding its role in holding to account in terms of; Trust Performance, Delivery of Strategic Plans and the Trust being Well Led.
- The CoG all agreed or strongly agreed that the Council received sufficient information to carry out their duties.
- The majority agreed that there is sufficient opportunity to question members of the board, two strongly agreed and one disagreed
- Most agreed or strongly agreed with the council having the opportunity to influence strategy. One disagreed.
- Again, most agreed or strongly agreed to the council to bring forward its own ideas on strategy.
- The majority agreed that the CoG ensures there is appropriate communication and consultation with Members, Stakeholders and the wider public.
- The majority agreed that the CoG monitors membership recruitment activities and understands its role in engagement. One disagreed.
- The majority agreed that the Council ensures public membership is representative of the Trust's public constituency area. Two disagreed and one strongly agreed.
- The majority strongly agreed that the Council has in place an appropriate process for enabling performance appraisals for the Chair and Non-Executive Directors.
- Most agreed the CoG influence the work of the Trust, three strongly agreed and two disagreed.
- The majority agreed that the Council of Governors understands its role in representing members of the Trust and takes positive action to provide opportunities for the members of the public to make contact. One strongly agreed and one disagreed.

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 2020/21 there were four meetings of the Council of Governors. The attendance of each Governor is shown in the table below. During the period of the Pandemic, and in compliance with national guidelines, there have been no face to face meetings and all meetings are conducted by means of Microsoft Teams.

The Foundation Trust constitution sets a minimum level of attendance required by governors at meetings of the Council of Governors each year, unless the Chair is satisfied that:

- The absence was due to a reasonable cause; and
- The person will be able to start attending meetings of the Council of Governors again within such a period as the Chair considers reasonable.

Attendance at meetings of the Council of Governors from April 2020 to March 2021 is presented below. Not all governors have been in the role for the full year and therefore their attendance states how many they attended during their period of office, x of x.

Name	Constituency/Job Title	Attendance out of 4 meetings
Peter Brookes	Publicly Elected Governor – Birmingham	0
Iqbal Saddal	Publicly Elected Governor – Birmingham	1 of 3
Jeanette Mortimer	Publicly Elected Governor - Birmingham	4
Lachman Jassi	Publicly Elected Governor – Black Country	2 of 3
Julie Winpenny	Publicly Elected Governor – Black Country	3
Samuel Penn	Publicly Elected Governor – Black Country	4
Brian Murray	Publicly Elected Governor – Coventry and Warwickshire	4
John Davies	Publicly Elected Governor – Coventry and Warwickshire	3
William Brown	Publicly Elected Governor – Coventry and Warwickshire	2
Helen Higginbotham	Publicly Elected Governor – West Mercia	3
Judy D’Albertson	Publicly Elected Governor – West Mercia	4
Roy Aldcroft	Publicly Elected Governor – West Mercia	0 of 3
Eileen Cox	Publicly Elected Governor – Staffordshire	4
David Harvey	Publicly Elected Governor – Staffordshire	4
Uday Katkar	Publicly Elected Governor – Staffordshire	1 of 3
Sarah Bessant	Staff Elected Governor - Emergency and Urgent Operational Staff	4
Adam Aston	Staff Elected Governor - Emergency and Urgent Operational Staff	4
Andrew Rowles	Staff Elected Governor – Non Emergency Operational Staff	4
Duncan Spencer	Staff Elected Governor – Emergency Operations Centre Staff	4
Matt Brown	Staff Elected Governor – Support Staff	1
Shajeda Ahmed	Appointed Governor - NHS Provider	0 of 3
David Fitton	Appointed Governor – Community First Responder Regional Forum	4
Becci Bryant	Appointed Governor Fire Service	2
Cllr Ed Lawrence	Appointed Governor – Local Authority	4

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 has adopted the NHSE/I 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.

Under normal circumstances 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 should 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. Given the pandemic face to face meetings have not taken place and therefore engagement has been curtailed, although there has been joint Governor and Director briefings on strategy and finance through means of Microsoft Teams. The Chairman and Chief Executive and other Board members and employees have attended virtual meetings of the Council.

The Staff elected are buddied with the Chair and meet with him via Microsoft Teams.

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 16,654 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	2,105
Black Country	2,871
Staffordshire	1,390
West Mercia	1,629
Coventry and Warwickshire	1,132

Category	Membership as at 27/02/20
Staff	7,500
Public	9,154
Total	16,654

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 in each constituency for compliance with six of the nine Protected Characteristics under the Equalities Act 2010 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 Trust's Quality Account which is published separately.

The Trust also produces a quarterly Members Newsletter to engage with members.

Members of the Foundation Trust and members of the public may contact Governors via the Membership and Governor Engagement Officer via foundationtrust@wmas.nhs.uk. Further details can be found on the Trust's website – www.wmas.nhs.uk.

Regulatory Ratings – NHSE/I 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 NHS England and NHS Improvement (NHSE/I), the independent regulator of NHS Foundation Trusts. That framework covers both financial and governance risks.

NHS England and NHS Improvement's NHS 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.

The aim of that framework is to facilitate NHSE/I'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.

Segmentation

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.

West Midlands Ambulance Service University NHS Foundation Trust has been placed in segmentation 1 from October 2016, however, due to the pandemic this regime was temporarily suspended in 2020-21.

Going forward NHS England and NHS Improvement propose to develop an oversight framework that reflects the vision set out in the NHS Long Term Plan and seeks to reinforce system-led delivery of integrated care.

The purpose of the proposed new framework is to:

- Align the priorities of Integrated Care Systems (ICSs) and the NHS organisations within them;
- Identify where ICSs and organisations may benefit from or require support to meet the standards required of them in a sustainable way to deliver the overall objectives for the sector in line with the priorities set out in the NHS Long Term Plan;
- Provide an objective basis for decisions about when and how NHS England and NHS Improvement will intervene in cases where there are serious problems or risks to the quality of care.

Care Quality Commission

The Trust was delighted to receive a rating of 'Outstanding' following inspections by the Care Quality Commission (CQC) in April 2019, thereby retaining its previous rating of 'Outstanding' from the 2016 inspection. 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 five key areas the CQC look at are whether a service is safe, effective, caring, responsive and well-led.

Focus Groups with a number of staff from across Emergency and Urgent Care, Patient Transport Services and the Emergency Operations Centre were undertaken by CQC Inspectors during April 2019 and an unannounced inspection of Emergency and Urgent Care and PTS was undertaken between 24-26 April 2019. During this inspection a number of sites across the region were visited, observational shifts were undertaken and staff discussions were held. The Well Led inspection was undertaken 25-27 June 2019.

The resulting report was published on 22 August 2019:

	Safe	Effective	Caring	Responsive	Well-Led	Overall
Emergency and Urgent Service	Good ↔	Outstanding ↔	Outstanding ↔	Outstanding ↑	Outstanding ↑↑	Outstanding ↑
Patient Transport Services	Good ↑	Good ↑	Good ↔	Good ↔	Good ↑	Good ↑
Emergency Operations Centre	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Outstanding Jan 2017	Good Jan 2017
Resilience	Good	Outstanding Jan 2017	Not rated	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017
Overall	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding

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, other items of comprehensive income and cash flows for the financial year.

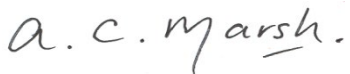
In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care's Group Accounting Manual and in particular to:

- 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 judgements 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 and disclose any material uncertainties over going concern.

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 them 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.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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 

Position: Chief Executive

Date: 19 May 2021

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 and tolerate risk to a level which is reasonably practicable. It is understood that there will be a level of residual risk level rather than eliminating 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 2021 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 its Vision, the Trust 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 delegates responsibility for implementation of risk management to the **Director of Nursing and Clinical Commissioning**.

Within the current Risk Management Strategy the **Director of Nursing and Clinical Commissioning supported by the Executive Management Board**, are responsible for the Risk Management Process within the Trust and ensure:

- 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 which has been designed to provide Board members with the assurance they require that any risk to achievement of Trust objectives is managed, any gaps in controls are highlighted and any mitigating action is undertaken, and which provides an ongoing record of assurance work undertaken by the Board and its Committees.

The Directors of the Executive Management Board (EMB) 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.

There are 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.

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 Senior Management Team (SMT) meetings of both PTS and E&U, Operational Management Team (OMT) and 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 for ensuring a systematic approach to the analysis of incidents and that subsequent learning is put into place to prevent reoccurrence. There are several policies in place within the Trust to ensure all common risks or trends associated with untoward events are identified in a timely manner including Trust policies for reporting, management and investigation of Adverse Incidents, Complaints, Concerns and Claims and Learning from Deaths.

The Protocol is intended to ensure that all the analysis and learning taking place is not done in isolation and aims to draw together a process for clear communication of analysis and learning throughout the committee structure in accordance with the Trust's Quality Strategy.

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.

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).

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 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

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. However, it is impossible to eliminate all risks and every organisation has to accept a degree of residual risk. It is for the Board of Directors to decide the balance between mitigating, tolerating and accepting a level of risk which is not mitigated, based on a benefit v cost analysis. This is known as the **"Risk Appetite"** of the organisation. It is defined in terms of the severity of residual risk that can be tolerated. The Trust's risk management systems will ensure that the scoring of risk after applying controls and other mitigation define the Risk Appetite.

The Trust Risk Appetite Statement has been created and viewed by both Audit Committee and Executive Management Board and reviewed and agreed by the Trust Board in March 2021. Understanding risk appetite is key to enhancing management of risk, safety, and patient care and is a central part of the Trust's strategic management. It is the process whereby the Trust methodically addresses risks with the goal of achieving sustained benefits to the Trust's strategic agenda and vision and values across all Trust activities. The statement sets out the Board's strategic approach to risk-taking by defining its overall risk appetite, its boundaries, risk tolerance, acceptance and threats to its Strategic Objectives and supports delivery of the Trust's Risk Management Strategy and Policy.

Risk and the management of risk is an intrinsic part of the governance of the Trust. The effective management of risk relies on adequate controls being in place to provide assurance. The Board of Directors, Audit Committee and the Executive Management Board consider what constitutes an appropriate source of Assurance. The Board Assurance Framework (BAF) records the key processes used to manage the organisation. Through the BAF and understanding Assurance, the Board of Directors and its Committees, as well as Management, can make informed and defensible decisions.

The levels of Assurance are clear:

- Management continually challenges on whether there are appropriate processes and controls in place that are effective and will result in achievement of the corporate priorities.

- Audit Committee and the Board Committees provide advice to the Board of Directors on the status of governance risk and internal control and the Board continually challenges the assurance that it receives.
- The Board of Directors collectively as a unitary Board is responsible for the formulation and setting of strategy and good stewardship of the Trust, and each year approves a Corporate Governance Statement as part of its licence obligations and also approves this Annual Governance Statement.
- The Accounting Officer of the Trust is the Chief Executive Officer who is responsible for ensuring that the organisation operates effectively, economically and with probity; that the organisation makes good use of the resources which are publicly funded and that proper accounts are maintained.
- The Internal Auditors undertake an annual review of Risk Management and the Board Assurance Framework which is reported to Audit Committee and the Board of Directors.
- The External Auditors also review risk and the assurance framework as part of their annual audit.

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. Each meeting of the Board of Directors and its Committees will review the decisions made at the meeting for the purpose of identifying any new or increased risk. 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.

A Health, Safety and Risk Framework was introduced in January 2021 which sets out safe working processes and hierarchy of control needed to ensure overall compliance with the Health and Safety at Work Act 1974 and relevant Regulations in support of the Health and Safety Executive (HSE) guidance. It aims to empower all Managers to understand and conduct risk assessments by defining.

- How risks threaten the achievement of the Trust Strategic Objectives
- Risk appetite, tolerance, levels of residual risk and acceptance
- The Risk Strategy and associated Policies and Procedures
- How risk is managed within the Trust regardless of grade (low, medium, high)
- Duty of Care and responsibility for every Staff member within the Trust relating to risk management
- Allocation of responsibility
- Identification, monitoring and review of risks

It also introduces a system of audits of incident reporting and risk assessments to ensure regular monitoring, identification of gaps and any further actions required.

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

Level 1 – Very Low Risk

Examples are frequent, low consequence events such as minor property loss and damage, injuries requiring minimum first aid only or potentially serious events that are very unlikely to occur and for which reasonable preventative measures are in place. It should be remembered that research has indicated that a serious accident is very often preceded by a number of minor incidents or near misses, so it is important to capture and monitor trends and that appropriate action is taken to avoid a serious accident happening. These risks will form part of an aggregate review to identify trends where managerial action will have the most cost-effective impact to reduce multiple low-level risks. These encompass day to day tasks which are managed appropriately at a local level and would not expect to generate any incident reports.

Level 2 – Low Risk

These would include processes of work undertaken, as above, generally day to day risks and although low, could include an amount of residual risk which would require more focus.

Level 3 – Moderate Risk

These risks can realistically be managed or reduced within a reasonable time scale through cost effective measures, such as developing a safer system of work, training, protocols or new equipment purchase. Examples are manual handling injury, malicious damage, procedure failures and injury to staff or patients.

Level 4 – High 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 20-25 and once reviewed and agreed by the relevant Committee are escalated to the Executive Management Board (EMB) and then to the Board of Directors.

All High Risks are categorised under the Trust's Strategic Objectives and escalated to the Executive Management Team for review and mitigating actions identified.

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, the 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. As of March 2021 this will be an online document housed on SharePoint which will allow assurance to be given by relevant leads for ease of reporting and discussion at committee level, to offer more robust assurance to the Trust Board. Any changes to the risk assessments may prompt earlier review at Board level.

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 and through that to the Board of Directors. The Senior Information Risk Owner (SIRO) is the Chief Executive Officer.

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 Performance 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 continues to work on the NHS Data Security and Protection Toolkit (DSPT) for 2020-21 (version 3), however, due to the requirements to respond to the Coronavirus Pandemic, NHSE have set the submission deadline as June 2021. Reports are provided to the Executive Management Board regarding achievement of toolkit requirements as well as the Quality Governance Committee for assurance. The Trust's Head of Governance and Security reports to the Executive Director of Strategic & Digital Integration 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.

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. WMAS remains fully compliant with the registration requirements of the Care Quality Commission (CQC) who inspected the Trust again during 2019/20.

As a Foundation Trust, the organisation operates under a licence, issued on 1 April 2015 by Monitor (now incorporated into NHSE/I). 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 a Performance Committee and a People Committee. Each Committee is chaired by a Non-Executive Director.

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, Standing Financial Instructions and Standing Orders.

All Committees and subgroups 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 Auditor presented an independent report to the Council of Governors and the Membership at its Annual Meeting in July 2020.

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 the period covered by this Annual Report the Board of Directors received a regular update on progress against the Lord Carter review to identify efficiencies in the NHS.

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 an Operational Management Team and a Professional Standards Group both chaired by the Director of Strategic Operations & Digital Integration and a Senior Efficiency Group chaired by the Director of Finance.

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 inspections in 2016 and 2019.

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. However, these visits were suspended during 2020-21 due to the pandemic.

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, and the Executive Director of Nursing and Clinical Commissioning are practicing clinicians and advise the Committee.

The Board of Directors received and approved the Going Concern statement at its meeting in March 2021. 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 of Directors and through detailed scrutiny and challenge at meetings of the Performance 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 2020 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 **Governance Director and Trust Secretary** is responsible for

- Governance for the Foundation Trust.
- Compliance with the FT Constitution.

The **Director of Nursing and Clinical Commissioning** is responsible for

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

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 from Cost Improvement Programmes 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 **Performance Committee** has responsibility for monitoring and reviewing the adequacy and utilisation of resources to assure the Board on the risks relating to the efficient and effective delivery of strategic and operational plans and objectives. It monitors financial risks, and monitors/reviews Board approved relevant operational, financial Key Performance Indicators and outcome measures, seeking assurance that any adverse variances are being acted upon to meet all defined targets and standards, and 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 **People Committee** 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

As a Foundation Trust WMAS must have a Membership that is representative of the Community it serves. The **Council of Governors** is responsible for representing the interests of the public and holding the Non-Executive Directors to account for the collective performance of the Board. The Council of Governors has a membership consisting of publicly elected governors as well as staff elected governors and appointed stakeholder governors, made up from 5 Staff, 6 Appointed and 15 Public elected Governors (The public and appointed governor membership changed from 1st January 2021, to 10 Public Governors and 5 Appointed Governors) who represent internal and external stakeholders. The elected Governors must be in the majority on

the Council of Governors. In addition to fifteen (ten from 01.01.21) governors elected by the public, five Governors are elected by the staff and six (five from 01.01.21) appointed by partner organisations. During the period of this annual report, due to changes in the constitution, no public and staff elections were held. Where it was appropriate staff elected governor tenures were extended. The Council meets in public on at least four occasions a year, during 2020-21 they took place via virtual means (Microsoft Teams) due to the pandemic. The reports submitted are published on the Trust Internet site.

The **Board of Directors** in normal circumstances meets in public at least five times a year, but given the pandemic and government guidance, the Board has been meeting via Microsoft Teams and not in face to face meetings. All papers are published on the Trust website and the public are entitled to forward any questions on the content of the papers to the Trust Secretary to be read out and answered at the Board meeting. 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 agendas '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.

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

The Trust has published a Stakeholder Engagement Strategy to provide a strategic framework within which the Trust engages with its key stakeholders. During consultation on the draft annual Quality Account, engagement meetings are arranged for the West Midlands region for various stakeholders - 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 self-certify that it has complied with its obligations as set out in the NHS provider licence and publicly publish the self declaration in minutes of the meeting. The licence includes requirements to comply with NHS Acts and Constitution, and with governance requirements.

The Board of Directors at its meeting in May 2020 confirmed the following declarations:

1. That following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.
2. That this Trust has not been notified as a designated Commissioner Requested Service, if confirmed the Board do not need to make a self-declaration under this condition CoS7.
3. That approval be given to the content of the Corporate Governance Statement
4. That having sought the views of the Council of Governors, the Board is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

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 Quality Impact Assessment also requires an Equality Impact Assessment to be undertaken. 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.

To confirm, WMAS is fully compliant with the registration requirements of the Care Quality Commission and is currently rated as “Outstanding”.

The Trust has published on its website an up to date register of interests, including gifts and hospitality for decision-making staff (as defined by the Trust with reference to the guidance) 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 Trust's obligations under equality, diversity and human rights legislation are complied with. The Trust's Diversity and Inclusion Annual Report 2020-21 is included at the end of this report.

Carbon Reduction

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust has continued to consider its impact on the environment as part of on-going developments for its sustainability strategies; the actions implemented include positive applications for reducing the Trust's carbon footprint. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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 of Director'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 Performance 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.

NHSE/I 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.

The NHSE/I 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

Trusts are allocated a Segmentation Rating where 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 NHSE/I's judgment, 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 the 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.

Due to the Pandemic the segmentation ratings for all NHS Trusts have not been measured in 2020-2021.

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 2020/21.

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 **Chief Executive Officer** is the nominated Senior Information Risk Owner (SIRO). With effect from March 2021 the Director of Strategic Operations and Digital Integration will be the nominated SIRO for the Trust.

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

The Trust has a Data Security & Protection Toolkit (DSPT). 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 will publish its DSPT assessment for 2020/21 in line with the revised 30 June 2021 deadline.

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. NHSE/I (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 Nursing and Clinical Commissioning advises the Board of Directors on all matters relating to the preparation of the Trust's annual Quality Account.

- The Director of Nursing and Clinical Commissioning has designated responsibility for the development of the quality agenda.
- The Trust's Director of Strategic Operations and Digital Integration 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. My review is informed by comments made by the External Auditors in their management letter and other reports and the content of the Quality report. 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, Performance and People) 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, Audit Committee, Performance Committee, People 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 2020-21 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.

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.

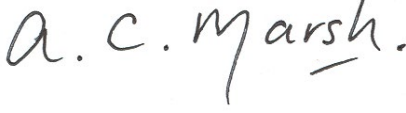
Head of Internal Audit Opinion

My 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. However, some weakness in the design and/or inconsistent application of controls, put the achievement of particular objectives at risk.

Date: May 2021

Conclusion

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

Signed: 

Position: Chief Executive Officer

Date: 19 May 2021

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 which are included 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. The questions / statements required in all tender submissions are made in accordance with the *Modern Slavery Act 2015 > Part 6 > 54 Transparency in Supply Chain* on a pass/fail basis. 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 to 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.

A number of improvements have been made which are having a positive impact on our carbon footprint. We have aligned our objectives with those published in 'Delivering a Net Zero National Health Service' released in October 2020, this document sets out a number of challenging targets for NHS organisations, the key targets being:

- for the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- for the emissions we can influence (our NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039

We have made further investment in our fleet with the latest generation emergency front line ambulances emitting 8% less NOx & 7% less CO2 emissions. In November 2020 we introduced the country's first fully electric emergency front line ambulance, this is operating from our north

Birmingham hub and is responding to 999 calls on a daily basis. In March 2021 we have also introduced two rapid response cars which are also operating in the Birmingham area.

In our estates area we have upgraded a large number of sites to LED lighting and installed heat source pumps to reduce the reliance on electricity and gas to provide hot water, we are also developing a new site in Oldbury which will consolidate the activity of several existing locations and will be built in line with the latest BREEAM (Building Research Establishment Environmental Assessment Method) standards.

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 2020/21 please see the Sustainability Report 2019/20 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 2020 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 2019 to ensure that the Specific Duties had been adhered to. The Trust has produced a new set of objectives as required under the duty every four years and the Trust will report on these in the Annual Equality Report of 2021 due for publication in July 2021. 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 2020-21 Diversity and Inclusion Annual Report can be found on the Trust website and is also attached to this report on pages D1 to D47.

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 from 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. In 2020/21 the Trust consulted with staff on the EDS² criteria but will await the guidance on community/patient issues on EDS³ and deliver EDS³ within the reporting period.

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 December 2020 to October 2021.

Gender Pay Gap 2020

In 2017 the Government introduced world-leading legislation that made it statutory 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 second set of gender pay gap data by 5 October 2021 and continue annually, including:

- 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 shows the difference in the average pay between all men and women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are.

The gender pay gap is different to equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

Differences in gender pay show a demographic pay gap. By taking the average hourly rate for all employees and comparing the difference in that metric for men and women, gender pay reporting is most notable about female representation in certain roles – not whether a man earns more for the same job.

Equal pay is about men and women being paid the same for the same work, while the gender pay gap is about the difference in average hourly earnings.

A full Gender Pay Report and key data analysis, that highlights the key variations for different occupational groups and the actions that have and will be taken to improve these findings is published on the Trust's public-facing website by 5 October 2021.

WMAS DATA COLLECTION; KEY LINES

The following data has been extracted from the NHS Electronic Staff Record System for all employees in post on 31 March 2020. The calculations made are in accordance with the technical guidance provided by Gov.UK.

Hourly Rate

Women's hourly rate is:

9.53% lower (mean)

15.47% lower (median)

Bonus Pay

Women's bonus pay is:

0% lower (mean)

0% lower (median)

Who received bonus pay:

0% of men

0% of women

Pay Quartiles

Top Quartile:

61.66% of men

38.34% of women

Upper Middle Quartile:

52.51% of men

47.49% of women

Lower Middle Quartile:

51.55% of men

48.45% of women

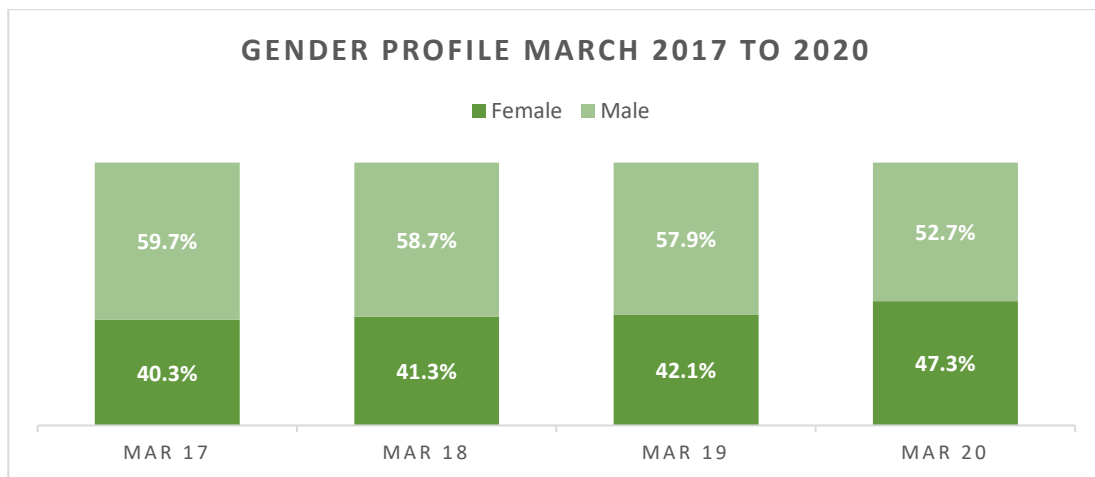
Lower Quartile:

45.04% of men

54.96% of women

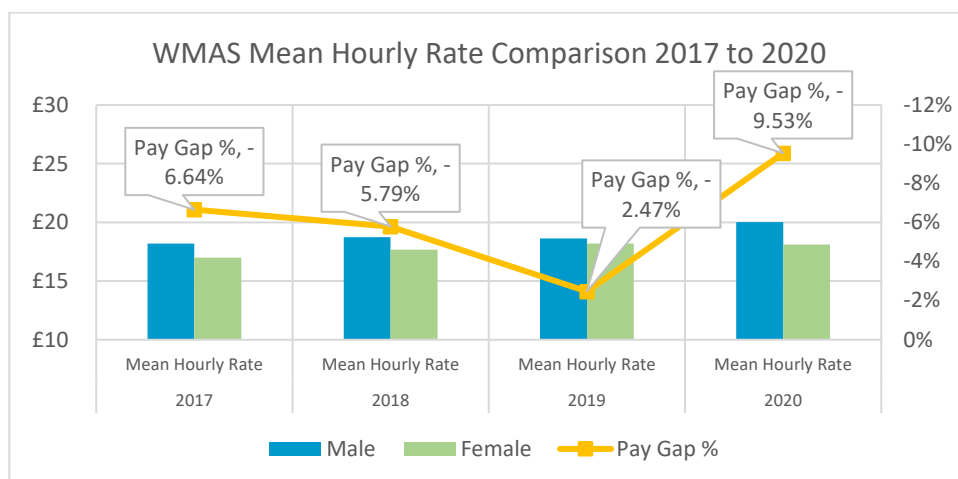
A full report on the implications of this data will be submitted to the People Committee, Executive Management Board and the Board of Directors in readiness for its publication by 5th October 2021.

Gender Profile

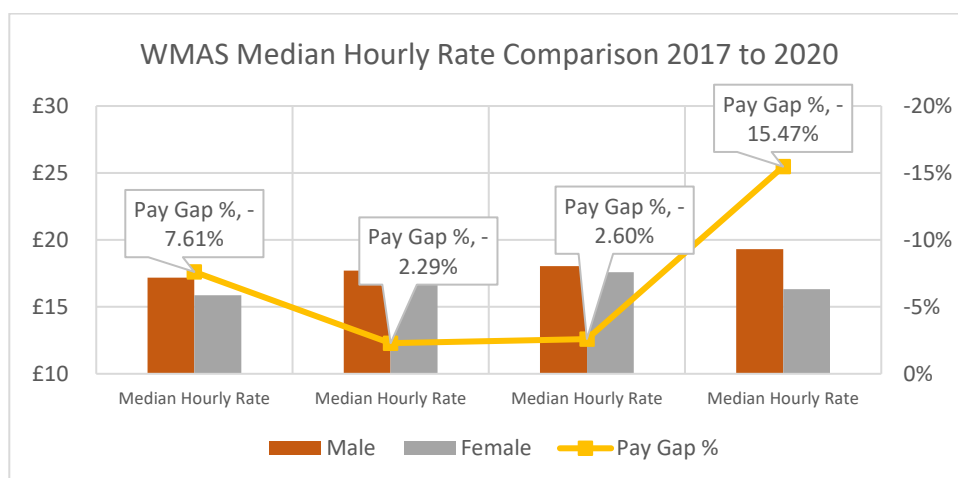


Since the inception of WMAS the gender profile between 2007 and 2020 had increased from 35.3% women to 47.3%. This is a rising trend with year-on-year increases.

Gender Pay Gap in Hourly Pay – Mean



Gender Pay Gap in Hourly Pay – Median



Bonus Gender Pay Gap – Mean & Median

Any payment of a bonus is determined by the Remuneration and Nominations Committee. In previous years the Trust determined only the Chief Executive Officer was 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.

Proportion of Males and Females Receiving a Bonus Payment

There were no bonus payments made in this year.

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 was 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, as well as having set up a disability & carer's staff network in 2019. The WDES action plan covers the period 2020 to 2021.

Engagement with local stakeholders

During the restrictions of COVID WMAS has still been able to be involved with local communities with the emphasis on building trust and confidence in the Trust. However, engagement has largely involved working with and through other partner agencies and emergency services, to ensure different communities are aware of the COVID issues that affect them such as take up of vaccines and risk assessments.

2020-21

Diversity and Inclusion Annual Report



D1

Pamela Brown, Head of Diversity & Inclusion

West Midlands Ambulance Service University NHS Foundation Trust

April 2021

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FOREWORD

2020 has been a difficult year for everyone with COVID, Black Lives Matter highlighting the death of George Floyd and the impact this has had on peoples well-being and mental health. COVID-19 has also shone a harsh light on some of the health and wider inequalities that persist in our society. It has become increasingly clear that COVID-19 has had a disproportionate impact on many who already face disadvantage and discrimination. The impact of the virus has been particularly detrimental on people living in the West Midlands areas of high deprivation, on people from Black, Asian and minority ethnic communities (BAME), and on older people, men, those with a learning disability and others with protected characteristics.

A central part of responding to COVID-19 has led the Trust to ensure Diversity & Inclusion (D&I) remains at the heart of what we do in order to tackle health inequalities to protect those at greatest risk, both as staff and patients. This has never been more true during COVID-19 when both our staff and communities have faced both un-precedented challenges but also opportunities to keep moving the dial on diversity & inclusion forward.

We have undertaken rigorous risk assessments of all our staff and consultations to ensure staff working from home or who are shielding are supported, that PPE has taken account of cultural and religious requirement and engaged with any staff groups who have demonstrated vaccine hesitancy with understanding and diplomacy.

At the same time, we have examined some of the key health inequities outlined in the Mind The Gap report and produced some videos for our clinical and non-clinical staff to ensure they have information which highlights how to ensure clinical diagnosis in different skin tones. These videos will be shared across the Trust and the Ambulance sector nation-wide.

We continue to implement our D&I vision which is centred around three pillars:

1. to build a diverse pipeline of people into WMAS as well as valuing diversity of thought and experience of our existing staff;
2. to create an inclusive work-place for all and
3. to reflect diversity in the delivery of our service to the diverse communities we serve.

This report focuses on our achievements for 2020-21. We are particularly proud of the progress we have made in embedding the Workforce Disability Equality Scheme and the Workforce Race Equality Scheme and the increased diversity of members who are now on the Trust Board,

the executive team and in the workforce. We are also proud of the increased engagement and membership of our D&I networks and their help in delivering our vision during this difficult period

Building and valuing a diverse and inclusive workforce has shown substantial benefits, both to ourselves and those we serve.

We have robust governance processes in place to ensure strategies, policies, procedures and major service changes are regularly assessed for impact on equality issues and our new Chair, the changing more diverse Board members, committees, and staff networks help us to understand the needs and views of a range of diverse people and communities.

The Trust continues to progress and embed, Diversity and Inclusion into everything we do.

Chief Executive



Anthony Marsh

A handwritten signature in black ink that reads 'A.C. Marsh.' The signature is written in a cursive, slightly slanted style.



The Trust has a statutory responsibility to publish an annual Equality report. This report provides information about the work we are doing and what we have achieved over the previous year. The report demonstrates the compliance with the Public-Sector Equality Duty [PSED]

This Annual Report will highlight our achievements during the past year, ongoing work the Trust is undertaking on Diversity & Inclusion in service delivery and employment with an aim to identify and address areas for improvement.

The report also provides a brief on our performance in regulatory compliance and our commitment to promoting a culture of inclusion for patients and staff through our vision for the future. We are further required by law through the Public-Sector Equality Duty (PSED) which give due regard to the need to eliminate discrimination, advance **equality** of opportunity and foster good relations between different people when carrying out our activities.

Details of the different Diversity and Inclusion themes, that have been worked on and the feedback from our staff and patients will be included in the report.

Some elements of the report are mandatory in relation to workforce data under the Specific Duty and Equality Objectives.

The Trust also understands the importance of a workplace that reflects the communities we serve, which is known to provide better quality patient care.

CORE SERVICES

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST PROVIDES THE FOLLOWING:

EMERGENCY AND URGENT

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 calls for both 999 and 111. EOC will identify the most appropriate ambulance crew or responder to the patient or reroute the call to our Clinical Support Desk staffed by experienced paramedics who are able to clinically assess and give appropriate advice. During COVID-19 the EOC and 111 in particular, has expanded considerably to manage the volume of calls, but has also enabled us to considerably expand the diversity of our staffing profile. Where necessary, patients are conveyed by ambulance to an Accident and Emergency Department or other NHS facility for further assessment and treatment. Additionally, they can refer the patient to their GP as appropriate.

NON - EMERGENCY PATIENT TRANSPORT SERVICE (PTS)

They transfer and transport patients for reasons such as hospital appointments, transfer between care sites, admissions and discharges and transport for continuing treatments where possible. Although this has been challenging during the pandemic, we are proud of our PTS staff in the way they have overcome those challenges in supporting patients



EMERGENCY PREPAREDNESS

This section of the organisation 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. Examples of their 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).

Whilst many large gatherings have not taken place during the pandemic, emergency preparedness continue to work with issues such as floods and consider some of the challenges ahead as lock down eases.



The Workforce and Organisational Development department have continued to arrange training for staff (virtually and with social distancing) to ensure the Trust understands and acts upon intelligence and identified risk to ensure we keep the public safe in terms of major incidents. The Trust is supported by a network of volunteers where possible during the pandemic. WMAS is also assisted by voluntary organisations such as BASICS doctors, water-based Rescue Teams and organisations.

OUR DIVERSITY & INCLUSION VISION FOR THE FUTURE



The Trust continues to implement its diversity & inclusion vision statement with staff and the community as permissible under NHS guidance. We continued to implement positive measures in our recruitment to better represent the communities we serve, and in the way we engage with more 'hard to reach' community groups. This is evident in our recruitment of 111 staff in particular and the support that students are given who have helped the Trust during the pandemic.

The journey during the last year has demanded we be courageous and think outside the box. Being inclusive only comes from working together-with each other and our stakeholders.

We believe in fairness and equity, and value diversity in our role as both a provider of services and as an employer. WMAS aims to provide accessible services that respect the needs of each individual and exclude no-one. We are committed to eliminating discrimination based on the Equality Act 2010.

We recognise that discrimination can be direct or indirect and takes place within organisations and at a personal level. Such discrimination is unacceptable and unlawful: we have a zero-tolerance approach towards behaviour that amounts to harassment or the exclusion of any individual.

We expect all WMAS employees to fulfil their responsibilities and to challenge behaviour or practice that excludes or is offensive to service users, suppliers or colleagues. WMAS continues to develop a healthcare workforce that is diverse, non-discriminatory and appropriately skilled to deliver modern healthcare services to all.

Alongside our vision statement, we are required under the Equality Act 2010 to demonstrate that we are meeting our equality and diversity legal duties.

The **PUBLIC-SECTOR EQUALITY DUTY (PSED)** is part of the Equality Act 2010 and came into force in April 2011. This duty requires NHS organisations and other public bodies to:

- Comply with the General Equality Duty
- Comply with the Specific Duty
- Publish Equality Objectives every four years

The **GENERAL EQUALITY DUTY** has three aims and requires us to have 'due regard' to:

1. Eliminate unlawful discrimination, harassment and victimization and other conduct prohibited by the Act.
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due Regard (diversity & inclusion analytics) is the mechanism by which the Trust seeks to ensure that its functions, policies, processes and practices do not have an adverse impact on any person in respect of their protected characteristics as described in the Equality Act 2010.

Our staff and patients are all different, and 'one size does not fit all'. In WMAS we aim to make sure our work and the services provided are fair and meet local needs. The Trust has a legal duty to promote equality and ensure services are accessible for all.

Due Regard means thinking about the aims of the PSED in the decision-making process. This means that consideration must be given to equality issues such as:

- How the Trust acts as an employer
- How the Trust develops, evaluates and reviews policy
- How the Trust designs, delivers and evaluates services
- How the Trust commissions and procures from others

EQUALITY OBJECTIVES

The Trust is required under the “Specific Duties” to prepare and publish one or more specific and measurable equality objectives which will help to further the three aims of the Equality Duty. The objectives must be published every four years. In 2020 we produced our new equality objectives for 2020-2024

EQUALITY OBJECTIVES

Objective 1 Equality Standards

Our commitment to meeting the Equality Standards set by NHS England will be demonstrated by the implementation and monitoring of the following standards:

Workforce Race Equality Standard

Workforce Disability Equality Standard

Gender Pay Gap Reporting

Accessible Information Standard

Equality Delivery System 2

We will do this by:

Implementing and strengthening our approach to the NHS Equality Delivery System 2 (EDS2)

Continue to develop our response to the Workforce Race and Disability Equality Standards (WRES) (WDES)

Investigate the experiences/satisfaction of staff through further surveys and focus groups

Keep invigorating and supporting the staff equality networks to ensure they are aligned with our strategic equality objectives

Objective 2 Reflective and diverse workforce

We will enhance our approach to recruitment, selection and promotion to positively attract, retain and support the progression of diverse staff across the Trust

We will do this by:

Target local and diverse communities in recruitment campaigns

Review our people policies to ensure that there is appropriate fairness

Support managers and teams to be inclusive

Work closely with external partners and providers (e.g. university paramedic programmes) to ensure diversity among the student group, and appropriate course content

Ensure the recruitment and selection training programme informs recruiting staff and managers of their legal duties under the Equality Act 2010

Objective 3 Civility Respect

Ensure all our Board leaders, senior managers, staff, contractors, visitors and the wider community are aware of the effects of their behaviour on others and are equipped to challenge and report inappropriate behaviour when they experience or witness it

We will do this by:

Develop and deliver an internal communication campaign on civility and respect in the workplace Develop a system where all cases of bullying or harassment are clearly recorded as such, and monitored to identify any trends or patterns across the Trust

Capture good practice from our partners and peers to improve our diversity and Inclusion performance, e.g. working collaboratively with the NHS Employers' National Ambulance Diversity Forum and Regional Diversity Groups

Objective 4 Ensure our leadership is committed to creating an environment that promotes and values equality and diversity and this is embedded in all we do

We will do this by:

Delivering diversity and inclusion training to all members of the Board of Directors and Council of Governor's

Ensuring all our leaders have specific diversity & inclusion objectives in their annual objectives with performance discussed during their appraisals

Board and Committee reports include an equality impact analysis

We will report on our progress against these new objections annually.

Progress 2020-21

Appendix 1 shows progress to date. There has been a specific focus on race within the context of Black Lives Matter and the Ambulance wide sector commitment to anti-racism.

GENDER PAY GAP

In 2017 the Government introduced world-leading legislation that made it statutory for all organisations with 250 or more employees to report annually on their gender pay gap. West Midlands Ambulance Service 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 2018 and then annually, including 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 shows the difference in the average pay between all men and women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are.

The gender pay gap is different to equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

Differences in gender pay show a demographic pay gap. By taking the average hourly rate for all employees and comparing the difference in that metric for men and women, gender pay reporting is most notable about female representation in certain roles – not whether a man earns more for the same job.

Equal pay is about men and women being paid the same for the same work, while the gender pay gap is about the difference in average hourly earnings.

The WMAS gender pay gap report 2020 was deferred following guidance from the Government Equalities Office and the Equalities and Human Rights Commission.

However, WMAS has produced our Gender Pay Gap report and will publish this by the government deadline of 5th October 2021.



ACTIONS TO ERADICATE THE GENDER PAY GAP

The Board of Directors and the senior leadership team are committed to improving our gender pay gap and are looking at a number of initiatives to address this, through the action plan which includes supporting a further cohort for women's development programme, Springboard in 2021.

Progress is shown in the Gender Pay Gap Report in the body of the overall Annual Plan

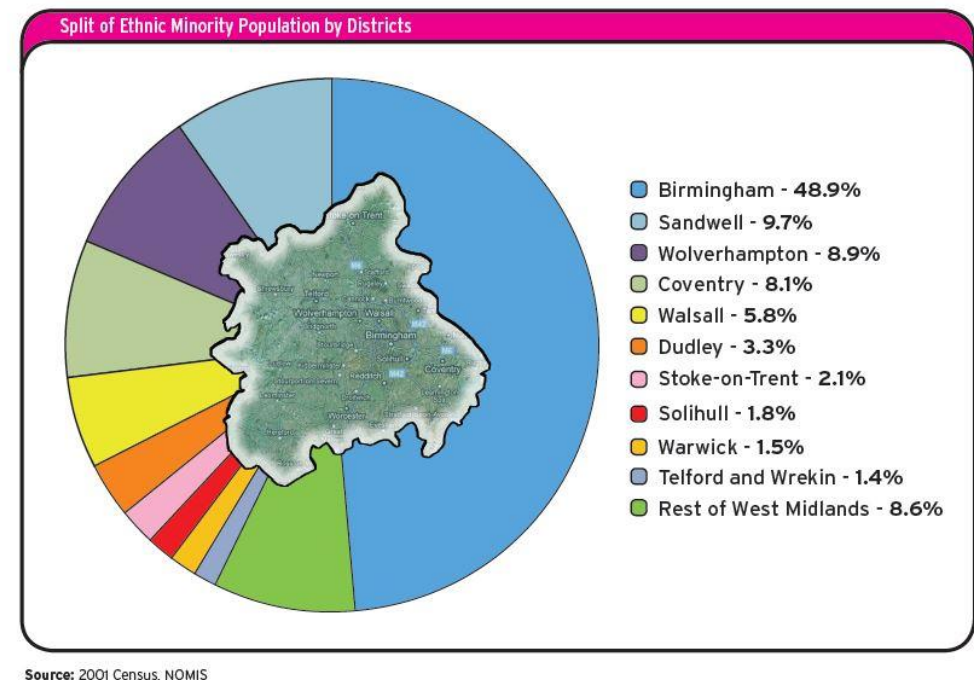
WORKFORCE RACE EQUALITY STANDARD

Workforce Race Equality Standards (WRES) The Workforce Race Equality Standard (WRES) was introduced in the NHS in 2015 with an aim to support NHS organisations to close the gaps in workplace experience between White and Black and Ethnic Minority (BME) staff and to improve BME representation at the Board level of the organisation. 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. The WRES is a set of metrics which annually is published in conjunction with an Action plan.

Our action plans for both the WRES and WDES are published on the website.

This is a challenging time for everyone, however, it presents us with even more reason to ensure we are living the principles of equality and inclusion in all that we do, and WMAS will continue to progress the WRES and WDES work within WMAS.



WORKFORCE RACE EQUALITY STANDARD POSITION STATEMENT

West Midlands Ambulance Service NHS Foundation Trust welcomes the introduction of the Workforce Race Equality Standard and views it as mechanism to identify and reduce any disparities that arise in relation to experiences and outcomes for applicants and staff.

Research has shown that improving the diversity of the workforce will lead to better healthcare outcomes for our patients where the workforce is representative of the communities we serve.

The Trust is committed to an inclusive workplace where all staff have the opportunity to thrive and flourish and are free from discrimination.

The Board will provide leadership and ongoing support for the delivery of the WRES.

EDS2

West Midlands Ambulance Service annually holds Equality Delivery System 2 events both internally and externally. Internally we ask staff to grade the Trust against goal 1 which relate directly to them. Externally we ask our communities, partners and other agencies we work with to grade the Trust performance against the other prescribed goals. The 4 goals which all NHS Trusts will be working towards are:

- 1. Better Health Outcomes for all**
- 2. Improved patient access & experience**
- 3. Empowered, engaged & well supported staff**
- 4. Inclusive leadership at all levels**

EDS2 EVENTS

As stated earlier in the report, the Trust have delivered Goal 3 relating to staff only until EDS3 is published.









The Staff event covered goal 3 - empowered, engaged and well supported staff, incorporating:

- Recruitment and Selection
- Development
- Equal pay
- Bullying & Harassment
- Flexible working.

The current EDS2 rating system is underpinned by a substantial number of factors which need to be evidenced to achieve one of the four ratings.















Each prescribed outcome is presented by a facilitator to the audience who then discussed their views prior to making a decision on the grading and make suggestions to enable improvement.

The grading headings are as follows:

Purple			Excelling
Green			Achieving
Amber			Developing
Red			Undeveloped

The Trust has improved or maintained EDS2 gradings for staff outcomes.

The outcomes are detailed below:

Outcome	Number	Description of Outcome	Grading 2019/20	Grading 2020/21
3.Representative & supported workforce	3.1	Fair NHS recruitment and selection process lead to a more representative workforce at all levels.	 	
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.		
	3.3	Training and development opportunities are taken up and positively evaluated by all staff.		
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source		 
	3.5	Flexible work options are available to all staff consistent with the needs of the service and the way people lead their lives.		
	3.6	Staff report positive experiences of their membership of the workforce.		

WMAS STAFF NETWORKS

We extended our staff networks in WMAS to include the Disability, Carers and Advocates Network in 2020 and which now has over 60 members and have moved towards establishing a women's network which will be active in 2021.

1. PROUD AT WMAS:

Our LGBT network group is well established within the Trust. Members receive regular updates and are able to engage with the network through a number of mechanisms, including Facebook, twitter, and email as well as in person and by phone. Facebook pages continue to keep employees up to date and the group has also launched a Twitter account.

Members are consulted in development of policies and procedures, and have developed in-house induction training on LGBT+ issues.



2. ONE NETWORK: THE BME GROUP

The network is becoming well-established, they have Terms of Reference and have elected a staff committee. Members receive regular updates and are able to engage with the network through a number of mechanisms, including the newly created web site, Whatsapp, twitter, and email as well as in person and by phone.

The group is represented on the National BME Ambulance Forum with the ONE network chair and the WMAS Head of Diversity & Inclusion, being members of the management committee.

The network has issued guidance on Ramadan for 2021 and have meet with the Board to present their priorities for the coming year. The Chair regularly shares articles and information that may be of interest to the network, the members are actively encouraged to attend leadership training and co-mentoring opportunities available in the |Trust.

The network was also invited along with all BME staff to attend consultation sessions on vaccine hesitancy; adaptations to uniform and PPE to meet cultural needs.



DISABILITY, CARERS AND ADVOCATES NETWORK (DCA)

The Disability, Carers & Advocates in brief the DCA is the identifying name for the West Midlands Ambulance Service network for all staff who have a Disability, are a Carer or would act as a supporting Advocate for either party. DCA was launched in 2019/20 and has grown in membership very quickly with over 60 members.

The purpose of this group is:

- Is to promote a positive approach to Disability & Carers responsibilities
- To address issues, topics, that have arisen
- To provide best practice in terms of shared knowledge and understanding for the benefit of all staff.
- Creating a supportive, nurturing and inclusive environment where all members of staff with differing abilities are respected and acknowledged for their contribution.

The network has established their own intranet web page and have a number of resources ready to share with members. The network have been consulted on the WDES action plan and have been active in contributing to the priorities for 2020/21.

The Trust achieved Disability Confident Leader status in November 2019.

DIVERSITY & INCLUSION STEERING GROUP

The Trust supports an DISG 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 group this group is chaired by the CEO. The DISG group meets every three months to consult and drive the Diversity & Inclusion agenda forward.

EXTERNAL PARTNERS

NADG [NATIONAL AMBULANCE DIVERSITY GROUP]

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 Equality & Diversity agenda at national level.

NLGBT [NATIONAL LESBIAN GAY BISEXUAL TRANSGENDER] AND NATIONAL BME AMBULANCE NETWORK

Both groups have developed over the last few years with an annual conference every year and all ambulance services march together at Pride. WMAS hosted the conference in 2019.

REGIONAL EQUALITY FORUM

The Trust are members of the regional Equality forum which allows all Trusts to meet and share best practice and discuss issues which relate directly to the region.

NATIONAL & REGIONAL RESERVIST FORUM

The Trust are members of both the local and national group and support Armed Forces Day, Reservist Day and Remembrance Day.

NHS STANDARD CONTRACT

The NHS Standard Contract is mandated by NHS England for use by NHS commissioners to contract for all healthcare services other than primary care. This prohibits discrimination based on the nine protected characteristics set out in the Equality Act 2010 and is a mutual obligation on the commissioner and on the provider. Service Condition 13 relates specifically to 'Equality of Access and Equality and Non-Discrimination.'

- Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved (s. 13G and s.14T):
- Exercise its functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services.

CONCLUSION

The Trust has achieved a great deal this year given the challenges of the pandemic. There is much to be proud of and the Trust is committed to achieving further progress on all areas of D&I, and we will continue to strive to make the environment more inclusive for both patients and staff through our engagement strategy and culture change programme.

The Trust now incorporates its duties under the PSED of the Equality Act 2010 within the annual report. The Workforce Race Equality Standard and Action Plan, Workforce Disability Equality Standard and Action Plan, Gender Pay Gap report and also EDS2 are published on the Trust web site in their own right.



BAME Representation, Progression & Leadership Action Plan

Updated December 2020 Appendix One

- Section 1: Data/Information
 - Section 2: Recruitment
 - Section 3: Progression
 - Section 4: Culture
 - Section 5: Network Support
 - Section 6: Leadership Development
 - Section 7: Staff engagement
 - Section 8: Health and Wellbeing
 - Section 9: Strategic community engagement
- Priority 1 (P1) = 1-2 months
Priority 2 (P2) = 2-3 months
Priority 3 (P3) = 3-6 months

Section1: Data/Information							
Priority		Area for Improvement	Action	Lead	Due BY	RAG	Update
P1	1	Review the data collected and held in the organisation and what gaps exist which may delay progress in delivering against other objectives in this Action Plan	HRD to set out a summary table of data already collected. Provide a proposed list of new data collection for inclusion in the Dashboard and regular reports to D&I Senior Advisory Group,	KN/PB	Feb 2020		Diversity dashboard in place extracted from data held in the electronic staff record. No gaps in data identified.

Appendix to Diversity and Inclusion Annual Report

			EMB, Resources Committee and Board of Directors																																																	
P1	2	Produce a dashboard to be regularly updated to monitor progress against BAME recruitment, training and development and AfC grades	Determine priorities to be included in a one-page/ one screen dashboard to monitor progress on our agreed priorities as well as underpin the objectives contained within this action plan	PB/PH	Feb 2020		Data is currently collated on a monthly basis and satisfies the monitoring requirements of BME recruitment, training and development																																													
P2	3	Report progress using the agreed dataset and dashboard monthly to EMB and Resources Committee and quarterly to Board of Directors meetings held in Public	Produce a standard format report and present an update accordingly	PB	March 2020		Data table delivered.																																													
P2	4	Review recruitment data with each of our five Universities including BCU and regularly monitor. Also work with HEE to support	Conduct a baseline review of current position and current interventions and report to Board of Directors	BK	January 2020		<table><tr><th></th><th colspan="2">University of Wolverhampton</th><th colspan="2">University of Worcester</th><th colspan="2">Coventry University</th><th colspan="2">Staffordshire University</th></tr><tr><th></th><th>Number of Students</th><th>Number identified as BAME</th><th>Number of Students</th><th>Number identified as BAME</th><th>Number of Students</th><th>Number identified as BAME</th><th>Number of Students</th><th>Number identified as BAME</th></tr><tr><td>Year 1</td><td>69</td><td>13</td><td>106</td><td>7</td><td>101</td><td>10</td><td>116</td><td>3</td></tr><tr><td>Year 2</td><td>63</td><td>10</td><td>88</td><td>9</td><td>91</td><td>11</td><td>112</td><td>10</td></tr><tr><td>Year 3</td><td>25</td><td>6</td><td>33</td><td>1</td><td>NA</td><td>18</td><td>NA</td><td>NA</td></tr></table>		University of Wolverhampton		University of Worcester		Coventry University		Staffordshire University			Number of Students	Number identified as BAME	Number of Students	Number identified as BAME	Number of Students	Number identified as BAME	Number of Students	Number identified as BAME	Year 1	69	13	106	7	101	10	116	3	Year 2	63	10	88	9	91	11	112	10	Year 3	25	6	33	1	NA	18	NA	NA
	University of Wolverhampton		University of Worcester		Coventry University		Staffordshire University																																													
	Number of Students	Number identified as BAME	Number of Students	Number identified as BAME	Number of Students	Number identified as BAME	Number of Students	Number identified as BAME																																												
Year 1	69	13	106	7	101	10	116	3																																												
Year 2	63	10	88	9	91	11	112	10																																												
Year 3	25	6	33	1	NA	18	NA	NA																																												

Appendix to Diversity and Inclusion Annual Report

		accelerated progress. Report to Board of Directors annually					
P1	5	Ensure our policies and procedures are implemented in practice	EMB to progress, implement and embed	Exec Directors	August 2020		On-going monitoring by EMB
P3	6	Review Trust policies to ensure they have sufficient race inclusion appropriate to the policy and procedures	Review and amend organisational policies	CB/PB	December 2020		Equality Impact Assessments in place and applied when policies are reviewed. All policy in date and compliant.
P2	7	Sharing of appropriate reading material our individual understanding of current issues	Head of Diversity regularly share a proposed reading list	PB	September 2020		On-going and regularly implemented
P2	8	Collect appropriate data agreed by Board of Directors at each meeting of EMB and Resources Committee and quarterly to Board	Draft a suitable report for consideration by EMB and Board of Directors and regularly review and refresh accordingly	PB	August 2020		Ongoing and delivered

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		of Directors in public session					
Section 2: Recruitment							
Priority		Area for Improvement	Action	Lead	Due BY	RAG	Update
P1	9	Continue to Engage proactively with our five Graduate Paramedic Universities including BCU to increase BAME Graduate applicants	Agree further support and interventions to increase graduate university places to BAME students. Work with HEE to progress.	KN/BK	July 2020		This is at the top of the agenda for each bi-annual HEI Consortium. Details of progress are gathered and further ways of supporting are discussed and agreed. HEI BAME UPDATE JUNE 2020.docx
P1	10	Enhance and increase the imagery of the Trust on Website, annual reports and other publications, etc including social media to continue to make it reflect the diversity of our Community to attract more applicants from BAME population	To review and replace existing images on our digital publications and applications etc to increase diverse images of our staff, volunteers etc	MM/PB	July 2020		Improved suite of imagery discussed at national communications meetings. Staff from diverse backgrounds encouraged to be official tweeters. Social media used extensively.

Appendix to Diversity and Inclusion Annual Report

P2	11	Re-prioritise HR Teams to pro-actively organise recruitment arrangements to support and maximise BAME applicant	Determine which existing activities will be reduced in order to increase the support to achieve this objective and substantially increase BAME recruitment to EOC, 111, PTS, E&U and Corporate Department	KN/CB/LH	August 2020		Virtual and Social media engagement events are in place, HR Advisors undertake all telephone interviews with NHS111 candidates HR Managers allocated a recruitment campaign during LH's absence on maternity leave.
P2	12	Ensure HR Teams and Recruitment Teams Continue to proactively follow up BAME applicants through the recruitment, appointment and induction process, effectively utilising the role of recruitment engagement advisor	Consider reprioritising HR and Recruitment activities where possible in order to increase the support to achieve this objective and substantially increase the attraction of BAME candidates for roles within EOC, 111, PTS, E&U and Corporate Departments	KN/PB/LH	July 2020		BME tracker continues to be updated and monitored by HR team as an interim measure whilst the current vacancy for a dedicated Recruitment Engagement Officer is being progressed. HR team were allocated to carry out assessments and interviews for 111 mass recruitment campaign.
P2	13	Monitor and report attrition levels of BAME Staff in each Directorate	Devise a suitable report, format and present accordingly. Refresh and	RB/PB	August 2020		A diversity dashboard is presented to each DISAG meeting which includes all leaver data by directorate and job role.

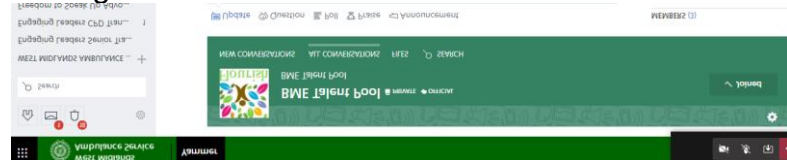
Appendix to Diversity and Inclusion Annual Report

		across the Trust and report to EMB and Resources Committee at every meeting and report twice per year to Board of Directors held in Public	update report and formatting in light of experience to ensure the report remains relevant, proportionate and fit for purpose																		
P1	14	Agree data / information dashboard to monitor progress of BAME recruitment through each stage and produce output reports to present monthly to EMB and to each meeting of Resources Committee and quarterly to Board of Directors in Public session	Determine priorities for inclusion in this information dashboard seeking views and advice of appropriate senior colleagues. Review and refresh in light of experience and feedback.	PB/LH	August 2020		The current report that is updated on a weekly basis: <table><tr><td>Passed & Offered</td><td>300</td></tr><tr><td>Reserve</td><td>21</td></tr><tr><td>Shortlisted</td><td>87</td></tr><tr><td>Fail</td><td>408</td></tr><tr><td>DNA / DNB</td><td>667</td></tr><tr><td>Withdrawn</td><td>166</td></tr><tr><td>Total</td><td>1649</td></tr></table>	Passed & Offered	300	Reserve	21	Shortlisted	87	Fail	408	DNA / DNB	667	Withdrawn	166	Total	1649
Passed & Offered	300																				
Reserve	21																				
Shortlisted	87																				
Fail	408																				
DNA / DNB	667																				
Withdrawn	166																				
Total	1649																				
P1	15	Ensure the tests used for the recruitment continue to be relevant to the role being applied for and what all	To ensure compliance with equality act Promoting best practice in	CB/LH CB/LH	August 2020		All Assessments have been reviewed and where possible adjustments made to ensure they remain appropriate and suitable. Interviews being carried out remotely by phone or video wherever possible.														

Appendix to Diversity and Inclusion Annual Report

	<p>tests are free from bias</p> <p>Undertake a review of the interview procedures used for recruitment and selection of staff to ascertain whether there is any evidence or potential to present a disadvantage to candidates from a BAME background.</p> <p>Ensure all staff on selection panels have received appropriate training from a CIPD qualified professional and can demonstrate cultural competence.</p> <p>Wherever possible, create diverse selection panels, and for all substantive selection panels for band 7 and above a BAME</p>	<p>recruitment and selection</p> <p>Promoting best practice in rec and selection</p> <p>To consider applicability within WMAS</p>	<p>CB/LH</p> <p>CB/LH PB/Bo [AACE lead]</p>		<p>Recruitment training continues for all staff and managers who are involved in the process.</p> <p>Feedback from discussions with national advisor to AACE identified processes at WMAS were consistent with best practices seen elsewhere across the ambulance sector. Discussions held at National HRDs meetings to share feedback.</p>
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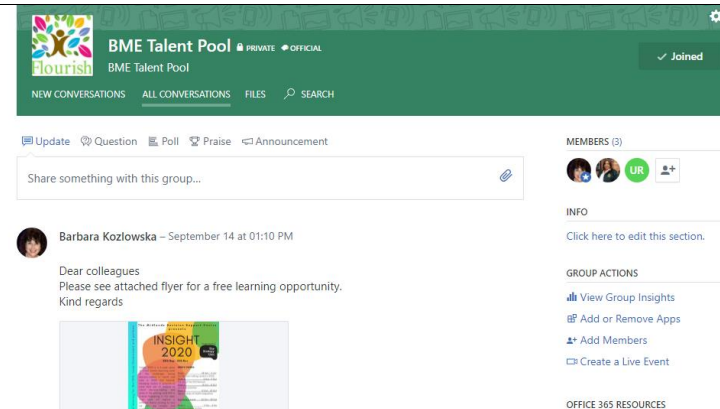
Appendix to Diversity and Inclusion Annual Report

		panel member is mandatory. Examine and report on procedures used in other Ambulance Services and similar organisations for best practice models in regard to recruitment from the BAME community					
Section 3: Progression							
Priority		Area for Improvement	Action	Lead	Due BY	RAG	Update
P2	16	Develop a specific strategy for identifying and supporting BAME talent	Write a Strategy	KM, BK,PB	September 2020		In progress
P2	17	Encourage and pro-actively support BAME Staff to undertake internal leadership development programmes and other development interventions with	Review appraisal documentation for potential individuals to support succession planning	BK	October 2020		<p>Talent Pools have been developed to ensure opportunities for development are highlighted to potential staff where active participation is encouraged Progression to Talent Pools are through PDR conversations promoted to managers and staff.</p> 

Appendix to Diversity and Inclusion Annual Report

		a key focus on inclusive and compassionate leadership					
P3	18	Increase the numbers of staff to undertake formal University Post Graduate Degrees and Master's Degrees and Professional Doctorates and report annually on the numbers undertaking such programs to the Board of Directors.	Review appraisal documentation for potential individuals to support succession planning	BK	October 2020		Two masters confirmed to date. NH, MB and JB written to: BAME Engagement with Development.msg BSc Top-Up funding will be prioritised for BAME paramedics.
P3	19	Establish a Talent Pool for BAME staff aspiring to compete for roles at all levels of the organisation, including a suite of suitable development opportunities	Ensure all posts are advertised and a BAME Manager is on all selection interview panels to support progress	ACM	November 2020		Recruitment training has been offered to all members of the ONE network in order to increase BAME representation on recruitment panels. Board agreed not to set aspirational targets. Talent Pool established and promoted. Membership is low currently. Further promotion to be carried out during October post-PDRs. Will also include current Engaging Leaders participants when they have completed.

Appendix to Diversity and Inclusion Annual Report



Development opportunities offered:

Programmes advertised	Date advertised	BME Specific	All staff	Location advertised
Black Lives Matter- NAMBEF	Jun-20	Yes		Email
Workforce Wellbeing events- Staff common room hosted by NHS Practitioners, NHS England and NHS Improvement	Jun-20	Yes		Email
How can the ambulance Service improve the way they support and care for BAME people and	Jun-20	Yes		Email

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						Communities-NABMEF and AACE				
						Report Writing Skills	Jul-20	Yes	Yes	Yammer One Network, Weekly Briefing
						Workforce race inequalities and inclusion in NHS providers- The King's Fund	Jul-20	Yes		Email
						A long way to go': what is it like to work in the NHS as an ethnic minority member of staff	Jul-20	Yes		Email
						Covid 19 and the health and wellbeing of BAME communities Seminar= Dudley Council Public Health	Jul-20	Yes		Email
						Time to speak up: some necessary words about racism- The King's Fund	Jul-20	Yes		Email
						How to do 'learning' in	Aug-20	Yes	Yes	Yammer

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							practice- The King's Fund					
							The Institute of Healthcare Management CPD Courses	Aug-20	Yes	Yes		Yammer One Network, Weekly Briefing
							9 Leadership habits that inspire results, relationships and reputation- John Blakey You Tube	Aug-20	Yes	Yes		Yammer One Network, Yammer All company
							Staffordshire University CPD modules offerings	Aug-20	Yes	Yes		Yammer One Network, Weekly Briefing
P3	20	Provide a Talent Pool for BAME staff aspiring for appointments at band 9 and VSM Director roles. Identify a suite of potential development and secondment opportunities	Identify appropriate individuals to secure secondment in another organisation to create opportunities for BAME progression	ACM	November 2020		Development Opportunities offered: <ul style="list-style-type: none"> • 2 fully funded Masters agreed • As above table 1:1 coaching conversations have taken place over the past 5 months resulting in participants on senior Engaging Leaders Programme, and a waiting list for next year's tranche. Support given for arranging shadowing, mentors and acting up opportunities. Board-level mentors being arranged for senior Engaging Leader participants to be finalised October in agreement with the Chairman.					

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							<p>Coaching support given to BAME managers who have stepped up into senior roles and is on-going.</p> <p>A table is currently being created containing details of all BAME Staff at Band 8a, 8b, 8c and 8d to include the arrangements in place for mentors, coaches, masters degrees and other training along with the next steps on an individual basis.</p>
P3	21	Work with an academic university partner to commission further research and the draw upon existing evidence to underpin and embed progress	WMAS have highlighted an opportunity to work in partnership with a University to assist in establishing a Commission on Representative Workforce	KN/BK	July 2020		Engagement with Coventry University established. First meeting held 9 th September 2020.
P3	22	Arrange Board training event	Head of Diversity to provide an annual Board BAME Training Session	PB/PH	September 2020		Scheduled for October and completed
Section 4: Culture							
Priority		Area for Improvement	Action	Lead	Due BY	RAG	Update
P3	23	Review internal progress against the action plan	Consider appropriateness and timeliness of	ACM/Chair	December 2020		External review undertaken by external consultant Chris West with recommendation that the Trust focus on fewer actions over the next 12 months in greater depth.

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		after 6 months to determine whether there is a need for an external review	an internal review in Summer 2020 to review progress and identify potential further improvement and opportunities for accelerating progress if necessary				
P2	24	To ensure that the Diversity & Inclusion Policies & Actions are incorporated into all Trust Policies	Review of all existing policies and procedures and action plans to ensure they all incorporate the ambition to improve BAME Staff Representation	PB	December 2020		Review on-going. Policies to be reviewed formally due in September 2020.
P1	25	Work with ONE Network to inform and assist in the design a Cultural Intelligence Training Course which all Managers regardless of grade or role will be required to attend	KN and PB to progress with the Chair and members of the ONE network	KN/PB	July 2020		Network engaged and developing training for delivery
P1	26	Introduce a staff cultural story from individuals arising	Chairman, CEO, Board Secretary and Pam Brown to	PM/PH	July 2020		In progress. This is on the agenda for the Board away day at the end of October and confirmed by CW Board member. To be instituted by the ONE Network

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		from a compliant at Board Meetings similar to patient stories	invite and facilitate a willing speaker				
P1	27	Freedom to Speak up Directors to write an open letter to all staff in relation to Black Lives Matter	Joint letter to be drafted, signed and issued	MD/ CW/ BK	July 2020		Letter approved and sent out

Section 5: Network Support

Priority		Area for Improvement	Action	Lead	Due BY	RAG	Update
P2	28	Review the support available to the 'One' Network and enhance the support available which reinforces and improves recruitment of BAME Staff, progression and promotion of BAME Staff and improve the experience of BAME Staff at work. CEO will continue to meet with the Network Chairs three times a year to review the work	Identify any further opportunities to put in place enhanced support and keep under review. The quarterly Network Chairs Meeting with the CEO to be scheduled throughout 2020 to support each Networks programme of work etc	PB	September 2020		ONE network attended July 2020 Board meeting to communicate their top three priorities. CEO and ONE Network have regular scheduled Microsoft meetings to follow up on priorities' Currently twice a month. CEO continues to have meetings with all Network Chairs three times a year

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		and share the progress in relation to the Action Plan					
P2	29	CEO to establish an expert Advisory Board consisting of internal; staff and experts to progress and accelerate change	CEO to progress with internal colleagues, ONE network and external experts the creation of an Advisory Board in response to COVID-19 actions and this action plan	ACM/PB	August 2020		One Network established as expert advisory board
P3	30	Proactively extend co mentoring and reverse mentoring arrangements across the organisation	Head of OD and Head of Diversity to facilitate expansion	PB/BK	September 2020		Reverse Mentoring Paper sent to EMB 25 th August 2020. EMB Cover Sheet Reverse Mentoring.docx

Section 6: Leadership Development

Priority		Area for Improvement	Action	Lead	Due BY	RAG	Update
P2	31	Substantially enhance and increase opportunities for BAME Staff to participate in leadership programmes and development intervention	Review appraisal reports and succession planning to allocate most places for BAME Staff	BK	October 2020		Progression to Talent Pools through PDR conversations promoted to managers and staff.

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P1	32	Maximise the use of social media and digital technology to support recruitment of staff at all grades in the Trust	Encourage the increase of social media	MM	August 2020		Continue to use SoMe as much as possible to support recruitment campaign – follower numbers at record levels.
P2	33	Provide opportunities for mentoring, shadowing, co-mentoring, reverse mentoring for BAME Staff and report high level data to Board of Directors in public	Provide such opportunities to all BAME Staff and report to Board of Directors on implementation and take up etc	BK	September 2020		Reverse Mentoring Paper sent to EMB 25 th August 2020. Awaiting decision. EMB Cover Sheet Reverse Mentoring.docx
P1	34	Set improvement goals for increased development opportunities and interventions	Consider appropriate measurement KPIs against which progress can be objectively measured and any further actions arising can be implemented	BK	September 2020		A review of all development opportunities and interventions has commenced. Two masters confirmed to date. NH, MB and JB written to: BAME Engagement with Development.msg BSc Top-Up funding will be prioritised for BAME paramedics.
P3	35	To review feedback from staff and the Networks on this action plan in 6 months to ensure	Put in place a review mechanism to incorporate qualitative and quantitative measures to gain	PB/BK	December 2020		BME staff meeting action plan has been shared with BME staff and One network to engage more BME staff in contributing to recruitment, retention and development of BME staff.

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		progress is being made in terms of development opportunities and intervention and report to EMB	feedback and new emerging ideas from BAME Staff				
P2	36	Provide opportunities for BAME Staff to undertake formal accredited progression opportunities e.g. Master's Programmes, Degrees, etc at Universities	Review appraisal documentation and succession planning to ensure all places are allocated to the most suitable and appropriate BAME Staff and monitor and report accordingly	BK	October 2020		Two masters confirmed to date. NH, MB and JB written to: BAME Engagement with Development.msg BSc Top-Up funding will be prioritised for BAME paramedics.
P3	37	Through positive action measures identify suitable secondment opportunities for BAME Staff, such as to act up or replace existing Senior Staff who could be seconded out of the Trust	Advertise, interview and select suitable BAME Staff to support their career progression	ACM	October 2020		This initiative will be raised at the regional D&I network to identify possible secondment opportunities. This builds on action 20 which sets out the learning, development and next steps for BAME Staff.
P1	38	Bring forward the Board Development day to September.	Chairman, CEO and Board Secretary to make the necessary arrangements including to invite	IC/ACM/PH	July 2020		Agreed

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			an expert external Facilitator				
P2	39	Create a Board of Directors narrative which demonstrates empathy to the issues and that is ambitious in relation to Black Lives Matter	Board of Directors to create and disseminate our ambitious statement	Trust Board	September 2020		In progress. To be raised at October Board away day. ACCE statement has been disseminated as part of the Trust commitment to Anti-racism
P2	40	All Board Members to individually and personally sign up to creating change and set a personal ambition for change which will be included and documented in all Board Directors PDP's and monitored at the mid and end of year review sign of processes.	To be progressed at the July Board development day.	All Directors	October 2020		Chair to include actions in all Board PDP's agreed
P3	41	Introduce further additional training for all managers and Senior Union Reps in the Trust on emotional, cultural, intelligence.	Expert advisory board to determine training needs analysis and make recommendations for implementation	KN/PB	March 2021		Trust has been working with a system wide training initiative across the Midlands which will be rolled out during March 2021

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		Communications ie listening and hearing					
P2	42	External expert consultants to be invited to the Board Development Meeting to support change and more importantly to help implement and embed change	Chairman and Chief Exec to progress	IC/ACM/PB	July 2020		External facilitator delivered session for Board in October
Section 7: Staff Engagement							
Priority		Area for Improvement	Action	Lead	Due BY	RAG	Update
P2	43	Develop and deliver a Focus Group at which BAME staff are invited to give their views on measures that would support and assist the Trust to increase the attractiveness of positions advertised	To identify appropriate interventions to encourage increased rec and promotion from BAME communities and staff	KN/BK	October 2020		Focus Group held on 9 th March 2020. Report complete 5 th May 2020. Report on BME Staff Conversation March 2020 02 07 20.docx Managers given details of offers of help from BAME staff. Support Offers.xlsx
P3	44	Implement an extensive set of staff conversation and engagement	To hold a schedule of events at each site across the organisation	PB/BK	December 2020		In progress and on-going

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		events which will be facilitated by external experts					
P2	45	Engage and mobilise staff governors in supporting this Black Lives Matter Action Plan	Board Secretary and Head of Diversity to meet and discuss with Staff Governors the role of governors in supporting our staff in relation to Black Lives Matter	PH/PB	October 2020		In progress. Meeting has been convened and actions that staff governors can take to support staff have been agreed. Minutes held by Phil Higgins

Section 8: Health and Wellbeing

Priority		Area for Improvement	Action	Lead	Due BY	RAG	Update
P1	46	Mitigate the impact of COVID-19 on our staff and strengthen protection and support for BAME staff	Senior Command Team and local Managers to continue to urgently mitigate the risks. Ensure PPE is culturally suitable. Risk assessments are overseen by a lead Assistant Chief Officer who will report to the Board to include protective redeployment, shielding and testing	Assistant Chiefs/PB	August 2020		Completed

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Section 9: Strategic Community Engagement							
Priority		Area for Improvement	Action	Lead	Due BY	RAG	Update
P2	47	Substantially increase outreach work possibly by utilising the Council of Governors as part of engaging with the Membership, into Schools, Universities, local Community Groups, Job Fair events etc to attract more BAME applicants and make the Trust the employer of choice.	Brief Governors at next CoG Meeting. Identify other opportunities and resources to support these activities and interventions	PB/SW, VK	November 2020		Complete – PB presented to CoG in February 2020
P2	48	Proactively enhance media and communications to strengthen our Black Lives Matter actions	Use of social media etc to reinforce messaging, communications and BAME imagery in all our publications including electronic publications	MM/VK	July 2020		Completed

2020-21

Diversity and Inclusion Annual Report



D1

Pamela Brown, Head of Diversity & Inclusion

West Midlands Ambulance Service University NHS Foundation Trust

April 2021

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FOREWORD

2020 has been a difficult year for everyone with COVID, Black Lives Matter highlighting the death of George Floyd and the impact this has had on peoples well-being and mental health. COVID-19 has also shone a harsh light on some of the health and wider inequalities that persist in our society. It has become increasingly clear that COVID-19 has had a disproportionate impact on many who already face disadvantage and discrimination. The impact of the virus has been particularly detrimental on people living in the West Midlands areas of high deprivation, on people from Black, Asian and minority ethnic communities (BAME), and on older people, men, those with a learning disability and others with protected characteristics.

A central part of responding to COVID-19 has led the Trust to ensure Diversity & Inclusion (D&I) remains at the heart of what we do in order to tackle health inequalities to protect those at greatest risk, both as staff and patients. This has never been more true during COVID-19 when both our staff and communities have faced both un-precedented challenges but also opportunities to keep moving the dial on diversity & inclusion forward.

We have undertaken rigorous risk assessments of all our staff and consultations to ensure staff working from home or who are shielding are supported, that PPE has taken account of cultural and religious requirement and engaged with any staff groups who have demonstrated vaccine hesitancy with understanding and diplomacy.

At the same time, we have examined some of the key health inequities outlined in the Mind The Gap report and produced some videos for our clinical and non-clinical staff to ensure they have information which highlights how to ensure clinical diagnosis in different skin tones. These videos will be shared across the Trust and the Ambulance sector nation-wide.

We continue to implement our D&I vision which is centred around three pillars:

1. to build a diverse pipeline of people into WMAS as well as valuing diversity of thought and experience of our existing staff;
2. to create an inclusive work-place for all and
3. to reflect diversity in the delivery of our service to the diverse communities we serve.

This report focuses on our achievements for 2020-21. We are particularly proud of the progress we have made in embedding the Workforce Disability Equality Scheme and the Workforce Race Equality Scheme and the increased diversity of members who are now on the Trust Board,

the executive team and in the workforce. We are also proud of the increased engagement and membership of our D&I networks and their help in delivering our vision during this difficult period

Building and valuing a diverse and inclusive workforce has shown substantial benefits, both to ourselves and those we serve.

We have robust governance processes in place to ensure strategies, policies, procedures and major service changes are regularly assessed for impact on equality issues and our new Chair, the changing more diverse Board members, committees, and staff networks help us to understand the needs and views of a range of diverse people and communities.

The Trust continues to progress and embed, Diversity and Inclusion into everything we do.

Chief Executive



Anthony Marsh

A. C. Marsh



The Trust has a statutory responsibility to publish an annual Equality report. This report provides information about the work we are doing and what we have achieved over the previous year. The report demonstrates the compliance with the Public-Sector Equality Duty [PSED]

This Annual Report will highlight our achievements during the past year, ongoing work the Trust is undertaking on Diversity & Inclusion in service delivery and employment with an aim to identify and address areas for improvement.

The report also provides a brief on our performance in regulatory compliance and our commitment to promoting a culture of inclusion for patients and staff through our vision for the future. We are further required by law through the Public-Sector Equality Duty (PSED) which give due regard to the need to eliminate discrimination, advance **equality** of opportunity and foster good relations between different people when carrying out our activities.

Details of the different Diversity and Inclusion themes, that have been worked on and the feedback from our staff and patients will be included in the report.

Some elements of the report are mandatory in relation to workforce data under the Specific Duty and Equality Objectives.

The Trust also understands the importance of a workplace that reflects the communities we serve, which is known to provide better quality patient care.

CORE SERVICES

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST PROVIDES THE FOLLOWING:

EMERGENCY AND URGENT

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 calls for both 999 and 111. EOC will identify the most appropriate ambulance crew or responder to the patient or reroute the call to our Clinical Support Desk staffed by experienced paramedics who are able to clinically assess and give appropriate advice. During COVID-19 the EOC and 111 in particular, has expanded considerably to manage the volume of calls, but has also enabled us to considerably expand the diversity of our staffing profile. Where necessary, patients are conveyed by ambulance to an Accident and Emergency Department or other NHS facility for further assessment and treatment. Additionally, they can refer the patient to their GP as appropriate.

NON - EMERGENCY PATIENT TRANSPORT SERVICE (PTS)

They transfer and transport patients for reasons such as hospital appointments, transfer between care sites, admissions and discharges and transport for continuing treatments where possible. Although this has been challenging during the pandemic, we are proud of our PTS staff in the way they have overcome those challenges in supporting patients



EMERGENCY PREPAREDNESS

This section of the organisation 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. Examples of their 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).

Whilst many large gatherings have not taken place during the pandemic, emergency preparedness continue to work with issues such as floods and consider some of the challenges ahead as lock down eases.



The Workforce and Organisational Development department have continued to arrange training for staff (virtually and with social distancing) to ensure the Trust understands and acts upon intelligence and identified risk to ensure we keep the public safe in terms of major incidents. The Trust is supported by a network of volunteers where possible during the pandemic. WMAS is also assisted by voluntary organisations such as BASICS doctors, water-based Rescue Teams and organisations.

OUR DIVERSITY & INCLUSION VISION FOR THE FUTURE



The Trust continues to implement its diversity & inclusion vision statement with staff and the community as permissible under NHS guidance. We continued to implement positive measures in our recruitment to better represent the communities we serve, and in the way we engage with more 'hard to reach' community groups. This is evident in our recruitment of 111 staff in particular and the support that students are given who have helped the Trust during the pandemic.

The journey during the last year has demanded we be courageous and think outside the box. Being inclusive only comes from working together-with each other and our stakeholders.

We believe in fairness and equity, and value diversity in our role as both a provider of services and as an employer. WMAS aims to provide accessible services that respect the needs of each individual and exclude no-one. We are committed to eliminating discrimination based on the Equality Act 2010.

We recognise that discrimination can be direct or indirect and takes place within organisations and at a personal level. Such discrimination is unacceptable and unlawful: we have a zero-tolerance approach towards behaviour that amounts to harassment or the exclusion of any individual.

We expect all WMAS employees to fulfil their responsibilities and to challenge behaviour or practice that excludes or is offensive to service users, suppliers or colleagues. WMAS continues to develop a healthcare workforce that is diverse, non-discriminatory and appropriately skilled to deliver modern healthcare services to all.

Alongside our vision statement, we are required under the Equality Act 2010 to demonstrate that we are meeting our equality and diversity legal duties.

The **PUBLIC-SECTOR EQUALITY DUTY (PSED)** is part of the Equality Act 2010 and came into force in April 2011. This duty requires NHS organisations and other public bodies to:

- Comply with the General Equality Duty
- Comply with the Specific Duty
- Publish Equality Objectives every four years

The **GENERAL EQUALITY DUTY** has three aims and requires us to have 'due regard' to:

1. Eliminate unlawful discrimination, harassment and victimization and other conduct prohibited by the Act.
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due Regard (diversity & inclusion analytics) is the mechanism by which the Trust seeks to ensure that its functions, policies, processes and practices do not have an adverse impact on any person in respect of their protected characteristics as described in the Equality Act 2010.

Our staff and patients are all different, and 'one size does not fit all'. In WMAS we aim to make sure our work and the services provided are fair and meet local needs. The Trust has a legal duty to promote equality and ensure services are accessible for all.

Due Regard means thinking about the aims of the PSED in the decision-making process. This means that consideration must be given to equality issues such as:

- How the Trust acts as an employer
- How the Trust develops, evaluates and reviews policy
- How the Trust designs, delivers and evaluates services
- How the Trust commissions and procures from others

EQUALITY OBJECTIVES

The Trust is required under the “Specific Duties” to prepare and publish one or more specific and measurable equality objectives which will help to further the three aims of the Equality Duty. The objectives must be published every four years. In 2020 we produced our new equality objectives for 2020-2024

EQUALITY OBJECTIVES

Objective 1 Equality Standards

Our commitment to meeting the Equality Standards set by NHS England will be demonstrated by the implementation and monitoring of the following standards:

Workforce Race Equality Standard

Workforce Disability Equality Standard

Gender Pay Gap Reporting

Accessible Information Standard

Equality Delivery System 2

We will do this by:

Implementing and strengthening our approach to the NHS Equality Delivery System 2 (EDS2)

Continue to develop our response to the Workforce Race and Disability Equality Standards (WRES) (WDES)

Investigate the experiences/satisfaction of staff through further surveys and focus groups

Keep invigorating and supporting the staff equality networks to ensure they are aligned with our strategic equality objectives

Objective 2 Reflective and diverse workforce

We will enhance our approach to recruitment, selection and promotion to positively attract, retain and support the progression of diverse staff across the Trust

We will do this by:

Target local and diverse communities in recruitment campaigns

Review our people policies to ensure that there is appropriate fairness

Support managers and teams to be inclusive

Work closely with external partners and providers (e.g. university paramedic programmes) to ensure diversity among the student group, and appropriate course content

Ensure the recruitment and selection training programme informs recruiting staff and managers of their legal duties under the Equality Act 2010

Objective 3 Civility Respect

Ensure all our Board leaders, senior managers, staff, contractors, visitors and the wider community are aware of the effects of their behaviour on others and are equipped to challenge and report inappropriate behaviour when they experience or witness it

We will do this by:

Develop and deliver an internal communication campaign on civility and respect in the workplace Develop a system where all cases of bullying or harassment are clearly recorded as such, and monitored to identify any trends or patterns across the Trust

Capture good practice from our partners and peers to improve our diversity and Inclusion performance, e.g. working collaboratively with the NHS Employers' National Ambulance Diversity Forum and Regional Diversity Groups

Objective 4 Ensure our leadership is committed to creating an environment that promotes and values equality and diversity and this is embedded in all we do

We will do this by:

Delivering diversity and inclusion training to all members of the Board of Directors and Council of Governor's

Ensuring all our leaders have specific diversity & inclusion objectives in their annual objectives with performance discussed during their appraisals

Board and Committee reports include an equality impact analysis

We will report on our progress against these new objections annually.

Progress 2020-21

Appendix 1 shows progress to date. There has been a specific focus on race within the context of Black Lives Matter and the Ambulance wide sector commitment to anti-racism.

GENDER PAY GAP

In 2017 the Government introduced world-leading legislation that made it statutory for all organisations with 250 or more employees to report annually on their gender pay gap. West Midlands Ambulance Service 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 2018 and then annually, including 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 shows the difference in the average pay between all men and women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are.

The gender pay gap is different to equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

Differences in gender pay show a demographic pay gap. By taking the average hourly rate for all employees and comparing the difference in that metric for men and women, gender pay reporting is most notable about female representation in certain roles – not whether a man earns more for the same job.

Equal pay is about men and women being paid the same for the same work, while the gender pay gap is about the difference in average hourly earnings.

The WMAS gender pay gap report 2020 was deferred following guidance from the Government Equalities Office and the Equalities and Human Rights Commission.

However, WMAS has produced our Gender Pay Gap report and will publish this by the government deadline of 5th October 2021.



ACTIONS TO ERADICATE THE GENDER PAY GAP

The Board of Directors and the senior leadership team are committed to improving our gender pay gap and are looking at a number of initiatives to address this, through the action plan which includes supporting a further cohort for women's development programme, Springboard in 2021.

Progress is shown in the Gender Pay Gap Report in the body of the overall Annual Plan

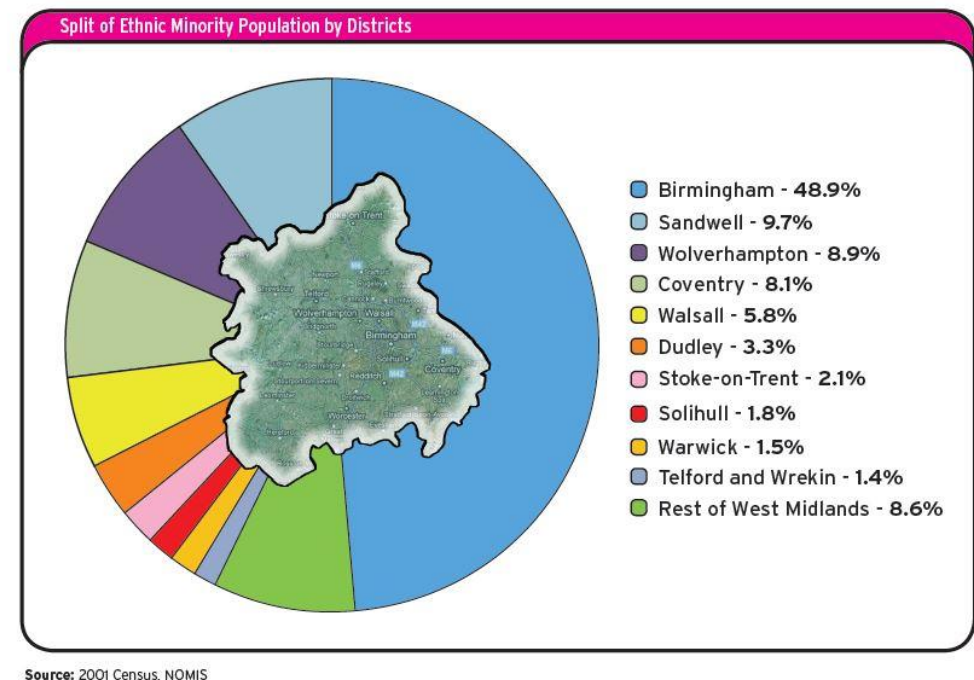
WORKFORCE RACE EQUALITY STANDARD

Workforce Race Equality Standards (WRES) The Workforce Race Equality Standard (WRES) was introduced in the NHS in 2015 with an aim to support NHS organisations to close the gaps in workplace experience between White and Black and Ethnic Minority (BME) staff and to improve BME representation at the Board level of the organisation. 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. The WRES is a set of metrics which annually is published in conjunction with an Action plan.

Our action plans for both the WRES and WDES are published on the website.

This is a challenging time for everyone, however, it presents us with even more reason to ensure we are living the principles of equality and inclusion in all that we do, and WMAS will continue to progress the WRES and WDES work within WMAS.



WORKFORCE RACE EQUALITY STANDARD POSITION STATEMENT

West Midlands Ambulance Service NHS Foundation Trust welcomes the introduction of the Workforce Race Equality Standard and views it as mechanism to identify and reduce any disparities that arise in relation to experiences and outcomes for applicants and staff.

Research has shown that improving the diversity of the workforce will lead to better healthcare outcomes for our patients where the workforce is representative of the communities we serve.

The Trust is committed to an inclusive workplace where all staff have the opportunity to thrive and flourish and are free from discrimination.

The Board will provide leadership and ongoing support for the delivery of the WRES.

EDS2

West Midlands Ambulance Service annually holds Equality Delivery System 2 events both internally and externally. Internally we ask staff to grade the Trust against goal 1 which relate directly to them. Externally we ask our communities, partners and other agencies we work with to grade the Trust performance against the other prescribed goals. The 4 goals which all NHS Trusts will be working towards are:

- 1. Better Health Outcomes for all**
- 2. Improved patient access & experience**
- 3. Empowered, engaged & well supported staff**
- 4. Inclusive leadership at all levels**

EDS2 EVENTS

As stated earlier in the report, the Trust have delivered Goal 3 relating to staff only until EDS3 is published.









The Staff event covered goal 3 - empowered, engaged and well supported staff, incorporating:

- Recruitment and Selection
- Development
- Equal pay
- Bullying & Harassment
- Flexible working.

The current EDS2 rating system is underpinned by a substantial number of factors which need to be evidenced to achieve one of the four ratings.















Each prescribed outcome is presented by a facilitator to the audience who then discussed their views prior to making a decision on the grading and make suggestions to enable improvement.

The grading headings are as follows:

Purple			Excelling
Green			Achieving
Amber			Developing
Red			Undeveloped

The Trust has improved or maintained EDS2 gradings for staff outcomes.

The outcomes are detailed below:

Outcome	Number	Description of Outcome	Grading 2019/20	Grading 2020/21
3.Representative & supported workforce	3.1	Fair NHS recruitment and selection process lead to a more representative workforce at all levels.	 	
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.		
	3.3	Training and development opportunities are taken up and positively evaluated by all staff.		
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source		 
	3.5	Flexible work options are available to all staff consistent with the needs of the service and the way people lead their lives.		
	3.6	Staff report positive experiences of their membership of the workforce.		

WMAS STAFF NETWORKS

We extended our staff networks in WMAS to include the Disability, Carers and Advocates Network in 2020 and which now has over 60 members and have moved towards establishing a women's network which will be active in 2021.

1. PROUD AT WMAS:

Our LGBT network group is well established within the Trust. Members receive regular updates and are able to engage with the network through a number of mechanisms, including Facebook, twitter, and email as well as in person and by phone. Facebook pages continue to keep employees up to date and the group has also launched a Twitter account.

Members are consulted in development of policies and procedures, and have developed in-house induction training on LGBT+ issues.



2. ONE NETWORK: THE BME GROUP

The network is becoming well-established, they have Terms of Reference and have elected a staff committee. Members receive regular updates and are able to engage with the network through a number of mechanisms, including the newly created web site, Whatsapp, twitter, and email as well as in person and by phone.

The group is represented on the National BME Ambulance Forum with the ONE network chair and the WMAS Head of Diversity & Inclusion, being members of the management committee.

The network has issued guidance on Ramadan for 2021 and have meet with the Board to present their priorities for the coming year. The Chair regularly shares articles and information that may be of interest to the network, the members are actively encouraged to attend leadership training and co-mentoring opportunities available in the |Trust.

The network was also invited along with all BME staff to attend consultation sessions on vaccine hesitancy; adaptations to uniform and PPE to meet cultural needs.



DISABILITY, CARERS AND ADVOCATES NETWORK (DCA)

The Disability, Carers & Advocates in brief the DCA is the identifying name for the West Midlands Ambulance Service network for all staff who have a Disability, are a Carer or would act as a supporting Advocate for either party. DCA was launched in 2019/20 and has grown in membership very quickly with over 60 members.

The purpose of this group is:

- Is to promote a positive approach to Disability & Carers responsibilities
- To address issues, topics, that have arisen
- To provide best practice in terms of shared knowledge and understanding for the benefit of all staff.
- Creating a supportive, nurturing and inclusive environment where all members of staff with differing abilities are respected and acknowledged for their contribution.

The network has established their own intranet web page and have a number of resources ready to share with members. The network have been consulted on the WDES action plan and have been active in contributing to the priorities for 2020/21.

The Trust achieved Disability Confident Leader status in November 2019.

DIVERSITY & INCLUSION STEERING GROUP

The Trust supports an DISG 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 group this group is chaired by the CEO. The DISG group meets every three months to consult and drive the Diversity & Inclusion agenda forward.

EXTERNAL PARTNERS

NADG [NATIONAL AMBULANCE DIVERSITY GROUP]

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 Equality & Diversity agenda at national level.

NLGBT [NATIONAL LESBIAN GAY BISEXUAL TRANSGENDER] AND NATIONAL BME AMBULANCE NETWORK

Both groups have developed over the last few years with an annual conference every year and all ambulance services march together at Pride. WMAS hosted the conference in 2019.

REGIONAL EQUALITY FORUM

The Trust are members of the regional Equality forum which allows all Trusts to meet and share best practice and discuss issues which relate directly to the region.

NATIONAL & REGIONAL RESERVIST FORUM

The Trust are members of both the local and national group and support Armed Forces Day, Reservist Day and Remembrance Day.

NHS STANDARD CONTRACT

The NHS Standard Contract is mandated by NHS England for use by NHS commissioners to contract for all healthcare services other than primary care. This prohibits discrimination based on the nine protected characteristics set out in the Equality Act 2010 and is a mutual obligation on the commissioner and on the provider. Service Condition 13 relates specifically to 'Equality of Access and Equality and Non-Discrimination.'

- Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved (s. 13G and s.14T):
- Exercise its functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services.

CONCLUSION

The Trust has achieved a great deal this year given the challenges of the pandemic. There is much to be proud of and the Trust is committed to achieving further progress on all areas of D&I, and we will continue to strive to make the environment more inclusive for both patients and staff through our engagement strategy and culture change programme.

The Trust now incorporates its duties under the PSED of the Equality Act 2010 within the annual report. The Workforce Race Equality Standard and Action Plan, Workforce Disability Equality Standard and Action Plan, Gender Pay Gap report and also EDS2 are published on the Trust web site in their own right.



BAME Representation, Progression & Leadership Action Plan

Updated December 2020 Appendix One

- Section 1: Data/Information
 - Section 2: Recruitment
 - Section 3: Progression
 - Section 4: Culture
 - Section 5: Network Support
 - Section 6: Leadership Development
 - Section 7: Staff engagement
 - Section 8: Health and Wellbeing
 - Section 9: Strategic community engagement
- Priority 1 (P1) = 1-2 months
 Priority 2 (P2) = 2-3 months
 Priority 3 (P3) = 3-6 months

Section1: Data/Information							
Priority		Area for Improvement	Action	Lead	Due BY	RAG	Update
P1	1	Review the data collected and held in the organisation and what gaps exist which may delay progress in delivering against other objectives in this Action Plan	HRD to set out a summary table of data already collected. Provide a proposed list of new data collection for inclusion in the Dashboard and regular reports to D&I Senior Advisory Group,	KN/PB	Feb 2020		Diversity dashboard in place extracted from data held in the electronic staff record. No gaps in data identified.

Appendix to Diversity and Inclusion Annual Report

			EMB, Resources Committee and Board of Directors																																																	
P1	2	Produce a dashboard to be regularly updated to monitor progress against BAME recruitment, training and development and AfC grades	Determine priorities to be included in a one-page/ one screen dashboard to monitor progress on our agreed priorities as well as underpin the objectives contained within this action plan	PB/PH	Feb 2020		Data is currently collated on a monthly basis and satisfies the monitoring requirements of BME recruitment, training and development																																													
P2	3	Report progress using the agreed dataset and dashboard monthly to EMB and Resources Committee and quarterly to Board of Directors meetings held in Public	Produce a standard format report and present an update accordingly	PB	March 2020		Data table delivered.																																													
P2	4	Review recruitment data with each of our five Universities including BCU and regularly monitor. Also work with HEE to support	Conduct a baseline review of current position and current interventions and report to Board of Directors	BK	January 2020		<table><tr><th></th><th colspan="2">University of Wolverhampton</th><th colspan="2">University of Worcester</th><th colspan="2">Coventry University</th><th colspan="2">Staffordshire University</th></tr><tr><th></th><th>Number of Students</th><th>Number identified as BAME</th><th>Number of Students</th><th>Number identified as BAME</th><th>Number of Students</th><th>Number identified as BAME</th><th>Number of Students</th><th>Number identified as BAME</th></tr><tr><td>Year 1</td><td>69</td><td>13</td><td>106</td><td>7</td><td>101</td><td>10</td><td>116</td><td>3</td></tr><tr><td>Year 2</td><td>63</td><td>10</td><td>88</td><td>9</td><td>91</td><td>11</td><td>112</td><td>10</td></tr><tr><td>Year 3</td><td>25</td><td>6</td><td>33</td><td>1</td><td>NA</td><td>18</td><td>NA</td><td>NA</td></tr></table>		University of Wolverhampton		University of Worcester		Coventry University		Staffordshire University			Number of Students	Number identified as BAME	Number of Students	Number identified as BAME	Number of Students	Number identified as BAME	Number of Students	Number identified as BAME	Year 1	69	13	106	7	101	10	116	3	Year 2	63	10	88	9	91	11	112	10	Year 3	25	6	33	1	NA	18	NA	NA
	University of Wolverhampton		University of Worcester		Coventry University		Staffordshire University																																													
	Number of Students	Number identified as BAME	Number of Students	Number identified as BAME	Number of Students	Number identified as BAME	Number of Students	Number identified as BAME																																												
Year 1	69	13	106	7	101	10	116	3																																												
Year 2	63	10	88	9	91	11	112	10																																												
Year 3	25	6	33	1	NA	18	NA	NA																																												

Appendix to Diversity and Inclusion Annual Report

		accelerated progress. Report to Board of Directors annually					
P1	5	Ensure our policies and procedures are implemented in practice	EMB to progress, implement and embed	Exec Directors	August 2020		On-going monitoring by EMB
P3	6	Review Trust policies to ensure they have sufficient race inclusion appropriate to the policy and procedures	Review and amend organisational policies	CB/PB	December 2020		Equality Impact Assessments in place and applied when policies are reviewed. All policy in date and compliant.
P2	7	Sharing of appropriate reading material our individual understanding of current issues	Head of Diversity regularly share a proposed reading list	PB	September 2020		On-going and regularly implemented
P2	8	Collect appropriate data agreed by Board of Directors at each meeting of EMB and Resources Committee and quarterly to Board	Draft a suitable report for consideration by EMB and Board of Directors and regularly review and refresh accordingly	PB	August 2020		Ongoing and delivered

Appendix to Diversity and Inclusion Annual Report

		of Directors in public session					
Section 2: Recruitment							
Priority		Area for Improvement	Action	Lead	Due BY	RAG	Update
P1	9	Continue to Engage proactively with our five Graduate Paramedic Universities including BCU to increase BAME Graduate applicants	Agree further support and interventions to increase graduate university places to BAME students. Work with HEE to progress.	KN/BK	July 2020		This is at the top of the agenda for each bi-annual HEI Consortium. Details of progress are gathered and further ways of supporting are discussed and agreed. HEI BAME UPDATE JUNE 2020.docx
P1	10	Enhance and increase the imagery of the Trust on Website, annual reports and other publications, etc including social media to continue to make it reflect the diversity of our Community to attract more applicants from BAME population	To review and replace existing images on our digital publications and applications etc to increase diverse images of our staff, volunteers etc	MM/PB	July 2020		Improved suite of imagery discussed at national communications meetings. Staff from diverse backgrounds encouraged to be official tweeters. Social media used extensively.

Appendix to Diversity and Inclusion Annual Report

P2	11	Re-prioritise HR Teams to pro-actively organise recruitment arrangements to support and maximise BAME applicant	Determine which existing activities will be reduced in order to increase the support to achieve this objective and substantially increase BAME recruitment to EOC, 111, PTS, E&U and Corporate Department	KN/CB/LH	August 2020		Virtual and Social media engagement events are in place, HR Advisors undertake all telephone interviews with NHS111 candidates HR Managers allocated a recruitment campaign during LH's absence on maternity leave.
P2	12	Ensure HR Teams and Recruitment Teams Continue to proactively follow up BAME applicants through the recruitment, appointment and induction process, effectively utilising the role of recruitment engagement advisor	Consider reprioritising HR and Recruitment activities where possible in order to increase the support to achieve this objective and substantially increase the attraction of BAME candidates for roles within EOC, 111, PTS, E&U and Corporate Departments	KN/PB/LH	July 2020		BME tracker continues to be updated and monitored by HR team as an interim measure whilst the current vacancy for a dedicated Recruitment Engagement Officer is being progressed. HR team were allocated to carry out assessments and interviews for 111 mass recruitment campaign.
P2	13	Monitor and report attrition levels of BAME Staff in each Directorate	Devise a suitable report, format and present accordingly. Refresh and	RB/PB	August 2020		A diversity dashboard is presented to each DISAG meeting which includes all leaver data by directorate and job role.

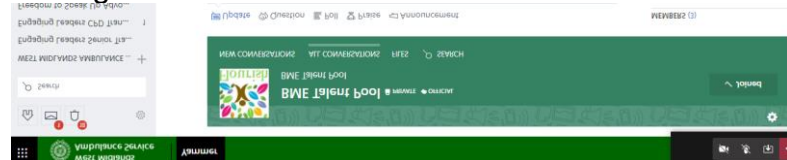
Appendix to Diversity and Inclusion Annual Report

		across the Trust and report to EMB and Resources Committee at every meeting and report twice per year to Board of Directors held in Public	update report and formatting in light of experience to ensure the report remains relevant, proportionate and fit for purpose																		
P1	14	Agree data / information dashboard to monitor progress of BAME recruitment through each stage and produce output reports to present monthly to EMB and to each meeting of Resources Committee and quarterly to Board of Directors in Public session	Determine priorities for inclusion in this information dashboard seeking views and advice of appropriate senior colleagues. Review and refresh in light of experience and feedback.	PB/LH	August 2020		The current report that is updated on a weekly basis: <table><tr><td>Passed & Offered</td><td>300</td></tr><tr><td>Reserve</td><td>21</td></tr><tr><td>Shortlisted</td><td>87</td></tr><tr><td>Fail</td><td>408</td></tr><tr><td>DNA / DNB</td><td>667</td></tr><tr><td>Withdrawn</td><td>166</td></tr><tr><td>Total</td><td>1649</td></tr></table>	Passed & Offered	300	Reserve	21	Shortlisted	87	Fail	408	DNA / DNB	667	Withdrawn	166	Total	1649
Passed & Offered	300																				
Reserve	21																				
Shortlisted	87																				
Fail	408																				
DNA / DNB	667																				
Withdrawn	166																				
Total	1649																				
P1	15	Ensure the tests used for the recruitment continue to be relevant to the role being applied for and what all	To ensure compliance with equality act Promoting best practice in	CB/LH CB/LH	August 2020		All Assessments have been reviewed and where possible adjustments made to ensure they remain appropriate and suitable. Interviews being carried out remotely by phone or video wherever possible.														

Appendix to Diversity and Inclusion Annual Report

	<p>tests are free from bias</p> <p>Undertake a review of the interview procedures used for recruitment and selection of staff to ascertain whether there is any evidence or potential to present a disadvantage to candidates from a BAME background.</p> <p>Ensure all staff on selection panels have received appropriate training from a CIPD qualified professional and can demonstrate cultural competence.</p> <p>Wherever possible, create diverse selection panels, and for all substantive selection panels for band 7 and above a BAME</p>	<p>recruitment and selection</p> <p>Promoting best practice in rec and selection</p> <p>To consider applicability within WMAS</p>	<p>CB/LH</p> <p>CB/LH PB/Bo [AACE lead]</p>			<p>Recruitment training continues for all staff and managers who are involved in the process.</p> <p>Feedback from discussions with national advisor to AACE identified processes at WMAS were consistent with best practices seen elsewhere across the ambulance sector. Discussions held at National HRDs meetings to share feedback.</p>
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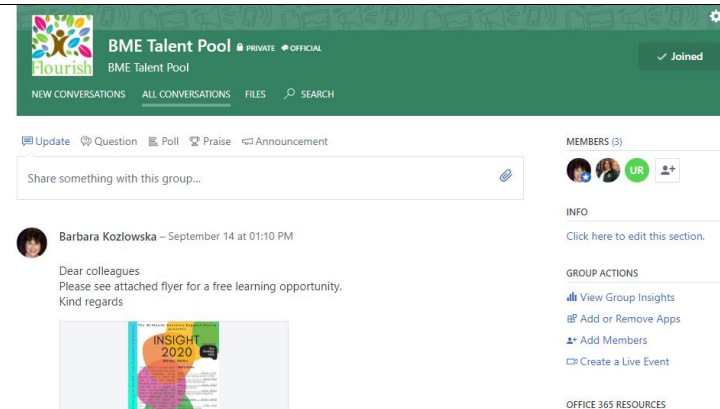
Appendix to Diversity and Inclusion Annual Report

		panel member is mandatory. Examine and report on procedures used in other Ambulance Services and similar organisations for best practice models in regard to recruitment from the BAME community					
Section 3: Progression							
Priority		Area for Improvement	Action	Lead	Due BY	RAG	Update
P2	16	Develop a specific strategy for identifying and supporting BAME talent	Write a Strategy	KM, BK,PB	September 2020		In progress
P2	17	Encourage and pro-actively support BAME Staff to undertake internal leadership development programmes and other development interventions with	Review appraisal documentation for potential individuals to support succession planning	BK	October 2020		<p>Talent Pools have been developed to ensure opportunities for development are highlighted to potential staff where active participation is encouraged Progression to Talent Pools are through PDR conversations promoted to managers and staff.</p> 

Appendix to Diversity and Inclusion Annual Report

		a key focus on inclusive and compassionate leadership					
P3	18	Increase the numbers of staff to undertake formal University Post Graduate Degrees and Master's Degrees and Professional Doctorates and report annually on the numbers undertaking such programs to the Board of Directors.	Review appraisal documentation for potential individuals to support succession planning	BK	October 2020		Two masters confirmed to date. NH, MB and JB written to: BAME Engagement with Development.msg BSc Top-Up funding will be prioritised for BAME paramedics.
P3	19	Establish a Talent Pool for BAME staff aspiring to compete for roles at all levels of the organisation, including a suite of suitable development opportunities	Ensure all posts are advertised and a BAME Manager is on all selection interview panels to support progress	ACM	November 2020		Recruitment training has been offered to all members of the ONE network in order to increase BAME representation on recruitment panels. Board agreed not to set aspirational targets. Talent Pool established and promoted. Membership is low currently. Further promotion to be carried out during October post-PDRs. Will also include current Engaging Leaders participants when they have completed.

Appendix to Diversity and Inclusion Annual Report



Development opportunities offered:

Programmes advertised	Date advertised	BME Specific	All staff	Location advertised
Black Lives Matter- NAMBEF	Jun-20	Yes		Email
Workforce Wellbeing events- Staff common room hosted by NHS Practitioners, NHS England and NHS Improvement	Jun-20	Yes		Email
How can the ambulance Service improve the way they support and care for BAME people and	Jun-20	Yes		Email

Appendix to Diversity and Inclusion Annual Report

							Communities-NABMEF and AACE					
							Report Writing Skills	Jul-20	Yes	Yes		Yammer One Network, Weekly Briefing
							Workforce race inequalities and inclusion in NHS providers- The King's Fund	Jul-20	Yes			Email
							A long way to go': what is it like to work in the NHS as an ethnic minority member of staff	Jul-20	Yes			Email
							Covid 19 and the health and wellbeing of BAME communities Seminar= Dudley Council Public Health	Jul-20	Yes			Email
							Time to speak up: some necessary words about racism- The King's Fund	Jul-20	Yes			Email
							How to do 'learning' in	Aug-20	Yes	Yes		Yammer

Appendix to Diversity and Inclusion Annual Report

							practice- The King's Fund					
							The Institute of Healthcare Management CPD Courses	Aug-20	Yes	Yes		Yammer One Network, Weekly Briefing
							9 Leadership habits that inspire results, relationships and reputation- John Blakey You Tube	Aug-20	Yes	Yes		Yammer One Network, Yammer All company
							Staffordshire University CPD modules offerings	Aug-20	Yes	Yes		Yammer One Network, Weekly Briefing
P3	20	Provide a Talent Pool for BAME staff aspiring for appointments at band 9 and VSM Director roles. Identify a suite of potential development and secondment opportunities	Identify appropriate individuals to secure secondment in another organisation to create opportunities for BAME progression	ACM	November 2020		<p>Development Opportunities offered:</p> <ul style="list-style-type: none"> • 2 fully funded Masters agreed • As above table <p>1:1 coaching conversations have taken place over the past 5 months resulting in participants on senior Engaging Leaders Programme, and a waiting list for next year's tranche. Support given for arranging shadowing, mentors and acting up opportunities.</p> <p>Board-level mentors being arranged for senior Engaging Leader participants to be finalised October in agreement with the Chairman.</p>					

Appendix to Diversity and Inclusion Annual Report

							<p>Coaching support given to BAME managers who have stepped up into senior roles and is on-going.</p> <p>A table is currently being created containing details of all BAME Staff at Band 8a, 8b, 8c and 8d to include the arrangements in place for mentors, coaches, masters degrees and other training along with the next steps on an individual basis.</p>
P3	21	Work with an academic university partner to commission further research and the draw upon existing evidence to underpin and embed progress	WMAS have highlighted an opportunity to work in partnership with a University to assist in establishing a Commission on Representative Workforce	KN/BK	July 2020		Engagement with Coventry University established. First meeting held 9 th September 2020.
P3	22	Arrange Board training event	Head of Diversity to provide an annual Board BAME Training Session	PB/PH	September 2020		Scheduled for October and completed
Section 4: Culture							
Priority		Area for Improvement	Action	Lead	Due BY	RAG	Update
P3	23	Review internal progress against the action plan	Consider appropriateness and timeliness of	ACM/Chair	December 2020		External review undertaken by external consultant Chris West with recommendation that the Trust focus on fewer actions over the next 12 months in greater depth.

Appendix to Diversity and Inclusion Annual Report

		after 6 months to determine whether there is a need for an external review	an internal review in Summer 2020 to review progress and identify potential further improvement and opportunities for accelerating progress if necessary				
P2	24	To ensure that the Diversity & Inclusion Policies & Actions are incorporated into all Trust Policies	Review of all existing policies and procedures and action plans to ensure they all incorporate the ambition to improve BAME Staff Representation	PB	December 2020		Review on-going. Policies to be reviewed formally due in September 2020.
P1	25	Work with ONE Network to inform and assist in the design a Cultural Intelligence Training Course which all Managers regardless of grade or role will be required to attend	KN and PB to progress with the Chair and members of the ONE network	KN/PB	July 2020		Network engaged and developing training for delivery
P1	26	Introduce a staff cultural story from individuals arising	Chairman, CEO, Board Secretary and Pam Brown to	PM/PH	July 2020		In progress. This is on the agenda for the Board away day at the end of October and confirmed by CW Board member. To be instituted by the ONE Network

Appendix to Diversity and Inclusion Annual Report

		from a compliant at Board Meetings similar to patient stories	invite and facilitate a willing speaker				
P1	27	Freedom to Speak up Directors to write an open letter to all staff in relation to Black Lives Matter	Joint letter to be drafted, signed and issued	MD/ CW/ BK	July 2020		Letter approved and sent out

Section 5: Network Support

Priority		Area for Improvement	Action	Lead	Due BY	RAG	Update
P2	28	Review the support available to the 'One' Network and enhance the support available which reinforces and improves recruitment of BAME Staff, progression and promotion of BAME Staff and improve the experience of BAME Staff at work. CEO will continue to meet with the Network Chairs three times a year to review the work	Identify any further opportunities to put in place enhanced support and keep under review. The quarterly Network Chairs Meeting with the CEO to be scheduled throughout 2020 to support each Networks programme of work etc	PB	September 2020		ONE network attended July 2020 Board meeting to communicate their top three priorities. CEO and ONE Network have regular scheduled Microsoft meetings to follow up on priorities' Currently twice a month. CEO continues to have meetings with all Network Chairs three times a year

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		and share the progress in relation to the Action Plan					
P2	29	CEO to establish an expert Advisory Board consisting of internal; staff and experts to progress and accelerate change	CEO to progress with internal colleagues, ONE network and external experts the creation of an Advisory Board in response to COVID-19 actions and this action plan	ACM/PB	August 2020		One Network established as expert advisory board
P3	30	Proactively extend co mentoring and reverse mentoring arrangements across the organisation	Head of OD and Head of Diversity to facilitate expansion	PB/BK	September 2020		Reverse Mentoring Paper sent to EMB 25 th August 2020. EMB Cover Sheet Reverse Mentoring.docx

Section 6: Leadership Development

Priority		Area for Improvement	Action	Lead	Due BY	RAG	Update
P2	31	Substantially enhance and increase opportunities for BAME Staff to participate in leadership programmes and development intervention	Review appraisal reports and succession planning to allocate most places for BAME Staff	BK	October 2020		Progression to Talent Pools through PDR conversations promoted to managers and staff.

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P1	32	Maximise the use of social media and digital technology to support recruitment of staff at all grades in the Trust	Encourage the increase of social media	MM	August 2020		Continue to use SoMe as much as possible to support recruitment campaign – follower numbers at record levels.
P2	33	Provide opportunities for mentoring, shadowing, co-mentoring, reverse mentoring for BAME Staff and report high level data to Board of Directors in public	Provide such opportunities to all BAME Staff and report to Board of Directors on implementation and take up etc	BK	September 2020		Reverse Mentoring Paper sent to EMB 25 th August 2020. Awaiting decision. EMB Cover Sheet Reverse Mentoring.docx
P1	34	Set improvement goals for increased development opportunities and interventions	Consider appropriate measurement KPIs against which progress can be objectively measured and any further actions arising can be implemented	BK	September 2020		A review of all development opportunities and interventions has commenced. Two masters confirmed to date. NH, MB and JB written to: BAME Engagement with Development.msg BSc Top-Up funding will be prioritised for BAME paramedics.
P3	35	To review feedback from staff and the Networks on this action plan in 6 months to ensure	Put in place a review mechanism to incorporate qualitative and quantitative measures to gain	PB/BK	December 2020		BME staff meeting action plan has been shared with BME staff and One network to engage more BME staff in contributing to recruitment, retention and development of BME staff.

Appendix to Diversity and Inclusion Annual Report

		progress is being made in terms of development opportunities and intervention and report to EMB	feedback and new emerging ideas from BAME Staff				
P2	36	Provide opportunities for BAME Staff to undertake formal accredited progression opportunities e.g. Master's Programmes, Degrees, etc at Universities	Review appraisal documentation and succession planning to ensure all places are allocated to the most suitable and appropriate BAME Staff and monitor and report accordingly	BK	October 2020		Two masters confirmed to date. NH, MB and JB written to: BAME Engagement with Development.msg BSc Top-Up funding will be prioritised for BAME paramedics.
P3	37	Through positive action measures identify suitable secondment opportunities for BAME Staff, such as to act up or replace existing Senior Staff who could be seconded out of the Trust	Advertise, interview and select suitable BAME Staff to support their career progression	ACM	October 2020		This initiative will be raised at the regional D&I network to identify possible secondment opportunities. This builds on action 20 which sets out the learning, development and next steps for BAME Staff.
P1	38	Bring forward the Board Development day to September.	Chairman, CEO and Board Secretary to make the necessary arrangements including to invite	IC/ACM/PH	July 2020		Agreed

Appendix to Diversity and Inclusion Annual Report

			an expert external Facilitator				
P2	39	Create a Board of Directors narrative which demonstrates empathy to the issues and that is ambitious in relation to Black Lives Matter	Board of Directors to create and disseminate our ambitious statement	Trust Board	September 2020		In progress. To be raised at October Board away day. ACCE statement has been disseminated as part of the Trust commitment to Anti-racism
P2	40	All Board Members to individually and personally sign up to creating change and set a personal ambition for change which will be included and documented in all Board Directors PDP's and monitored at the mid and end of year review sign of processes.	To be progressed at the July Board development day.	All Directors	October 2020		Chair to include actions in all Board PDP's agreed
P3	41	Introduce further additional training for all managers and Senior Union Reps in the Trust on emotional, cultural, intelligence.	Expert advisory board to determine training needs analysis and make recommendations for implementation	KN/PB	March 2021		Trust has been working with a system wide training initiative across the Midlands which will be rolled out during March 2021

Appendix to Diversity and Inclusion Annual Report

		Communications ie listening and hearing					
P2	42	External expert consultants to be invited to the Board Development Meeting to support change and more importantly to help implement and embed change	Chairman and Chief Exec to progress	IC/ACM/PB	July 2020		External facilitator delivered session for Board in October
Section 7: Staff Engagement							
Priority		Area for Improvement	Action	Lead	Due BY	RAG	Update
P2	43	Develop and deliver a Focus Group at which BAME staff are invited to give their views on measures that would support and assist the Trust to increase the attractiveness of positions advertised	To identify appropriate interventions to encourage increased rec and promotion from BAME communities and staff	KN/BK	October 2020		Focus Group held on 9 th March 2020. Report complete 5 th May 2020. Report on BME Staff Conversation March 2020 02 07 20.docx Managers given details of offers of help from BAME staff. Support Offers.xlsx
P3	44	Implement an extensive set of staff conversation and engagement	To hold a schedule of events at each site across the organisation	PB/BK	December 2020		In progress and on-going

Appendix to Diversity and Inclusion Annual Report

		events which will be facilitated by external experts					
P2	45	Engage and mobilise staff governors in supporting this Black Lives Matter Action Plan	Board Secretary and Head of Diversity to meet and discuss with Staff Governors the role of governors in supporting our staff in relation to Black Lives Matter	PH/PB	October 2020		In progress. Meeting has been convened and actions that staff governors can take to support staff have been agreed. Minutes held by Phil Higgins

Section 8: Health and Wellbeing

Priority		Area for Improvement	Action	Lead	Due BY	RAG	Update
P1	46	Mitigate the impact of COVID-19 on our staff and strengthen protection and support for BAME staff	Senior Command Team and local Managers to continue to urgently mitigate the risks. Ensure PPE is culturally suitable. Risk assessments are overseen by a lead Assistant Chief Officer who will report to the Board to include protective redeployment, shielding and testing	Assistant Chiefs/PB	August 2020		Completed

Appendix to Diversity and Inclusion Annual Report

Section 9: Strategic Community Engagement							
Priority		Area for Improvement	Action	Lead	Due BY	RAG	Update
P2	47	Substantially increase outreach work possibly by utilising the Council of Governors as part of engaging with the Membership, into Schools, Universities, local Community Groups, Job Fair events etc to attract more BAME applicants and make the Trust the employer of choice.	Brief Governors at next CoG Meeting. Identify other opportunities and resources to support these activities and interventions	PB/SW, VK	November 2020		Complete – PB presented to CoG in February 2020
P2	48	Proactively enhance media and communications to strengthen our Black Lives Matter actions	Use of social media etc to reinforce messaging, communications and BAME imagery in all our publications including electronic publications	MM/VK	July 2020		Completed

West Midlands Ambulance Service University NHS Foundation Trust

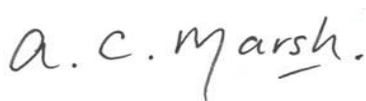
Annual accounts for the year ended 31 March 2021

Foreword to the accounts

West Midlands Ambulance Service University NHS Foundation Trust

These accounts, for the year ended 31 March 2021, 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

Handwritten signature in cursive script, reading 'a. c. marsh.' with a small horizontal line under the 'h'.

Name

Anthony Marsh

Job title

Chief Executive Officer

Date

19 May 2021

Statement of Comprehensive Income

		2020/21	2019/20
	Note	£000	£000
Operating income from patient care activities	3	358,223	309,066
Other operating income	4	37,838	13,602
Operating expenses	6, 8	(396,177)	(320,097)
Operating (deficit)/surplus from continuing operations		(116)	2,571
Finance income	11	11	359
Finance expenses	12	22	(14)
PDC dividends payable		(109)	(502)
Net finance costs		(76)	(157)
Other gains / (losses)	13	477	(6)
Share of profit / (losses) of associates / joint arrangements	20	-	-
Gains / (losses) arising from transfers by absorption	44	-	-
Corporation tax expense		-	-
Surplus for the year from continuing operations		285	2,408
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	14	-	-
Surplus for the year		285	2,408
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	-	-
Revaluations	18	230	4,522
Share of comprehensive income from associates and joint ventures	20	-	-
Fair value gains / (losses) on equity instruments designated at fair value through OCI	21	-	-
Other recognised gains and losses		-	-
Remeasurements of the net defined benefit pension scheme liability / asset	37	-	-
Gain / (loss) arising from on transfers by modified absorption	44	-	-
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	21	-	-
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	13	-	-
Foreign exchange gains / (losses) recognised directly in OCI		-	-
Total comprehensive income for the period		515	6,930

Statement of Financial Position

		31 March 2021 £000	31 March 2020 £000
Note			
Non-current assets			
	15	1,166	1,166
	16	79,384	58,579
	19	-	-
	20	-	-
	21	-	-
	24	853	1,064
	25	-	-
Total non-current assets		81,403	60,809
Current assets			
	23	3,078	3,498
	24	20,152	25,138
	21	-	-
	25	-	-
	26.1	-	-
	27	46,991	45,309
Total current assets		70,221	73,945
Current liabilities			
	28	(58,313)	(48,146)
	30	-	-
	31	-	-
	33	(8,052)	(9,204)
	29	-	-
	26.2	-	-
Total current liabilities		(66,365)	(57,350)
Total assets less current liabilities		85,259	77,404
Non-current liabilities			
	28	-	-
	30	-	-
	31	-	-
	33	(2,264)	(2,362)
	29	-	-
Total non-current liabilities		(2,264)	(2,362)
Total assets employed		82,995	75,042
Financed by			
		42,347	34,909
		9,423	9,401
		-	-
		5,395	5,395
		-	-
		25,830	25,337
Total taxpayers' equity		82,995	75,042

The notes on pages F7 to F52 form part of these accounts.

Name
Position
Date

a. c. marsh.
Chief Executive Officer
19 May 2021

Statement of Changes in Equity for the year ended 31 March 2021

	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Merger reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	34,909	9,401	-	5,395	-	25,337	75,042
Surplus for the year	-	-	-	-	-	285	285
Gain/(loss) arising from transfers by modified absorption	-	-	-	-	-	-	-
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	-	230	-	-	-	-	230
Transfer to retained earnings on disposal of assets	-	(208)	-	-	-	208	-
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 through OCI	-	-	-	-	-	-	-
Other recognised gains and losses	-	-	-	-	-	-	-
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	-	-
Public dividend capital received	7,438	-	-	-	-	-	7,438
Public dividend capital repaid	-	-	-	-	-	-	-
Public dividend capital written off	-	-	-	-	-	-	-
Other movements in public dividend capital in year	-	-	-	-	-	-	-
Other reserve movements	-	-	-	-	-	-	-
Taxpayers' and others' equity at 31 March 2021	42,347	9,423	-	5,395	-	25,830	82,995

Statement of Changes in Equity for the year ended 31 March 2020

	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Merger reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	34,809	4,889	-	5,395	-	22,919	68,012
Surplus for the year	-	-	-	-	-	2,408	2,408
Gain/(loss) arising from transfers by modified absorption	-	-	-	-	-	-	-
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	-	4,522	-	-	-	-	4,522
Transfer to retained earnings on disposal of assets	-	(10)	-	-	-	10	-
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 through OCI	-	-	-	-	-	-	-
Other recognised gains and losses	-	-	-	-	-	-	-
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	-	-
Public dividend capital received	100	-	-	-	-	-	100
Public dividend capital repaid	-	-	-	-	-	-	-
Public dividend capital written off	-	-	-	-	-	-	-
Other movements in public dividend capital in year	-	-	-	-	-	-	-
Other reserve movements	-	-	-	-	-	-	-
Taxpayers' and others' equity at 31 March 2020	34,909	9,401	-	5,395	-	25,337	75,042

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

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

		2020/21	2019/20
	Note	£000	£000
Cash flows from operating activities			
Operating (deficit) / surplus		(116)	2,571
Non-cash income and expense:			
Depreciation and amortisation	6.1	11,649	7,368
Net impairments	7	(25)	678
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		5,298	(3,618)
Decrease / (increase) in inventories		420	(231)
Increase in payables and other liabilities		9,151	11,479
(Decrease) / increase in provisions		(1,228)	958
Tax (paid) / received		-	-
Operating cash flows from discontinued operations		-	-
Other movements in operating cash flows		-	-
Net cash flows from operating activities		25,149	19,205
Cash flows from investing activities			
Interest received		11	359
Purchase and sale of financial assets / investments		-	-
Purchase of intangible assets		(354)	(327)
Sales of intangible assets		-	-
Purchase of Plant, Property & Equipment and investment property		(31,206)	(22,118)
Sales of Plant, Property & Equipment and investment property		854	48
Receipt of cash donations to purchase assets		-	-
Prepayment of PFI capital contributions		-	-
Investing cash flows from discontinued operations		-	-
Cash from acquisitions / disposals of subsidiaries		-	-
Net cash flows from (used in) investing activities		(30,695)	(22,038)
Cash flows from financing activities			
Public dividend capital received		7,438	100
Public dividend capital repaid		-	-
Movement on loans from DHSC		-	-
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)		(210)	(89)
Financing cash flows of discontinued operations		-	-
Cash flows from (used in) other financing activities		-	-
Net cash flows from financing activities		7,228	11
Increase / (decrease) in cash and cash equivalents		1,682	(2,822)
Cash and cash equivalents at 1 April - brought forward		45,309	48,131
Cash and cash equivalents transferred under absorption accounting	44	-	-
Unrealised gains / (losses) on foreign exchange		-	-
Cash and cash equivalents at 31 March	27.1	46,991	45,309

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of 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 2020/21 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 financial statements have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

The Trust has prepared its financial plans and cash flow forecasts for the coming year on the assumption that funding will be received from the Department of Health and Social Care consistent with the revised funding arrangements in response to the COVID-19 pandemic. Discussions to date indicate this funding will be forthcoming. These funds are expected to be sufficient to enable the Trust to meet its obligations as they fall due and will be accessed through the nationally agreed process published by NHS Improvement and the Department of Health and Social Care.

The Board of Directors has therefore concluded that these financial statements should be prepared on a going concern basis as there is a reasonable expectation that the Trust will have adequate resources to continue in operational existence for at least 12 months from the date of approval of the financial statements.

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).

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.

Revenue from NHS contracts

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a [Integrated Care System/Sustainability and Transformation Partnership] level. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Comparative period (2019/20)

In the comparative period (2019/20), the trust's contracts with NHS commissioners included those where the trust's entitlement to income varied according to services delivered.

The Trust received income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agreed schemes with its commissioner but they affected how care is provided to patients. That is, the CQUIN payments were not considered distinct performance obligations in their own right; instead they formed part of the transaction price for performance obligations under the contract.

In 2019/20, the PSF Provider Sustainability Fund and Financial Recovery Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

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 performance obligations are satisfied. In practical terms this means that treatment has been given, 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 Other forms of income

Grants and donations

Government grants are grants from Government bodies other than income from commissioners or 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. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.3.1 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 two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employer, general practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care, in England and Wales. The schemes are not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore the schemes are accounted for as though they are a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as 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 1.4.1 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 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

Note 1.6 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.

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.

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.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment 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. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. 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.

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 expenditure.

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 is 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 the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

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 and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. 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.

In 2020/21 this includes assets donated to the trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

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	Max life
	Years	Years
Land	Infinite	Infinite
Buildings, excluding dwellings	3	50
Dwellings	-	-
Plant & machinery	5	10
Transport equipment	5	10
Information technology	3	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 1.7 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 when it meets the requirements set out in IAS 38.

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. Revaluations 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 where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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 1.8 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. The cost of inventories is measured using the weighted average cost method.

In 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.9 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 1.10 Financial assets and financial liabilities**Note 1.10.1 Recognition**

Financial assets and financial liabilities arise where the Trust becomes party to the contractual provision of a This includes the purchase or sale of non-financial items (such as goods or services), which are entered into

Note 1.10.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable Financial assets are classified into the following categories: financial assets at amortised cost, financial

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 liability.

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 including 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 1.10.3 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 1.11 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 1.11.1 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 implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

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.

Operating Leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the Statement of Financial Position 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 1.12 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 HM Treasury's discount rates effective for 31 March 2021:

		Nominal rate
Short-term	Up to 5 years	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.18%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2021:

	Inflation rate
Year 1	1.20%
Year 2	1.60%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% in real terms.

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 33.2 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 1.13 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 34 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 34, 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 1.14 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.

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, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (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 calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.15 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 1.16 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.17 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 1.18 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.19 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.

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 1.20 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 1.21 Transfers of functions from/to other NHS bodies

For functions that have been transferred to the Trust from another NHS body, the transaction is accounted for as a transfer by absorption. The assets and liabilities transferred are recognised in the accounts using the book value 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 1.22 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2020/21.

Note 1.23 Standards, amendments and interpretations in issue but not yet effective or adopted***IFRS 16 Leases***

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 *Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the Statement of Financial Position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the Statement of Financial Position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The Trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The implementation date for IFRS 16 in the NHS was revised to 1 April 2022 in November 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity from April 2022 and beyond, a quantification of the expected impact of applying the standard in 2022/23 is currently impracticable. However, the trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

Other standards, amendments and interpretations

IFRS 14 Regulatory Deferral Account - Not yet EU endorsed. Applies to first time adopters of IFRS after 1 January 2016.
IFRS 17 Insurance Contracts - Application required for accounting periods beginning on or after 1 January 2021, but not

Note 1.24 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 1.24.1 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 Management made a critical judgement around the state of the commercial property sector in 2019/20. A formal valuation was undertaken in 2019/20 in line with the Trust's policy to revalue its Land and Buildings assets every 5 years.

The Trust's purpose built Make Ready Hubs are valued as specialised assets in line with IAS 16. 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.

Accruals for services received not yet invoiced are estimated on the basis of past experience.

The Trust procures Vehicle Insurance alongside all English Ambulance Services and the Scottish Ambulance Service via a fully tendered Self Insurance arrangement.

In addition to an Annual Premium paid to meet large value claims, the Trust makes payments each year into a 'Claims Fund' held by insurers to cover the cost of claims above an agreed excess level up to a maximum level for each claim. This fund remains under the control of the insurers and remaining funds are returned to the Trust once all claims for a year are settled.

As in previous years, any potential return of funds are not accrued as an asset or income in the Trust's accounts as in the Trust's view it does not meet the definition of an asset, being controlled not by the Trust but by the insurer as a fund for the insurer to settle claims from. An amount is recognised by the Trust only when released by the insurer and paid to the Trust as a confirmed settlement of a period which is closed and where the surplus balance is not required to settle claims.

The Trust has applied this approach consistently from one accounting period to the next. The values involved have not required a separate accounting policy in the financial statements.

Note 1.24.2 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 2019/20 and then intends to revalue every 5 years in line with IAS 16. Between valuations the Trust adjusts the values of its Land and Buildings assets by applying indexation provided by a company of professional valuers.

Note 2 Operating Segments

The Trust operated as one segment to provide an emergency healthcare service to the West Midlands area.

The Trust considers that disclosure of separate segments should occur where that segment accounts for more than 10% of total operating revenue.

The chief operating decision maker for the Trust is the Trust Board which receives a financial report containing summarised financial results at each Trust Board meeting.

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)	2020/21 £000	2019/20 £000
Ambulance services		
A & E income	264,116	242,257
Patient transport services income	43,581	40,884
Other income	32,410	13,609
All services		
Private patient income	-	-
Additional pension contribution central funding*	12,113	9,667
Other clinical income	6,003	2,649
Total income from activities	358,223	309,066

*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Other clinical income relates to the receipt of national funding for the flowers settlement and annual leave. (2019/20 related to the reimbursement of expenses for COVID 19 that were incurred in March 2020).

Note 3.2 Income from patient care activities (by source)

	2020/21 £000	2019/20 £000
Income from patient care activities received from:		
NHS England	20,094	13,743
Clinical commissioning groups	333,780	290,849
Department of Health and Social Care	-	-
Other NHS providers	3,657	3,630
NHS other	-	54
Local authorities	7	-
Non-NHS: private patients	-	-
Non-NHS: overseas patients (chargeable to patient)	-	-
Injury cost recovery scheme	594	771
Non NHS: other	91	19
Total income from activities	358,223	309,066
Of which:		
Related to continuing operations	358,223	309,066
Related to discontinued operations	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2020/21	2019/20
	£000	£000
Income recognised this year	-	-
Cash payments received in-year	-	-
Amounts added to provision for impairment of receivables	-	-
Amounts written off in-year	-	-

Note 4 Other operating income

	2020/21			2019/20		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	200	-	200	175	-	175
Education and training	4,850	-	4,850	6,147	-	6,147
Non-patient care services to other bodies	508	-	508	570	-	570
Provider sustainability fund (2019/20 only)	-	-	-	2,203	-	2,203
Reimbursement and top up funding	23,929	-	23,929	-	-	-
Income in respect of employee benefits accounted on a gross basis	1,526	-	1,526	1,669	-	1,669
Receipt of capital grants and donations	-	-	-	-	-	-
Charitable and other contributions to expenditure	-	4,747	4,747	-	-	-
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 income	2,078	-	2,078	2,838	-	2,838
Total other operating income	33,091	4,747	37,838	13,602	-	13,602
Of which:						
Related to continuing operations			37,838			13,602
Related to discontinued operations			-			-

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2020/21 £000	2019/20 £000
Revenue recognised in the reporting period that was included in 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 2021 £000	31 March 2020 £000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:		
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 licence 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:

	2020/21 £000	2019/20 £000
Income from services designated as commissioner requested services	358,223	309,066
Income from services not designated as commissioner requested services	37,838	13,602
Total	396,061	322,668

Note 5.4 Profits and losses on disposal of property, plant and equipment

During the year the Trust disposed of the Kidderminster site. This was no longer fit for purpose and was not a make ready site. The services are now provided out of the Worcester and Bromsgrove sites. The site had a net book value of £314k and sale proceeds of £347k.

Note 5.5 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.

	2020/21 £000	2019/20 £000
Income	-	-
Full cost	-	-
Surplus / (deficit)	-	-

Note 6.1 Operating expenses

	2020/21	2019/20
	£000	£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	291,921	232,696
Remuneration of non-executive directors	153	131
Supplies and services - clinical (excluding drugs costs)	17,933	8,269
Supplies and services - general	5,407	3,170
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,047	1,225
Inventories written down	-	-
Consultancy costs	69	191
Establishment	6,787	5,775
Premises	12,460	10,756
Transport (including patient travel)	20,804	21,048
Depreciation on property, plant and equipment	11,295	6,997
Amortisation on intangible assets	354	371
Net impairments	(25)	678
Movement in credit loss allowance: contract receivables / contract assets	30	(84)
Movement in credit loss allowance: all other receivables and investments	-	-
Increase/(decrease) in other provisions	-	-
Change in provisions discount rate(s)	-	-
Audit fees payable to the external auditor		
audit services- statutory audit	95	82
other auditor remuneration (external auditor only)	-	10
Internal audit costs	745	762
Clinical negligence	2,471	1,800
Legal fees	282	354
Insurance	1,971	1,760
Research and development	195	162
Education and training	7,449	6,854
Rentals under operating leases	13,655	15,955
Early retirements	-	-
Redundancy	186	-
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	42	38
Losses, ex gratia & special payments	15	10
Grossing up consortium arrangements	-	-
Other services, eg external payroll	-	-
Other	836	1,087
Total	396,177	320,097
Of which:		
Related to continuing operations	396,177	320,097
Related to discontinued operations	-	-

Other expenditure includes leased vehicle and building dilapidations.

Audit services statutory audit - net of VAT £79k (2019/20 £69k)

Note 6.2 Other auditor remuneration

	2020/21 £000	2019/20 £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	-	10
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	-	10

Note 6.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2019/20: £1 million).

Note 7 Impairment of assets

	2020/21 £000	2019/20 £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	(25)	678
Other	-	-
Total net impairments charged to operating surplus / deficit	(25)	678
Impairments charged to the revaluation reserve	-	-
Total net impairments	(25)	678

Note 8 Employee benefits

	2020/21	2019/20
	Total	Total
	£000	£000
Salaries and wages	233,902	186,257
Social security costs	20,657	16,897
Apprenticeship levy	1,136	909
Employer's contributions to NHS pensions	39,854	32,097
Pension cost - other	-	-
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	-	-
Temporary staff (including agency)	474	666
Total gross staff costs	296,023	236,826
Recoveries in respect of seconded staff	-	-
Total staff costs	296,023	236,826
Of which		
Costs capitalised as part of assets	-	-

Note 8.1 Retirements due to ill-health

During 2020/21 there were 6 early retirements from the trust agreed on the grounds of ill-health (3 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £333k (£95k in 2019/20).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 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 2021, is based on valuation data as at 31 March 2020, updated to 31 March 2021 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 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

Note 10 Operating leases

Note 10.1 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.

	2020/21 £000	2019/20 £000
Operating lease revenue		
Minimum lease receipts	-	-
Contingent rent	-	-
Other	-	-
Total	-	-
	31 March 2021 £000	31 March 2020 £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 10.2 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.

	2020/21 £000	2019/20 £000
Operating lease expense		
Minimum lease payments	13,655	15,955
Contingent rents	-	-
Less sublease payments received	-	-
Total	13,655	15,955
	31 March 2021 £000	31 March 2020 £000
Future minimum lease payments due:		
- not later than one year;	8,807	12,956
- later than one year and not later than five years;	9,939	17,290
- later than five years.	8,037	9,176
Total	26,783	39,422
Future minimum sublease payments to be received	-	-

The operating leases are for vehicles and property occupied.

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2020/21	2019/20
	£000	£000
Interest on bank accounts	11	359
Interest income on finance leases	-	-
Interest on other investments / financial assets	-	-
Other finance income	-	-
Total finance income	11	359

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2020/21	2019/20
	£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	(22)	14
Other finance costs	-	-
Total finance costs	(22)	14

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2020/21	2019/20
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 13 Other gains / (losses)

	2020/21	2019/20
	£000	£000
Gains on disposal of assets	514	19
Losses on disposal of assets	(37)	(25)
Total gains / (losses) on disposal of assets	477	(6)
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	-	-
Other gains / (losses)	-	-
Total other gains / (losses)	477	(6)

Note 14 Discontinued operations

	2020/21	2019/20
	£000	£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 15.1 Intangible assets - 2020/21

	Software licences £000	Development expenditure £000	Total £000
Valuation / gross cost at 1 April 2020 - brought forward	1,571	1,121	2,692
Transfers by absorption	-	-	-
Additions	168	186	354
Impairments	-	-	-
Reversals of impairments	-	-	-
Revaluations	-	-	-
Reclassifications	-	-	-
Transfers to / from assets held for sale	-	-	-
Disposals / derecognition	(495)	(103)	(598)
Valuation / gross cost at 31 March 2021	1,244	1,204	2,448
Amortisation at 1 April 2020 - brought forward	917	609	1,526
Transfers by absorption	-	-	-
Provided during the year	204	150	354
Impairments	-	-	-
Reversals of impairments	-	-	-
Revaluations	-	-	-
Reclassifications	-	-	-
Transfers to / from assets held for sale	-	-	-
Disposals / derecognition	(495)	(103)	(598)
Amortisation at 31 March 2021	626	656	1,282
Net book value at 31 March 2021	618	548	1,166
Net book value at 1 April 2020	654	512	1,166

Note 15.2 Intangible assets - 2019/20

	Software licences £000	Development expenditure £000	Total £000
Valuation / gross cost at 1 April 2019 - as previously stated	1,329	1,153	2,482
Transfers by absorption	-	-	-
Additions	290	37	327
Impairments	-	-	-
Reversals of impairments	-	-	-
Revaluations	-	-	-
Reclassifications	-	60	60
Transfers to / from assets held for sale	-	-	-
Disposals / derecognition	(48)	(129)	(177)
Valuation / gross cost at 31 March 2020	1,571	1,121	2,692
Amortisation at 1 April 2019 - as previously stated	730	602	1,332
Transfers by absorption	-	-	-
Provided during the year	235	136	371
Impairments	-	-	-
Reversals of impairments	-	-	-
Revaluations	-	-	-
Reclassifications	-	-	-
Transfers to / from assets held for sale	-	-	-
Disposals / derecognition	(48)	(129)	(177)
Amortisation at 31 March 2020	917	609	1,526
Net book value at 31 March 2020	654	512	1,166
Net book value at 1 April 2019	599	551	1,150

Note 16.1 Property, plant and equipment - 2020/21

	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 2020 - brought forward	3,880	29,317	1,817	10,629	26,291	15,887	1,154	88,975
Transfers by absorption	-	-	-	-	-	-	-	-
Additions	100	4,538	641	2,045	15,204	9,478	216	32,222
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	14	11	-	-	-	-	-	25
Revaluations	15	215	-	-	-	-	-	230
Reclassifications	-	158	(1,767)	-	1,489	115	5	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	(200)	(287)	-	(906)	(2,507)	(4,913)	-	(8,813)
Valuation/gross cost at 31 March 2021	3,809	33,952	691	11,768	40,477	20,567	1,375	112,639
Accumulated depreciation at 1 April 2020 - brought forward	-	4,942	-	6,149	8,920	9,468	917	30,396
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	-	1,345	-	1,572	5,566	2,738	74	11,295
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	(173)	-	(891)	(2,462)	(4,910)	-	(8,436)
Accumulated depreciation at 31 March 2021	-	6,114	-	6,830	12,024	7,296	991	33,255
Net book value at 31 March 2021	3,809	27,838	691	4,938	28,453	13,271	384	79,384
Net book value at 1 April 2020	3,880	24,375	1,817	4,480	17,371	6,419	237	58,579

Note 16.2 Property, plant and equipment - 2019/20

	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 2019 - as previously stated	4,148	21,297	668	9,101	16,186	14,021	998	66,419
Transfers by absorption	-	-	-	-	-	-	-	-
Additions	360	3,223	1,797	1,661	10,513	3,152	160	20,866
Impairments	(293)	(926)	-	-	-	-	-	(1,219)
Reversals of impairments	134	407	-	-	-	-	-	541
Revaluations	(469)	4,991	-	-	-	-	-	4,522
Reclassifications	-	420	(637)	6	136	15	-	(60)
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	(95)	(11)	(139)	(544)	(1,301)	(4)	(2,094)
Valuation/gross cost at 31 March 2020	3,880	29,317	1,817	10,629	26,291	15,887	1,154	88,975
Accumulated depreciation at 1 April 2019 - as previously stated	-	3,894	-	4,988	6,867	8,805	874	25,428
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	-	1,122	-	1,295	2,569	1,964	47	6,997
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	(74)	-	(134)	(516)	(1,301)	(4)	(2,029)
Accumulated depreciation at 31 March 2020	-	4,942	-	6,149	8,920	9,468	917	30,396
Net book value at 31 March 2020	3,880	24,375	1,817	4,480	17,371	6,419	237	58,579
Net book value at 1 April 2019	4,148	17,403	668	4,113	9,319	5,216	124	40,991

Note 16.3 Property, plant and equipment financing - 2020/21

	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 2021								
Owned - purchased	3,809	27,838	691	4,938	28,453	13,271	384	79,384
Finance leased	-	-	-	-	-	-	-	-
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	-
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-
Owned - donated/granted	-	-	-	-	-	-	-	-
NBV total at 31 March 2021	3,809	27,838	691	4,938	28,453	13,271	384	79,384

Note 16.4 Property, plant and equipment financing - 2019/20

	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 2020								
Owned - purchased	3,880	24,375	1,817	4,480	17,371	6,419	237	58,579
Finance leased	-	-	-	-	-	-	-	-
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	-
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-
Owned - donated/granted	-	-	-	-	-	-	-	-
NBV total at 31 March 2020	3,880	24,375	1,817	4,480	17,371	6,419	237	58,579

Note 17 Donations of property, plant and equipment

The Trust had no material donations of property, plant and equipment received during the year.

Note 18 Revaluations of property, plant and equipment

	2020/21 £000	2019/20 £000
At start of period	9,401	4,889
Transfers by absorption	0	0
Impairments	0	0
Revaluations	230	4,522
Transfers to the I&E reserve for impairments arising from consumption of economic benefits	0	0
Transfers to other reserves	0	0
Asset disposals	(208)	(10)
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	9,423	9,401

Various freehold and leasehold properties owned by West Midlands Ambulance Service were valued as at 30 December 2019 by an external valuer, Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuations were prepared in accordance with the requirements of the RICS Valuation - Global Standards 2017 and the national standards and guidance set out in the UK supplement 2018, the International Valuation Standards and IFRS as adapted and interpreted by the Financial Reporting Manual (FRM). The valuation of the operational properties was in accordance with Existing Use Value with specialised properties valued using a Depreciated Replacement Cost (DRC) method because of the specialised nature of the asset means there are no market transactions of this type, except as part of the business or entity. Indexation on the 2019/20 valuation has been applied for the current year.

Note 19.1 Investment Property

The Trust had no investment property in 2020/21 or 2019/20.

Note 19.2 Investment property income and expenses

The Trust had no investment property income and expenses in 2020/21 or 2019/20.

Note 20 Investments in associates and joint ventures

The Trust had no investments in associates or joint ventures in the current or previous accounting periods.

Note 21 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 21.1 Other investments / financial assets (current)

The Trust had no other current investments or financial assets in the current or previous accounting periods.

Note 22 Disclosure of interests in other entities

The Trust held no interests in other entities at 31 March 2021 or 31 March 2020.

Note 23 Inventories

	31 March 2021 £000	31 March 2020 £000
Drugs	1,459	349
Work In progress	-	-
Consumables	1,619	3,149
Energy	-	-
Other	-	-
Total inventories	3,078	3,498
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £21,411k (2019/20: £19,617k). Write-down of inventories recognised as expenses for the year were £0k (2019/20: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2020/21 the Trust received £4,743k of items purchased by DHSC.

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 24.1 Receivables

	31 March 2021 £000	31 March 2020 £000
Current		
Contract receivables	4,101	10,719
Contract assets	-	-
Capital receivables	-	-
Allowance for impaired contract receivables / assets	(747)	(717)
Allowance for other impaired receivables	-	-
Deposits and advances	-	-
Prepayments (non-PFI)	15,714	14,554
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	-	-
Finance lease receivables	-	-
PDC dividend receivable	265	164
VAT receivable	819	418
Corporation and other taxes receivable	-	-
Other receivables	-	-
Total current receivables	20,152	25,138
Non-current		
Contract receivables	853	1,064
Contract assets	-	-
Capital receivables	-	-
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	-	-
Total non-current receivables	853	1,064
Of which receivable from NHS and DHSC group bodies:		
Current	8,281	11,835
Non-current	-	-

Note 24.2 Allowances for credit losses

	2020/21		2019/20	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	717	-	801	-
Transfers by absorption	-	-	-	-
New allowances arising	30	-	-	-
Changes in existing allowances	-	-	-	-
Reversals of allowances	-	-	(84)	-
Utilisation of allowances (write offs)	-	-	-	-
Changes arising following modification of contractual cash flows	-	-	-	-
Foreign exchange and other changes	-	-	-	-
Allowances as at 31 Mar 2021	747	-	717	-

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 22.43% (21.79% 31 March 2020) for doubtful recovery of the income from the NHS Injury Recovery Scheme, which amounts to £442k.

Note 24.3 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 2021 are in receivables from customers.

Note 25 Other assets

The Trust had no Other Assets in either the current or previous accounting periods.

Note 26.1 Non-current assets held for sale and assets in disposal groups

	2020/21 £000	2019/20 £000
NBV of non-current assets for sale and assets in disposal groups at 1 April	-	-
Prior period adjustment	-	-
NBV of non-current assets for sale and assets in disposal groups at 1 April - restated	-	-
Transfers by absorption	-	-
Assets classified as available for sale in the year	-	-
Assets sold in year	-	-
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 26.2 Liabilities in disposal groups

	31 March 2021 £000	31 March 2020 £000
Categorised as:		
Provisions	-	-
Trade and other payables	-	-
Other	-	-
Total	-	-

Note 27.1 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.

	2020/21	2019/20
	£000	£000
At 1 April	45,309	48,131
Transfers by absorption	-	-
Net change in year	1,682	(2,822)
At 31 March	46,991	45,309
Broken down into:		
Cash at commercial banks and in hand	10	16
Cash with the Government Banking Service	46,981	45,293
Deposits with the National Loan Fund	-	-
Other current investments	-	-
Total cash and cash equivalents as in SoFP	46,991	45,309
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	46,991	45,309

Note 27.2 Third party assets held by the trust

There were no third party assets or patients money held by the West Midlands Ambulance Service University NHS Foundation Trust in either the current or previous accounting periods.

Note 28.1 Trade and other payables

	31 March 2021 £000	31 March 2020 £000
Current		
Trade payables	2,167	4,551
Capital payables	1,206	190
Accruals	45,193	35,000
Receipts in advance and payments on account	-	-
PFI lifecycle replacement received in advance	-	-
Social security costs	6,032	5,203
VAT payables	-	-
Other taxes payable	-	-
PDC dividend payable	-	-
Other payables	3,715	3,202
Total current trade and other payables	58,313	48,146
Non-current		
Trade payables	-	-
Capital payables	-	-
Accruals	-	-
Receipts in advance and payments on account	-	-
PFI lifecycle replacement received in advance	-	-
VAT payables	-	-
Other taxes payable	-	-
Other payables	-	-
Total non-current trade and other payables	-	-
Of which payables from NHS and DHSC group bodies:		
Current	334	1,574
Non-current	-	-

Note 28.2 Early retirements in NHS payables above

There were no early retirement payments in the above.

Note 29 Other liabilities

The Trust had no current or non-current other liabilities in either the current or previous accounting periods.

Note 30.1 Borrowings

The Trust had no current or non-current borrowings in either the current or previous accounting periods.

Note 31 Other financial liabilities

The Trust had no current or non-current other financial liabilities in either the current or previous accounting periods.

Note 32 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 33.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs £000	Pensions: injury benefits £000	Legal claims £000	Other £000	Total £000
At 1 April 2020	183	2,270	375	8,738	11,566
Transfers by absorption	-	-	-	-	-
Change in the discount rate	-	-	-	-	-
Arising during the year	58	102	289	4,864	5,313
Utilised during the year	(38)	(254)	(67)	(376)	(735)
Reclassified to liabilities held in disposal groups	-	-	-	-	-
Reversed unused	-	-	(179)	(5,627)	(5,806)
Unwinding of discount	(2)	(20)	-	-	(22)
At 31 March 2021	201	2,098	418	7,599	10,316
Expected timing of cash flows:					
- not later than one year;	39	252	162	7,599	8,052
- later than one year and not later than five years;	162	1,031	256	-	1,449
- later than five years.	-	815	-	-	815
Total	201	2,098	418	7,599	10,316

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, building dilapidations, HMRC review of VAT allowances and student paramedic training costs as a result of covid.

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 as stated in note 1.12.

In March 2021 NHSEI announced that it would provide central funding to NHS providers and CCGs to cover the cost of the "Flowers case" payment. In 2020/21, the Trust released a provision of £5,341k relating to this. Included in accruals is £5,546k relating to the cost of this settlement, this is matched by an equal amount of income funded by NHSEI, included within other clinical income.

Note 33.2 Clinical negligence liabilities

At 31 March 2021, £50,440k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of West Midlands Ambulance Service University NHS Foundation Trust (31 March 2020: £46,325k).

Note 34 Contingent assets and liabilities

	31 March 2021 £000	31 March 2020 £000
Value of contingent liabilities		
NHS Resolution legal claims	-	-
Employment tribunal and other employee related litigation	-	-
Redundancy	-	-
Other	(143)	(150)
Gross value of contingent liabilities	(143)	(150)
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	(143)	(150)
Net value of contingent assets	-	-

Contingent Liabilities represent outstanding employer's liability legal claims, as notified by NHS Resolution which, at this stage, are not deemed certain enough to include within the provision for liabilities and charges (note 33.1). The value of the uncertainty of the liability is determined by NHS Resolution according to the nature and details of each individual case.

Note 35 Contractual capital commitments

	31 March 2021 £000	31 March 2020 £000
Property, plant and equipment	11,460	3,267
Intangible assets	-	-
Total	11,460	3,267

Note 36 Other financial commitments

The Trust had no other financial commitments in either the current or previous accounting periods.

Note 37 Defined benefit pension schemes

The Trust had no defined benefit pension schemes in either the current or previous accounting periods.

Note 38 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 39 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 40 Financial instruments

Note 40.1 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 2021 are in receivables from customers, as disclosed in 'Trade and Other Receivables' (Note 24).

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 40.2 Carrying values of financial assets

	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000
Carrying values of financial assets as at 31 March 2021				
Trade and other receivables excluding non financial assets	4,207	-	-	4,207
Other investments / financial assets	-	-	-	-
Cash and cash equivalents	46,991	-	-	46,991
Total at 31 March 2021	51,198	-	-	51,198

	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000
Carrying values of financial assets as at 31 March 2020				
Trade and other receivables excluding non financial assets	11,066	-	-	11,066
Other investments / financial assets	-	-	-	-
Cash and cash equivalents	45,309	-	-	45,309
Total at 31 March 2020	56,375	-	-	56,375

Note 40.3 Carrying values of financial liabilities

	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2021			
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	52,281	-	52,281
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
Total at 31 March 2021	52,281	-	52,281

	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2020			
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	42,943	-	42,943
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
Total at 31 March 2020	42,943	-	42,943

Note 40.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2021 £000	31 March 2020 restated* £000
In one year or less	52,281	42,943
In more than one year but not more than five years	-	-
In more than five years	-	-
Total	52,281	42,943

* This disclosure has previously been prepared using discounted cash flows. The comparatives have therefore been restated on an undiscounted basis.

Note 40.5 Fair values of financial assets and liabilities

Book value (carrying value) is a reasonable approximation of fair value.

Note 41 Losses and special payments

	2020/21		2019/20	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	-	-	-	-
Fruitless payments and constructive losses	-	-	-	-
Bad debts and claims abandoned	-	-	-	-
Stores losses and damage to property	3	15	149	171
Total losses	3	15	149	171
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	3	15	149	171
Compensation payments received		-		-

Note 42 Gifts

There were no gifts over £300k either as a total or individually for 2020/21 or 2019/20.

Note 43 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 have had a number of transactions with the independent Midland Air Ambulance Charity. These transactions are listed below:

Supply of staff : £1,461,010

Details of the transactions and balances with other related parties are set out below.

	Receivables		Payables	
	£000	£000	£000	£000
	31-Mar-21	31-Mar-20	31-Mar-21	31-Mar-20
Business with NHS FTs	218	676	122	510
Business with NHS Trusts	208	558	187	769
Business with DHSC	2	2	0	0
Business with Public Health England	0	0	1	1
Business with Health Education England	0	999	2	0
Business with CCGs and NHS England	7,568	9,264	3	275
Business with Special Health Authorities	20	0	0	0
Business with NDPBs	0	172	0	0
Business with other DHSC bodies	0	0	19	19
Business with other WGA bodies	844	481	9,747	8,405
Business with Local Authorities	9	26	38	0
TOTAL	8,869	12,178	10,119	9,979

	Income		Expenditure	
	£000	£000	£000	£000
	31-Mar-21	31-Mar-20	31-Mar-21	31-Mar-20
Business with NHS FTs	2,347	2,323	391	535
Business with NHS Trusts	1,542	1,525	276	446
Business with DHSC	65	84	35	3
Business with Public Health England	10	10	2	1
Business with Health Education England	3,460	3,123	0	0
Business with CCGs and NHS England	368,321	299,054	40	64
Business with Special Health Authorities	137	0	2,844	192
Business with NDPBs	0	356	202	2,068
Business with other DHSC bodies	0	0	0	0
Business with other WGA bodies	1,374	3,061	61,647	49,903
Business with Local Authorities	66	65	931	0
TOTAL	377,322	309,601	66,368	53,212

Note 43 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:

	Debtor	Creditor	Income	Expenditure
Organisation - CCGs	£000	£000	£000	£000
NHS Birmingham and Solihull CCG	167	0	56,646	40
NHS Cannock Chase CCG	2	0	5,627	0
NHS Cheshire CCG (formed from the merger of 01C, 01R, 02D and 02F)	0	0	5,146	0
NHS Coventry and Rugby CCG	1	0	19,712	0
NHS Dudley CCG	89	0	14,464	0
NHS East Staffordshire CCG	0	1	4,514	0
NHS Herefordshire and Worcestershire CCG (formed from the merger of 05F, 05J, 05T and 06D)	95	0	42,001	0
NHS North Staffordshire CCG	10	0	7,917	0
NHS Sandwell and West Birmingham CCG	814	0	74,192	0
NHS Shropshire CCG	11	0	15,553	0
NHS South East Staffs and Seisdon Peninsula CCG	16	0	9,368	0
NHS South Warwickshire CCG	0	0	11,813	0
NHS Southend CCG	31	0	31	0
NHS Stafford and Surrounds CCG	5	0	7,109	0
NHS Stoke on Trent CCG	0	0	12,565	0
NHS Telford and Wrekin CCG	1	0	8,308	0
NHS Walsall CCG	147	0	13,510	0
NHS Warrington CCG	0	0	1,354	0
NHS Warwickshire North CCG	0	0	9,677	0
NHS Wirral CCG	2	0	2,426	0
NHS Wolverhampton CCG	81	0	13,030	0
NHS England (statutory entity - populated by completing table of sub-entities below)	6,084	0	33,204	0

	Receivables	Payables	Income	Expenditure
Organisation - Trust	£000	£000	£000	£000
East Cheshire NHS Trust	8	0	90	0
London Ambulance Service NHS Trust	39	78	29	0
North Staffordshire Combined Healthcare NHS Trust	0	0	81	0
North West Ambulance Service NHS Trust	0	59	0	10
The Royal Wolverhampton NHS Trust	4	0	112	149
University Hospitals Coventry And Warwickshire NHS Trust	0	0	1	54
University Hospitals of North Midlands NHS Trust	15	5	11	45
Walsall Healthcare NHS Trust	104	9	1184	9

	Receivables	Payables	Income	Expenditure
Organisation - FT	£000	£000	£000	£000
Birmingham and Solihull Mental Health NHS Foundation Trust	0	0	120	0
Black Country Healthcare NHS Foundation Trust	32	0	383	0
Harrogate and District NHS Foundation Trust	0	11	0	129
Midlands Partnership NHS Foundation Trust	0	0	561	0
Northumbria Healthcare NHS Foundation Trust	0	53	0	0
Salford Royal NHS Foundation Trust	0	0	0	59
South Warwickshire NHS Foundation Trust	112	0	844	0
University Hospitals Birmingham NHS Foundation Trust	42	25	337	150
University Hospitals of Derby and Burton NHS Foundation Trust	1	0	52	0

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 Pensions Agency with regard to both employee and employer pension contributions

The National Ambulance Resilience Unit (NARU) service is constituted under a contract between NHS England and a host ambulance trust, currently West Midlands Ambulance Service University NHS Foundation Trust (WMAS). WMAS oversees performance of its obligations under the contract. This includes administering the NARU finances on behalf of NHS England and facilitating various procurement processes. WMAS also facilitates the secondment or fixed term contracts used to employ NARU staff. These administration functions are managed through monthly meetings of a WMAS-owned NARU Delivery Board.

Note 44 Transfers by absorption

There were no transfers by absorption in the year by the Trust for 2020/21 (nil, 2019/20)

Note 45 Prior period adjustments

There were no prior period adjustments in the year by the Trust for 2019/20 (nil, 2018/19)

Note 46 Events after the reporting date

There were no events of note after the current reporting period ends.

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

Opinion

We have audited the financial statements of West Midlands Ambulance Service University NHS Foundation Trust ("the Trust") for the year ended 31 March 2021 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and 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 2021 and of its income and expenditure for the year then ended; and
- 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 and the Department of Health and Social Care Group Accounting Manual 2020/21.

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 Trust 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.

Going concern

The Directors have prepared the financial statements on the going concern basis as they have not 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. 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").

In our evaluation of the Directors' conclusions, we considered the inherent risks to the Trust's business model and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate;
- we have not identified, and concur with the Directors' assessment that there is not a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

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.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud (“fraud risks”) we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the Trust’s high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Trust’s channel for “whistleblowing”, as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any usual or unexpected relationships.
- Reviewing the Trust’s accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account the current financial regime, we performed procedures to address the risk of management override of controls and the risk of fraudulent revenue recognition, in particular the risk of incentive for revenue to be manipulated into the wrong period around the year end.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to expenditure recognition, particularly in relation to year-end accruals.

We also performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included postings to fraud risk related accounts, postings between unrelated accounts and postings outside the normal course of business.
- Evaluating the business purpose of significant unusual transactions.
- Assessing significant estimates for bias.
- Inspecting transactions in the period prior to and following 31 March 2021 to verify revenue had been recognised in the correct accounting period.
- Inspecting transactions in the period prior to and following 31 March 2021 to verify expenditure had been recognised in the correct accounting period.
- Evaluating accruals posted as at 31 March 2021 and verifying accruals are appropriate and accurately recorded.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.

Identifying and responding to risks of material misstatement due to non-compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors and other management (as required by auditing standards), and from inspection of the Trust’s regulatory and legal correspondence and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

As the Trust is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The Trust is subject to laws and regulations that directly affect the financial statements including financial reporting legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Trust is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

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; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2020/21. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2020/21.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page A107, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are

also responsible for: 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 their 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

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its 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 paragraph 1(d) of Schedule 10 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 and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and the use of information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if:

- any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006.
- any matters have been reported in the public interest under paragraph 3 of Schedule 10 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.

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 for the year ended 31 March 2021 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.



Jonathan Brown
for and on behalf of KPMG LLP
Chartered Accountants
One Snowhill
Snow Hill Queensway
Birmingham
B4 6GH

11 June 2021

