



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

# Annual Report and Accounts

1st April 2017—31st March 2018







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National Health Service Act 2006**



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# A Message from the Chairman

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

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

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

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

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

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

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



**Sir Graham Meldrum. CBE OStJ**  
**Chair, West Midlands Ambulance Service NHS Foundation Trust**

# Chief Executive Review

It seems that every year we say that the last one was tougher than ever before and, this year, I am convinced that that is once again absolutely true. The winter particularly has been one of the toughest that I can recall in the 30 plus years that I have been working in the ambulance service. The elements have been against us: three bouts of heavy snow with drifts as high as our ambulances; prolonged periods of freezing temperatures; and even torrential rain. Throughout it all, our service has continued to do everything possible to make sure patients received the care we would all want for our loved ones.

Thanks to our forward planning we coped remarkably well, despite levels of demand that didn't seem possible – over 5,000 999 calls in a day is simply unprecedented. Throughout this our staff and volunteers have been superb. They have battled their way through the elements to come to work; all have volunteered for additional shifts to help meet those extraordinary demand levels. The admiration I have for them is immense.

However, it's not just West Midlands Ambulance Service that has faced challenges. Few will have missed the headlines in regard to patients waiting on trolleys at hospitals. I am fully aware of just how hard our colleagues are working as they too have had to deal with levels of demand it would have been hard to imagine. However, the handover delays our crews have faced have brought very considerable challenges and concerns. Unlike other parts of the country, these hospital delays have in some cases tripled compared to the previous year. Whilst this undoubtedly leads to a poor patient experience for those waiting in hospital corridors, the real concern is for those patients who we have not yet been able to reach. NHS England acknowledges this as the biggest single patient safety risk in the NHS. We are committed to working with the hospitals, commissioners and other partners to find solutions; we need to make progress as it would not be fair to our staff, the hospitals' staff or indeed our patients to face another winter like the one we've just had.

Despite the undoubted challenges, 2017-18 has also been a year of real success. As well as performing well in the clinical standards against which we are monitored, we have also been able to maintain our place in 'Segmentation One' by NHS Improvement. We are the only ambulance service in our country rated as Outstanding by the CQC and in Segmentation One; the only NHS organisation in the West Midlands in this position, and indeed there are only eight such organisations nationally! This is an extraordinary achievement and is down to the incredible work of everyone within the Trust and the many volunteers that support us.

I am also delighted to be able to record that in March over 99% of our ambulances had a paramedic on board. When considered in comparison to other services where that figure is in the 30%*s*, you can see what an immense achievement this is; one that can only bring significant benefits to our patients. Once again, we have been able to maintain our position as the only ambulance service with no frontline vacancies and no use, for frontline Emergency and Urgent Services, of either the private or voluntary sector. Over 300 new members of emergency staff joined us last year, increasing the level of clinical care provided to patients. Our detailed plans and considerable investment mean the future looks very bright for our organisation. I look forward to working with colleagues, our staff and volunteers to ensure the Trust continues to provide the very best patient care to our communities.

Whilst I am only too aware of just how hard our staff and volunteers work, often in very difficult circumstances, the Annual Report provides me with an opportunity to formally place on record my thanks to everyone associated with the Trust. I firmly believe that the public of the West Midlands should be justifiably proud of the team that protects them.

Handwritten signature of Anthony C. Marsh in black ink.

**Anthony C. Marsh**  
**Chief Executive Officer**

# **Performance Report 2017-18**

# Overview of Performance

**This section includes a Summary of the Trust's Performance in 2017-18 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 2017-18**

2017-2018 was another challenging year. Although demand during the year rose considerably we were able to meet the challenges head on and show once again the quality of our hard working and professional staff.

NHS Improvement continued to rate our financial stability as being of such a high order that we were placed in Segmentation 1 of their rating. There are only a handful of NHS organisations that are both 'Outstanding' and in Segmentation 1.

Our staff continue to provide the highest standards of care to patients in their hour of need both in Emergency & Urgent and Non-Emergency Patient Transport Services. As has been well documented in the media, many other organisations faced extreme challenges. With our detailed planning we were able to maintain a high level of performance and clinical care when many other organisations struggled during the winter.

Like all NHS Trusts we face a tough financial climate. In order to achieve our financial duties we had to make further savings. This required some very difficult and unpalatable decisions. As an organisation, we are determined to put as much resource as possible into our frontline services. This necessitated us deciding to make a small number of support staff redundant in 2016/17. However, these difficult decisions meant that we were able to maintain our performance at high levels and also achieve our required Financial Control Total, thereby meeting all of our required financial duties.

Our Board of Directors made one of the most significant decisions some years ago when it decided that to allow us to provide the best care, and in the process make us more efficient, we would develop the service so that we have a paramedic on every ambulance. No Trust has previously achieved this and indeed we are the only ambulance service in the country to do so. We believe strongly that, first and foremost, this allows us to provide an even higher level of clinical care to our patients. In recent years we have only recruited graduate and student paramedics which has been a key element in the Trust's plans to improve patient care with patients seen more quickly, high care standards and those people requiring transport to hospital taken in a more timely manner. To that end, we continued with our hugely successful student paramedic recruitment programme. This 30 month programme takes students who may have no previous healthcare experience and

develops them into state registered paramedics with a foundation degree. This is a programme that we have been running for some years; it has a very high pass rate and the staff that complete it are highly regarded.

Training of staff is a central plank of our plans to keep the Trust at the forefront of ambulance services. Over 99% of frontline staff received their update training in 2017-18, the highest level in the country. Over 97% of our staff also received a personal development review with their line manager.

An organisation's sickness level is often cited as a key metric as to the 'health' of the organisation and how happy its staff are. We are, therefore, pleased to report the lowest sickness rate the organisation has ever had; just over 3% for the year. Not only is this comfortably the lowest in the ambulance sector in the country, it is also lower than the average rate for all NHS workers in the West Midlands. The success of our team in helping staff who may have been injured at work goes from strength to strength, with new initiatives such as internal occupational health provision and fast track support for staff requiring physiotherapy all being well received by staff.

The terrorist attacks in London, Manchester and other European cities reminds us just how important it is to be ready for such a situation should it happen in the West Midlands. As an organisation we are determined to be as ready as we can be so that, if an atrocity such as those happens here, we are as prepared as possible to deal effectively with it. We continue to train large numbers of staff to be able to work in challenging situations such as collapsed buildings, in chemical incidents and other hazardous areas. This puts us at the forefront of ambulance services and gives us great confidence in our ability to deal with the potential horrors that could be visited on our region.

As a Trust, we are very proud of the fact that we provide our staff with the best equipment possible to use as they save lives and treat people. To that end, we will continue to renew our fleet so that no frontline vehicle is over five years old.

The West Midlands is one of the most culturally diverse areas in the country, second only to London. Whilst we have made tremendous strides in creating a workforce that is almost equal in terms of the male / female split, we recognise that we still have work to do to ensure that our workforce is representative of the communities that we serve. We will therefore be re-doubling our efforts during the year to change that situation.

I remain confident 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.

## **About the Trust**

West Midlands Ambulance Service became an NHS Foundation Trust on 1<sup>st</sup> January 2013 following authorisation by the regulator, and received its licence as a health service provider in April 2013.

The former West Midlands Ambulance Service NHS Trust was created on 1 July 2006 with the amalgamation of the former 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 £242 million per annum. It employs over 4,500 staff and operates from 15 operational hubs and 29 community ambulance stations and response posts 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 900 vehicles including ambulances, response cars, non-emergency ambulances and specialist resources such as major incident assets and helicopters.

There are two Emergency Operations Centres, located at Tollgate in Stafford and Brierley Hill in Dudley, taking over 3,000 emergency '999' calls on average each day.

The Trust is supported by a network of volunteers. More than 550 people from all walks of life give up their time to become Community First Responders (CFRs). CFRs are always backed up 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 and organisations such as the Community First Responders, BASICS doctors, water-based rescue teams and 4 x 4 organisations. Midlands Air Ambulance and the Warwickshire and Northamptonshire Air Ambulance also play a crucial part in responding to patients.

## **Geographical Area and Population**

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

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

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

## Services Provided

The Trust provides out of hospital clinical triage, advice, assessment and treatment to patients who dial 999 and, where the clinical need arises, onwardly conveys patients to hospital or the most appropriate 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 crew or responder 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 a Walk in Centre or Minor Injuries Unit for further assessment and treatment. Alternatively, they refer the patient to their GP. E&U services are provided from 15 strategically located 'hubs' across the West Midlands which are supported by 29 'Community Ambulance Stations' (CASs) and 'Response Points'.

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

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

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

- **Emergency Preparedness**

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

- **Commercial Call Centre**

The Trust's Commercial Call Centre offers message handling for NHS, public sector and private sector clients. Our contracts include 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 a range of safeguarding call handling and referral services from front-line emergency crews, PTS out of hours and a County Council.

- **Healthcare Logistics**

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

- **Audit services**

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

## **Vision and Values**

### **Our Vision**

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

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

### **Our Values**

#### **World Class Service**

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

## **Patient Centred**

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

## **Dignity and Respect for All**

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

## **Skilled Workforce**

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

## **Teamwork**

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

## **Effective Communication**

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

# Key issues and risks

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

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

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

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

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

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

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

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

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

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

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

- Deterioration in the financial position of the NHS nationally
- Significant increases or decreases in E&U demand month on month
- Failure of hospitals to ensure effective hospital handover
- Failure of hospitals to ensure that any reconfiguration of Hospital Services is fully discussed and any ambulance resource requirements are fully funded
- Significant shortfall in recurring funding for the implementation of Band 6 grading of Paramedics.

## **Directors' Conclusion on the Assessment of Going Concern**

At the meeting of the Trust's Audit Committee on the 19 March 2018 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 28 March 2018 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 2017-18.

# 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

NHS England has been leading a workstream since late 2015, known as the Ambulance Response Programme (ARP). ARP aims to increase operational efficiency whilst maintaining a clear focus on the clinical need of patients, particularly those with life threatening illness and injury. WMAS has been involved in the development and trialing of these new operational measures for Ambulance Services in England since November 2015, which included several pilots known as Phase 1, Phase 2, and finally Phase 2.2 which was introduced November 2016. The formal trials closed in April 2017 with a review undertaken by Sheffield University and NHS England making final recommendations to the Secretary of State in July 2017 for national implementation (WMAS remained in trial phase after April 2017 until the go-live in September 2017).

With the announcement of the new Ambulance Response Standards in the summer of 2017, WMAS went live on the new system of measurement from 6 September 2017. This go-live included many changes to the Computer Aid Dispatch system, a heavily revised set of reports to ensure compliance to the new Ambulance Quality Indicator (AQI) document/guidance and the final changes to the operational model to ensure the Trust operated optimally under the new regulations.

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

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

The following standards were measured from September 2017 onwards:

### Ambulance Response Programme 2.3 Standards

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

Where:

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

The Trust is aware that there is a Spring review ongoing in relation to the ARP Standards and NHSE will publish the revised standards and measures in the early months of 2018/19.

## Ambulance Quality Indicators

### National Audits

Ambulance Services are not included in the formal National Clinical Audit programme, however during 2017/2018 WMAS participated in the following four 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 STEMI who received an appropriate care bundle from the Trust during the reporting period.*

## 2. Care of Stroke Patients

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

### Audit Element

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

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

## 3. Care of Patients in Cardiac Arrest

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

### Audit Element

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

## 4. Call to Balloon within 150 minutes - Myocardial Ischaemia National Audit Project (MINAP)

In patients diagnosed with STEMI it is important to get them to a PPCI centre as quickly as possible, time is myocardium - MINAP records the time that the PPCI balloon is inflated by the hospital.

### Audit Element

*Percentage of patients that have balloon inflation with 150 minutes of their first medical contact which is usually the ambulance service.*

The reports of the four National Ambulance Clinical Quality Indicators were reviewed by the Trust in 2017/18 and the West Midlands Ambulance Service intends to take the following actions to improve the quality of healthcare provided for patients:

- Review of and feedback about delays to patients arriving at a Hyper Acute Centre (acute Stroke treatment unit)
- Development of performance reports from the Electronic Patient Record

- Development and review of individual staff performance from the Electronic Patient Record
- Communication of compliance with Indicators through Trust Weekly Briefing and Clinical Times
- Electronic Patient Record Documentation guidance produced
- Feedback via the electronic incident reporting system in relation to any non-compliance of End Tidal CO<sub>2</sub> (the non-invasive measurement of exhaled carbon dioxide).

## **Non Emergency Patient Transport Services**

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

## **Data Quality Policy**

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

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

There are a number of specific reports available on the Trust's report portal, ORBIT, which EOC and operational managers can use to improve data quality and there are automated data quality reports which are sent out routinely to EOC managers to help to monitor data quality.

Examples of data quality checks include Routine/Referral categorisation.

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 2017/18 in Operational, Clinical and Financial performance and also includes the Business Plan targets. Information about Trust policies regarding environmental impact, social & human rights issues and any significant events that have taken place since the end of the financial year are also included.

## Operational Performance

Ambulance Services nationally have again struggled to meet both national performance targets and efficiency targets in 2017/18 but West Midlands Ambulance Service NHS Foundation Trust has continued to perform exceptionally well.

Despite the winter months of 2017/18 being the most challenging period the NHS has ever experienced, the Trust was able to meet the new Ambulance Response Programme standards sustainably, meeting all the targets for both Quarter 3 (from 6<sup>th</sup> September) and Quarter 4. This has been an outstanding achievement, given the sharp increase in demand levels and substantially worsening Hospital Handover delays problems which affected resource availability.

The table below shows the Trust's operational performance under the new Ambulance Response Programme 2.3 standards which the Trust implemented from 6<sup>th</sup> September 2017 onwards:

<b>ARP 2.3 Standards (06/09/2017 onwards)</b>				
measurement in mm:ss				
<b>Incident Type</b>	<b>Standard</b>		<b>YTD</b>	
	Mean	90th Percentile	Mean	90th Percentile
Category 1	07:00	15:00	06:55	11:54
Category 2	18:00	40:00	12:46	23:23
Category 3		120:00		82:46
Category 4		180:00		143:54

## Clinical Performance

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

Since the completion of the Ambulance Response Programme Trial, of which WMAS was a key player, a set of new targets has been rolled out through the country. NHS England collate and monitor information relating to the national Ambulance Quality

Indicators, incorporating both system indicators and clinical outcomes, the results of which are published on their website:

<https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2016-17/>

## 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.

<b>Strategic Priorities</b>	<b>Key Achievements</b>
Business As Usual	<ul style="list-style-type: none"> <li>• Full and successful implementation of revised national performance standards</li> <li>• Achievement of locally agreed targets</li> <li>• Efficient use of resources (continued focus on increasing Hear and Treat rates and reducing See and Convey rates, where clinically appropriate)</li> <li>• Optimum rate of response per incident</li> <li>• Operational skill mix meets demand profile</li> <li>• Technology and use of information:               <ul style="list-style-type: none"> <li>○ Continued use of available data for planning resource</li> <li>○ Continued reporting of clinical performance indicators from electronic records</li> </ul> </li> <li>• Full analysis of roster arrangements</li> </ul>
New Models of Care	<ul style="list-style-type: none"> <li>• Enhanced tools and information available to crews whilst on scene (through electronic patient record); delivery of most appropriate care pathways to suit patient needs</li> <li>• Review and use of appropriate triage tools</li> <li>• Lead role in Ambulance Response Programme</li> <li>• Specialist community based models (e.g. Mental Health triage teams)</li> <li>• Development of CCTV and telematics system on emergency fleet</li> <li>• All Paramedic staff on aircraft trained to Critical Care Practitioner status</li> <li>• Successful involvement in large research projects, achieving a national award</li> </ul>
Prevention	<ul style="list-style-type: none"> <li>• Health promotion:               <ul style="list-style-type: none"> <li>○ making every contact count</li> <li>○ management of high volume service users</li> </ul> </li> <li>• Agreement of new training and governance process for Community First Responders, laying the foundations for further recruitment</li> <li>• Restart a Heart Day in October 2017 within schools and communities - 30,047 young people trained</li> <li>• Education and Development – continued provision of skills and expertise to support the provision of care in a safe and appropriate</li> </ul>

	environment <ul style="list-style-type: none"> <li>Ongoing development of Paramedic Skill Mix to ensure simplification of dispatch and operational model</li> </ul>
Business Opportunities	<ul style="list-style-type: none"> <li>Review strategic partnerships</li> </ul>

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

Enabling Strategy	Milestones Monitored	Milestones Achieved
Operations	28	28
Clinical	32	32
Quality	9	8
Finance	41	41
People	41	40
Commissioning	28	28
Stakeholder Engagement	8	8
Risk Management	9	9
Security	7	7
IT	38	38
Estates	8	8
Procurement	8	8
Sustainability	8	7
Commercial Services	6	6
<b>Total</b>	<b>271</b>	<b>268</b>

The table below provides further details against the key deliverables that were not achieved or were delayed in 2017/18 and highlights where appropriate what actions are being taken to ensure delivery in 2018/19.

Strategy	Key deliverables not fully delivered in 2017/18	Further details
People Strategy	Cultural Balanced Scorecard demonstrates incremental improvement on targeted areas	Actions to amend the survey are all complete, and the survey remains open on the Trust intranet. It is not being actively promoted currently, due to a number of other surveys taking place including: Staff Conversation Survey 2017; Health and Wellbeing Survey 2017; Staff Survey 2017
Sustainability Strategy	Production and maintenance of effective sustainability and environmental risk assessments	This piece of work has been delayed due to re-allocation of responsibilities and increased focus on other priorities. Revised schedule of work in progress to ensure this work is fully completed.

Quality Strategy	Ensure 'Learning from Deaths' through mortality reviews takes place	<p>A detailed section of the Quality Account focuses upon these requirements for 2017/18. Advice has been sought from the external auditors to ensure compliance with requirements as far as possible for the year.</p> <p>Ongoing discussion to implement a process for clinical case reviews to ensure the requirements of the national framework and the Trust contract are met from 1 April 2018.</p>
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## Financial Performance

In 2017/18 the Trust's turnover was £263.9m, derived from the following sources:-

Service area	£m	%
E&U services	214.5	81.28
Non Emergency Patient Transport	33.9	12.85
Other income sources	15.5	5.87
<b>All income</b>	<b>263.9</b>	<b>100.0</b>

As is apparent from the table above, over 81% (£214m) of the Trust's income is secured for the provision of E&U services commissioned by the 22 West Midlands Clinical Commissioning Groups (CCGs).

The key financial deliverables are set down in the table below. It will be noted that the Trust delivered an operational surplus for the year in line with its required Control Total issued by NHSI of £2.245m

Achievement against key financial targets, 2017/18			
	Target	Outturn	Notes
Delivery of EBITDA (earnings before interest, tax, depreciation, amortisation)	£9.0m	£12.0m	See below – target exceeded by Operating Surplus and NHSI incentive/bonus payment.
Delivery of a surplus operating budget/Control Total	£2.2m	£5.1m	Control Total Target exceeded with an Operating Surplus of £437k. In recognition, the Trust was allocated an indicative incentive and bonus payment from NHSI of £2.101m. Note – an impairment reversal of £296k did not count towards achievement of the Control Total but was counted in the Outturn position
Use of Resources risk rating ('UoR')	1	1	The Trust planned to achieve the highest level of UoR rating and this has been achieved.
Closing cash balance	£27.3m	£40.3m	Cash position better than Plan
Delivery of cost improvement programme	£3.9m	£4.0m	Target achieved
Capital programme (Adjusted Target – see below)	£7.0m	£7.0m	Target achieved

Reporting a satisfactory outturn on all financial targets in 2017/18 is a significant achievement against a challenging financial position for the NHS. The Trust position includes:

- the delivery of an operating surplus of £5.079m
- a strong 'Use of Resources' Risk Rating of 1
- delivery of 100% of the Trust's Cost Improvement Programme
- a better than forecast Cash position
- delivery of the year's capital programme of £7m

Nonetheless, the Trust did face significant financial challenges during the year, particularly in managing costs for PTS contracts whilst meeting the Key Performance requirements of those contracts, and in continuing to meet the operational structure changes required for the new Ambulance Response Programme standards. E&U activity ran above contracted levels for each month of the year and finished 5.47% above contract for the whole year. The table below confirms the actual trend in assigned incidents since 2011/12. The Trust has set its budget for 2018/19 based upon a 4.1% funded growth in E&U activity.

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
<b>Actual</b>	827.2	878.5	907.7	948.8	978.6	1018.6	1079.0
<b>% change</b>	+2.7	+6.2	+3.3	+4.5	+3.2	+4.1%	+5.9%

The Trust spent some £181.3m on Pay which was £7.4m above plan, reflecting the additional E&U and EOC staff costs for increased workload above contract levels and for additional services required by reconfigurations in Acute Hospital services – both covered by increased income. The cost of the Apprenticeship Levy was also included and this was offset by income received.

Non Pay expenditure excluding depreciation and finance costs – at £71.3m – was also greater than plan. This reflected variances in a number of areas, however the net increase was principally due to additional training costs (including Apprenticeship Training) above the original plan but in line with additional income received, and the use of taxi services for Non-Emergency PTS due to delays in recruitment of funded staff posts.

Significant additional costs were also incurred by the Trust to prepare for 2018/19. A number of key financial challenges including:

- the impact of the average 1% pay award to staff which would not be funded in the new NHS Pay Deal and was not covered by the tariff inflator of 0.1%; plus costs of incremental drift were also not covered – estimated cost £2.0m
- general Non-Pay inflationary pressures above the 0.1% funding of £0.4m
- increased costs for activity over contract in 2017/18 requires 40wte additional EOC staff costing £1.1m

resulted in a requirement to find £3.6m of savings and efficiencies to balance the 2018/19 budget plan. The Executive Management Board worked through all proposed Pay and Non Pay budgets to identify a list of Cost Improvement Plan proposals which were further discussed and agreed by the Board of Directors. A number of these proposals required enabling costs in 2017/18 including early return of leased/sale of owned Rapid Response Vehicles and further closure of Community Ambulance Station sites.

The **capital budget** for 2017/18 was set at £5.836m which was increased by an allocation of £140k from NHSI to meet additional Cyber security costs, and by £979k for the Net Book Value of assets disposed of during the year (principally the former Stoke Ambulance Station site). This gave the Trust a revised Capital Budget for the year of £6.955m and this was met with only a small underspend of £4k.

The Capital Programme was funded entirely from internal resources – depreciation, asset sales and cash balances. The table below summarises the application of those capital resources:

<b>Application of capital resources 2017/18</b>	
<b>Area</b>	<b>£m</b>
Information Technology incl. Electronic Patient Record	1.316
Medical Equipment	0.234
Estates	1.865
Fleet	3.536
<b>Total capital expenditure</b>	<b>6.951</b>

The Statement of the Trust's Financial Position on 31 March 2018 showed total non-current assets of £40.9m

**The Trust has set a budget for 2018/19, based upon a turnover of £255.2m.**

Key figures from that budget are:-

<b>Key planned financial metrics, 2018/19</b>	<b>£m</b>
Income	255.2
Pay	(185.8)
Non-pay	(59.9)
<b>Total expenditure</b>	<b>245.7</b>
EBITDA	9.5
'Financials' (depreciation, interest and dividends payable)	(7.5)
<b>Retained surplus</b>	<b>2.0</b>
<b>'Use of Resources' Risk Rating</b> (on scale 1-4, with 1 being lowest risk)	<b>1</b>
<b>Capital programme</b>	<b>8.5</b>
<b>Closing cash balance</b>	<b>42.4</b>

Key points to note are:-

- E&U income has been funded by Commissioners at 4.1% overall increase in activity.
- The plan reflects a number of changes in workstreams, particularly around reductions in non-emergency PTS work where contracts have ended
- The plan includes an increase in front-line staffing from 2,591wte operational staff to 2,787wte in order to meet activity and performance pressures.
- The plan meets the Control Total surplus required by NHSI of £2.032m
- In order to achieve the budget plan the Trust must achieve its £3.6m planned 'Cost Improvement Savings'.

## Policies and Practice on Payment of Creditors

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

The Trust narrowly failed to achieve this target for 2017/18. Achievement is summarised in the table below:

<b>Invoices</b>		
<b>Total number of invoices</b>	<b>Number paid within 30 days</b>	<b>% paid within 30 days</b>
29,446	27,449	93.2%
<b>Total value of invoices £'000</b>	<b>Value paid within 30 days £'000</b>	<b>% paid within 30 days</b>
135,967	121,649	89.5%

These levels of performance represent a continued improvement upon the 2015/16 and 2016/17 levels of achievement and it is expected that the Trust will maintain achievement above 90% in 2018/19.

## The Trust and the Environment

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

The Trust continues with its work regarding environmental issues relevant to the Estate. A number of initiatives have been implemented to reduce energy

consumption under the Trust's Sustainability Policy. This includes the introduction of renewable energy sources and the replacement of lighting to primary sites for low energy light sources.

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

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

Work continues to reduce waste and encourage recycling, moving to a paperless work environment where possible. The Trust has implemented revised wastage bins and separation utilised at Headquarters.

The Trust continues to take part in the "Good Corporate Citizenship Test" allowing further review of its progress to date. This assists the Trust in its evaluation of six factors:

- Travel
- Procurement
- Facilities Management
- Workforce
- Community Engagement
- Buildings

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

## **Social, Community and Human Rights Policies**

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

## **Important events occurring after end of the Financial Year**

- **Ambulance Response Programme**

The Trust has taken a very active part in developing the Ambulance Response Programme and continues to do so. There will be some further revisions made to the reporting standards for operational performance, which are likely to be published early in 2018/19 and implemented before the winter, in addition there is a new set of Clinical Quality Indicators also being finalised for 2018/19.

- **PTS Cheshire**

The Trust has taken the difficult decision to end its contract providing PTS services in Cheshire due to it no longer being financially viable. The notice period of 12 months means that the current arrangements will end on 5th April 2019. The decision was made after around six months of negotiations with Commissioners.

- **Staffordshire High Dependency (HDU)**

After the 31 May 2018 the Trust will no longer provide the Staffordshire High Dependency contract between County Hospital (Stafford) and University Hospitals of North Midlands (Stoke). This contract operates from two sites.

- **Combined Healthcare (CHC) (Stoke on Trent)**

After the 31 May 2018 the Trust will no longer provide the Combined Healthcare (CHC) contract in Stoke on Trent. This service provides mental health transport between facilities in the Stoke on Trent Area. This contract operates from one site.

- **Walsall**

The contract with Walsall Healthcare NHS Trust has expired, and temporary extensions have been in place. Negotiations to renew the contract has not resulted in a contract agreement going forward. The contract will therefore end on 30 June 2018.

## • **Paramedic Band 6 Funding**

Following discussions at national level to re-band Paramedics from AFC Band 5 to Band 6 once qualified for 2 years, additional national funding was agreed for the first and second full years of the new arrangement. Following representation by the Trust, NHSE have now confirmed that at least £1.6m was omitted in error from the second year's allocation for WMAS, but cannot confirm correction of the funding. The Trust has not yet identified CIP plans to meet this shortfall and, given the scale of the problem, this will seriously impact on performance delivery should no resolution be agreed.

## • **National Pay Award**

At the NHS Staff Council meeting on 21 March 2018, the framework agreement for the reform of the NHS pay structure and terms and conditions for all Agenda for Change staff was formally signed off. The NHS trade unions have set in motion a consultation period with their members on the proposed agreement, with any ballots likely to report by the beginning of June at the latest. It is the assumption of the staff council that any deal will move forward to implementation from July 2018, with backdating to April 2018.

The proposed agreement has been developed to deliver:

- A three year fully funded pay deal covering 2018/19 - 2020/21, which would reform the pay structure delivering fewer pay points, faster progression, and higher starting salaries, and award a 6.5 per cent increase over the three years to the top of pay scales.
- A new system of pay progression.
- A minimum rate in the NHS of £17,460 from 1 April 2018 – compliant with Living Wage Foundation Living Wage, and the closure of Agenda for Change Band 1.
- Terms and conditions improvements including enhanced shared parental leave, child bereavement leave, and a national framework on buying and selling leave.
- Changes to terms and conditions so that preferential sick pay for those on spine points 1 – 8 will be phased out, and unsocial hours rates for Band 1 – 3 will be adjusted to be more closely aligned with those for Bands 4 - 7.
- Closer alignment for ambulance staff with other staff on Agenda for Change.
- Development of a joint programme of work to improve health and wellbeing to improve attendance levels and reduce sickness absence.
- A commitment for the NHS Staff Council to negotiate a provision for apprenticeship pay, and to look at the scope for a national agreement on bank and agency working.

The government has confirmed that additional money will be made available to fund the increased salary cost, so it will not have to come from existing NHS budgets. NHS Improvement has confirmed that funding for the NHS Agenda for Change staff pay agreement will be provided direct to NHS organisations in 2018/19. An appropriate mechanism for distributing the funding in future years is currently being considered by NHS Improvement and NHS England.

## • Gender Pay

In 2017 the Government introduced world-leading legislation that made it a statutory requirement for all organisations with 250 or more employees to report annually on their gender pay gap. West Midlands Ambulance Service 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:

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

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

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

Signed



Position: Chief Executive

Date: 23 May 2018

# **Accountability Report 2017-18**

# 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).

This guidance requires that the Directors' report must contain:-

- An indication of likely future developments in the business of the Trust – *Priorities for 2018/19 are outlined in the Quality Account at page Q10.*  
and
- An indication of the Trust's activities (if any) in the field of research and development. - *the main areas of Research and Development are outlined in the Quality Account at page Q21.*

## The Board of Directors serving during 2017/18 (1 April 2017 to 31 March 2018)

Position	Name
<b>Voting Members of the Board of Directors</b>	
Chair	Sir Graham Meldrum
Deputy Chair	Anthony Yeaman
Chief Executive Officer	Anthony Marsh
Non Executive Director	Anthony Arrowsmith
Non Executive Director	Jacynth Ivey
Non Executive Director	Anthony Murrell
Non Executive Director	Caroline Wigley
Non Executive Director	Wendy Farrington-Chadd
Director of Corporate and Clinical Services/Deputy Chief Executive Officer	Diane Scott
Director of Finance	Linda Millinchamp
Medical Director	Dr Andrew Carson to 27 March 2018 (absent on sick leave from 1 September 2017)
Interim Medical Director	Dr Alison Walker (from 2 September 2017 to 31 March 2018)
Director of Clinical Commissioning and Service Development/Executive Nurse	Mark Docherty
Director of Workforce and Organisational Development	Kim Nurse
<b>Non Voting Members of the Board of Directors</b>	
Communications Director	Murray MacGregor
Strategic Operations Director (prior to January 2018 held the title Emergency Services Director)	Craig Cooke

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

# Enhanced Quality Governance

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

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

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

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

- clinical effectiveness;
- patient safety; and
- patient experience.

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

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

## **Governance and Leadership**

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

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

## Systems and Processes

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

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

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

The Committee uses various tools such as self assessment against the CQC fundamental standards to ensure the scrutiny and accuracy of its assurance required to comply with legislation and with nationally and regionally agreed initiatives.

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

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

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

- ensures that actions required to embed the Clinical and Quality strategies are successfully completed thus ensuring high quality clinical care continues to be delivered across the organisation.
- Ensures the provision of care provided by West Midlands Ambulance Service is safe and compliant with the requirements of appropriate national regulatory bodies.

- advises the Trust on matters relating to the specification, procurement and use of clinical equipment in the Trust. This will include, but not be limited to, equipment used by the E&U, PTS, Air Ambulance services and the Community First Responders (CFR) and BASICs doctors.
- ensures through its Infection Prevention and Control sub-committee, the effective prevention and control of Healthcare Associated Infection (HCAI) for the organisation and provide a key role in monitoring the organisation's performance against the Trust's Infection Prevention and Control Policy including external objectives/targets and compliance with the Code of Practice for the prevention of HCAI (2010) and the CQC Essential Standards of Quality and Safety specifically Outcome 8.
- ensures through the Clinical Audit and Research Group that an annual clinical audit programme and Research and Development programme is in place, that they are completed to plan, that learning is identified and ownership of subsequent actions has been accepted and monitored to completion.
- ensures through the Immediate Care Governance Group that immediate care schemes are compliant with the requirements of Quality Governance as outlined in the CQC Essential Standards of Quality and Safety

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

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

## **Risk Management**

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

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

Significant Risks to achieving the Trust's Strategic Objectives are reviewed at least four times each year by the Board of Directors and this is the Board Assurance Framework. In addition the risks rated High 12 and above are also presented to the QGC, Audit Committee and the Board at least quarterly.

# 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, pensions and terms of service. The Committee does not determine the terms and conditions of office of the Chair and Non-Executive Directors. These are determined by the Council of Governors.

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

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

The Committee also acts in an advisory capacity to the Chief Executive for the appointment, remuneration, redundancy and termination of contracts of Executive Directors and very senior staff.

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

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

The Trust does not pay compensation for the early termination of a contract. None of the Trust's Executive Directors received a performance related element to their pay in 2017/18.

## **Senior Managers' Pay**

Since the inception of the Trust as a NHS Foundation Trust on 1 January 2013, Executive Directors have been remunerated under a contract that mirrors the Very Senior Managers Pay Framework with a single point personal salary. This salary is determined by members of the Remuneration and Nominations Committee who review salary levels by considering benchmarking data every 3 years to ensure they remain competitive.

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

The Remuneration and Nominations Committee considers the pay and benefits of all Executive Directors on the VSM pay framework. The Chief Executive Officer considers the performance of each Executive Director against the specific strategic objectives set for them for the year, and the Chairman further considers under grandparent rights, the achievements of each Director. There is no performance related pay 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 yet to determine the outcome of this performance review for 2017-18, however it is anticipated that a payment will be agreed and will be paid during 2018-19.

## **Non Executive Directors**

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

## Directors' Salaries and Allowances

Name and title	April 2017 - March 2018					April 2016 - March 2017				
	Salary (bands of £5,000) £'000	Performance related Bonus (bands of £5,000) £'000	Benefits in kind (rounded to the nearest £00) £'00	Pension related benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000	Salary (bands of £5,000) £'000	Performance related Bonus (bands of £5,000) £'000	Benefits in kind (rounded to the nearest £00) £'00	Pension related benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000
A.C. Marsh, Chief Executive	185-190	0	176	47.5-50.0	255-300	160-165	15-20	175	30.0-32.5	230 - 235
Mrs K. Nurse, Director of Workforce and Organisational Development	105-110	0	130	15.0 - 17.5	135-140	105-110	0	121	25.0-27.5	145 - 150
Mrs D Scott, Director of Corporate and Clinical Services	100-105	0	101	5.0 - 7.5	120-125	105-110	0	100	0	115-120
Mrs L Millinchamp, Director of Finance	95-100	0	87	15.0 - 17.5	120-125	105-110	0	77	185.0-187.5	295 - 300
Mr M Docherty, Director of Clinical Commissioning and Service Development/Executive Nurse	95-100	0	115	22.5-25.0	135-140	95-100	0	105	0	105-110
Dr A Carson, Medical Director	55-60	0	153	0.0-2.5	75-80	70-75	0	143	27.5-30.0	115-120
Dr Alison Walker, Acting Medical Director	15-20	0	0	0	15-20	40-45	0	0	0	40-45
Sir G Meldrum, Chairman	45-50	0	0	0	45 - 50	45 - 50	0	0	0	45 - 50
Mr A Arrowsmith, Non-Executive Director	10-15	0	0	0	10 - 15	10 - 15	0	0	0	10 - 15
Mr A Murrell, Non-Executive Director	10-15	0	0	0	10 - 15	10 - 15	0	0	0	10 - 15
Mr A Yeaman, Non-Executive Director	15-20	0	0	0	15-20	10 - 15	0	0	0	10 - 15
Mrs J Ivey, Non-Executive Director	10-15	0	0	0	10 - 15	10 - 15	0	0	0	10 - 15
Mrs C Wigley, Non-Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
Mrs W Farrington-Chadd, Non-Executive Director	10-15	0	0	0	10-15	0-5	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 benefits in kind relate to lease cars.
- Dr A Walker was Interim Medical Director from 2 September 2017 to 31 March 2018.
- The clinical element of the remuneration of Dr A Carson as Medical Director and Dr A Walker as Acting Medical Director was zero.

## Directors' Pensions - Cash Equivalent Transfer Value

Name and title	Real increase in pension at age 60  (bands of £2,500)  £'000	Lump sum at aged 60 related to real increase in pension  (bands of £2,500)  £'000	Total accrued pension at age 60 at 31 March 2018  (bands of £5,000)  £'000	Lump sum at age 60 related to accrued pension at 31 March 2018  (bands of £5,000)  £'000	Cash Equivalent Transfer Value at 31 March 2018  £'000	Cash Equivalent Transfer Value at 31 March 2017  £'000	Real increase in Cash Equivalent Transfer Value  £'000	Employer's contribution to stakeholder pension    To nearest £'000
A.C. Marsh, Chief Executive	2.5-5.0	0.0-2.5	40-45	100-105	771	638	126	0
Mrs D Scott, Director of Corporate and Clinical Services	0.0-2.5	2.5-3.0	40-45	120-125	888	819	61	0
Mrs K. Nurse, Director of Workforce and Organisational Development	0.0-2.5	2.5-5.0	50-55	150-155	1150	1079	60	0
Mrs L Millinchamp –Director of Finance	0.0-2.5	2.5-5.0	50 - 55	155-160	0	0	0	0
Dr A Carson – Medical Director	0.0-2.5	0.0-2.5	5 - 10	0 – 5	117	105	11	0
Mr M Docherty – Director of Clinical Commissioning and Service Development/Executive Nurse	0.0-2.5	0.0-2.5	35 - 40	105 - 110	742	675	61	0

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

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

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

CETVs are calculated by the Government Actuary Department (GAD) based on the assumption that benefits are indexed in line with CPI. The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

## 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 2016/17	All Pension related benefits 2017/18
	£'000	£'000
A C Marsh, Chief Executive	26.07	49.49
Mrs D J Scott, Director of Corporate and Clinical Services	0	5.88
Mrs K Nurse, Director of Workforce and Organisational Development	16.24	16.40
Dr A Carson, Medical Director	28.28	1.04
Mr M Docherty, Director of Clinical Commissioning and Service Development / Executive Nurse	0	24.56
Mrs L Millinchamp, Director of Finance	197.96	15.19

## Expenses of the Governors and Directors

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

		Period April 2016 to March 2017	Period April 2017 to March 2018
Governors	Number of Governors in Office in the period	26	23
	Number of Governors receiving expenses in the period	5	7
	Sum of expenses paid to Governors in the period	£1.7 (£'00)	£1.6 (£'00)
Directors	Number of Directors in office in the period	14	14
	Number of Directors receiving expenses	11	13
	Sum of expenses paid to Directors in the period	£ 15.6 (£'00)	£ 18.7 (£'00)

## Median Pay

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce. The banded remuneration of the highest paid director in West Midlands Ambulance Service in the financial year 2017/18 was £189,606 (2016/17, £181,306). This was 6.6 times (2016/17 – 6.3 times) the median remuneration of the workforce, which was £28,746.00 (2016/17, £28,597.95).

In 2017/18, 0 (2016/17, 1) employee received remuneration in excess of the highest-paid director. Remuneration ranged from £1,386 to £129,995 (2016/17 £2,782 to £184,306. The highest remuneration included the employee's redundancy payment).

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

Signed *a. c. marsh.*

Position Chief Executive

Date 23 May 2018

# 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 2018

Job Role	FTE		Total FTE	Headcount		Total Headcount
	Female	Male		Female	Male	
Directors (excluding NEDs)	3.00	2.00	5.00	4.00	2.00	6.00
Senior Managers	8.00	16.24	24.24	8.00	17.00	25.00
Employees (excluding Directors and Senior Managers)	1941.04	2800.49	4741.53	2155.00	2998.00	5153.00
<b>Grand Total</b>	<b>1952.04</b>	<b>2818.73</b>	<b>4770.77</b>	<b>2167.00</b>	<b>3017.00</b>	<b>5184.00</b>

### Breakdown of Staff - by Contract type as at 31 March 2018

Job Role	FTE				Headcount			
	Bank	Fixed Term Temp	Permanent	Total	Bank	Fixed Term Temp	Permanent	Total
Directors (excluding NEDs)	0.00	0.00	5.00	5.00	1.00	0.00	5.00	6.00
Senior Managers	0.00	1.24	23.00	24.24	0.00	2.00	23.00	25.00
Employees (excluding Directors and Senior Managers)	0.00	64.81	4676.72	4741.53	137.00	67.00	4949.00	5153.00
<b>Grand Total</b>	<b>0.00</b>	<b>66.05</b>	<b>4704.72</b>	<b>4770.77</b>	<b>138.00</b>	<b>69.00</b>	<b>4977.00</b>	<b>5184.00</b>

Sickness absence has been managed well, with an average for the year of 3.55% - exceeding the ambitious target of 4% and being the best performing Ambulance Service in the country.

### Sickness Absence Data

<b>West Midlands Ambulance Service</b>	<b>% Sickness Absence Rate (FTE)</b>
Apr-17	2.78%
May-17	3.22%
Jun-17	3.29%
Jul-17	3.20%
Aug-17	3.62%
Sep-17	3.27%
Oct-17	3.44%
Nov-17	3.68%
Dec-17	4.14%
Jan-18	4.39%
Feb-18	3.93%
Mar-18	3.55%
<b>Average for the Year: Apr 17 to Mar 18</b>	<b>3.55%</b>

The Government Financial Reporting Manual 2017/18 (FRm) 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 2017 to December 2017	Total Staff Years (FTE)	Total Days Lost (FTE)	Average Working Days Lost (FTE) per FTE
	4,561	34,740	7.62

## Analysis of Staff costs

Employee Expenses	2017/18	2017/18	2017/18
	Total £000	Permanently employed £000	Other £000
Salaries and wages	148,437	148,437	0
Social security costs	13,766	13,766	0
Apprenticeship Levy	732	732	
Pension cost - defined contribution plans employer's contributions to NHS pensions	18,189	18,189	0
Pension cost - other	0	0	0
Other post-employment benefits	0	0	0
Other employment benefits	0	0	0
Termination benefits	0	0	0
Temporary staff - external bank	0		0
Temporary staff - agency/contract staff	0		0
NHS charitable funds staff	0	0	0
<b>TOTAL GROSS STAFF COSTS</b>	<b>181,124</b>	<b>181,124</b>	<b>0</b>

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

The Trust has a mature framework of Industrial Relations and a multi layered consultation machinery with elected Trade Union representatives. Examples of consultation within the year have been organisational change programmes within support services to provide more frontline resources.

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

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

## NHS Staff Survey 2017

The NHS Staff Survey 2017 was carried out in Quarter 3 from 18th September to 1st December 2017. This year the survey was conducted by Picker, on behalf of West Midlands Ambulance Service NHS Foundation Trust and as last year the Board of Directors took the decision to run a census for the 2017 survey rather than using a randomised selection of staff. The results shown here summarise the findings from the Staff Survey 2017. 2,882 staff of West Midlands Ambulance Service took part. This a response rate of 48.2% which is an increase in the response rate which was 31% in the 2016 survey. The average response rate for Ambulance Trusts in England was 42%. The final national response rate for the 309 Trusts and specialist organisations that took part in the survey was 45%. The Trust was very pleased to note another considerable increase in the number of responses received from BME staff compared with previous years. 110 BME staff at WMAS took part in the survey in 2017 compared to 58 in 2016 and less than 11 in 2015.

The table below shows a breakdown of the background information collected by Picker. The number of staff who responded to the survey categorised as Black Minority Ethnic (BME) is 110 marked in yellow below. This is an increase of 52 BME staff who responded to the survey compared to last year.

Q24 What is your ethnic background?				
	Your organisation		All similar organisations	
Base (All Staff)	2147	100.0%	11704	100.0%
White - British	1988	92.6%	10392	88.8%
White - Irish	23	1.1%	133	1.1%
White - Any other White background	26	1.2%	524	4.5%
Mixed - White and Black Caribbean	16	0.7%	57	0.5%
Mixed - White and Black African	1	0.0%	13	0.1%
Mixed - White and Asian	9	0.4%	41	0.4%
Mixed - Any other mixed background	7	0.3%	60	0.5%
Asian / Asian British - Indian	19	0.9%	88	0.8%
Asian / Asian British - Pakistani	16	0.7%	49	0.4%
Asian / Asian British - Bangladeshi	5	0.2%	27	0.2%
Asian / Asian British - Any other Asian background	4	0.2%	30	0.3%
Black / Black British - Caribbean	12	0.6%	88	0.8%
Black / Black British - African	1	0.0%	58	0.5%
Black / Black British - Any other Black background	0	0.0%	8	0.1%
Chinese	2	0.1%	18	0.2%
Any other ethnic background (please specify)	18	0.8%	118	1.0%

## Workforce Race Equality Standard (WRES)

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

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

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

### Areas where WMAS could do better:

The Staff Survey Response Action Group has analysed the results in detail and identified the areas on which the Trust will focus attention:

- Action Planning,
- Promotion,
- Communicating updates to staff,

- Being able to make suggestions to improve my job (4a,4b,4c,4d),
- My work being valued by the organisation (5f),
- Communication between senior managers and staff (8b,8c,8d) and
- Promoting Health and Wellbeing and safety at work(9a,9b,9c,9d).

It has been agreed that the results will be communicated to staff through the Board of Directors. Each Director will receive individual reports for their sector and the recommendation is for each sector to build a Local Action Plan to address concerns raised by staff. Quarterly updates will go to:

1. Staff Survey Response Action Group to agree Workforce Development Group paper content
2. Workforce Development Group for assurance and Governance
3. Executive Management Board for assurance and Governance

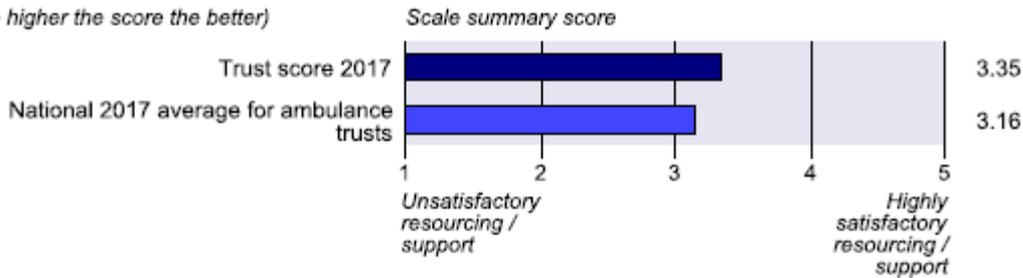
## Top and Bottom Ranking Scores

The five Key Findings for which West Midlands Ambulance Service NHS Foundation Trust compares most and least favourably with other ambulance trusts in England.

### TOP FIVE RANKING SCORES

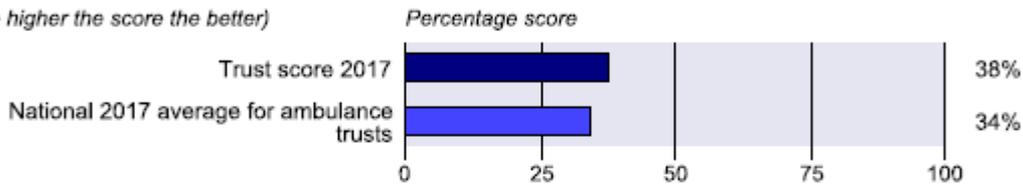
#### ✓ KF14. Staff satisfaction with resourcing and support

(the higher the score the better)



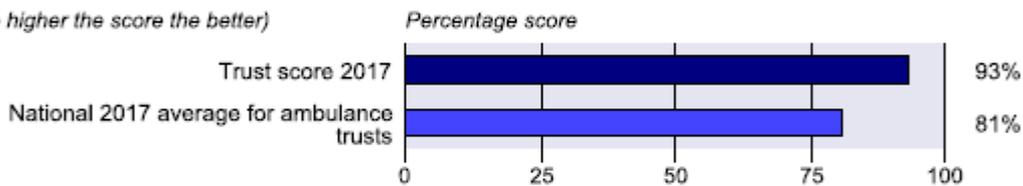
#### ✓ KF15. Percentage of staff satisfied with the opportunities for flexible working patterns

(the higher the score the better)



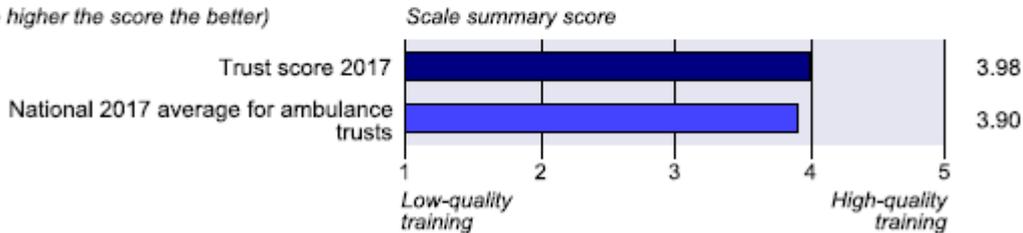
#### ✓ KF11. Percentage of staff appraised in last 12 months

(the higher the score the better)



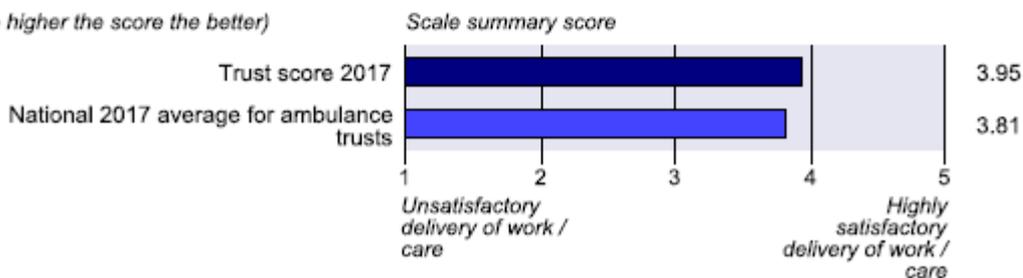
#### ✓ KF13. Quality of non-mandatory training, learning or development

(the higher the score the better)



#### ✓ KF2. Staff satisfaction with the quality of work and care they are able to deliver

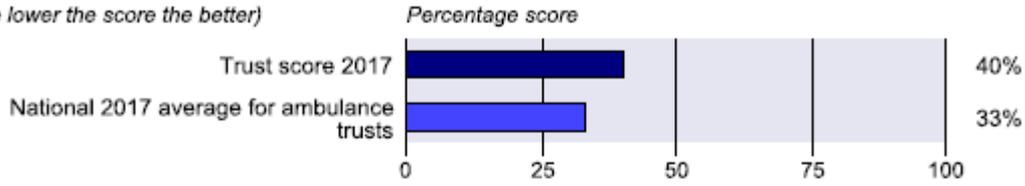
(the higher the score the better)



## BOTTOM FIVE RANKING SCORES

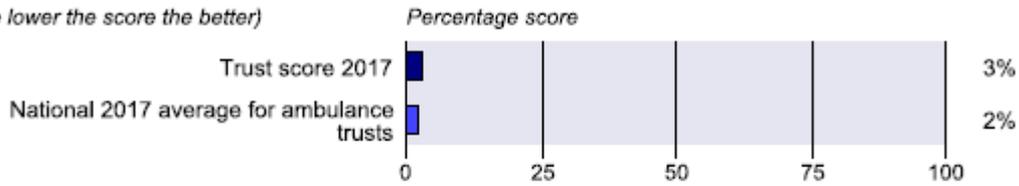
### ! KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



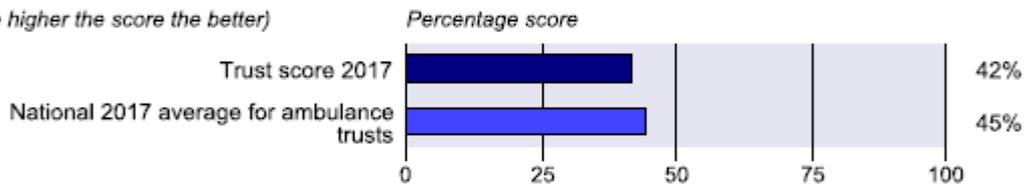
### ! KF23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



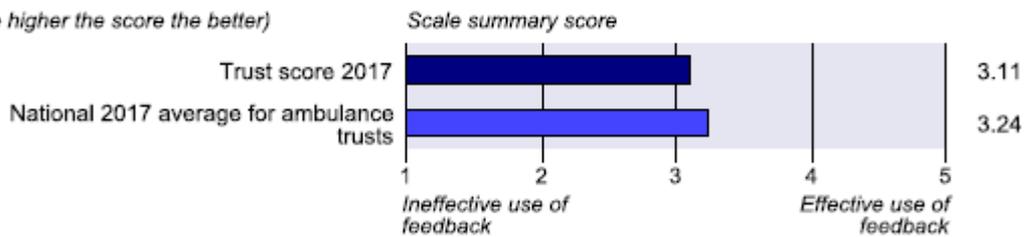
### ! KF7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)



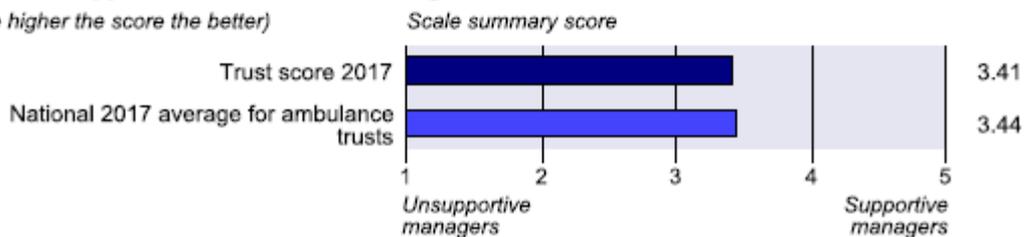
### ! KF32. Effective use of patient / service user feedback

(the higher the score the better)



### ! KF10. Support from immediate managers

(the higher the score the better)



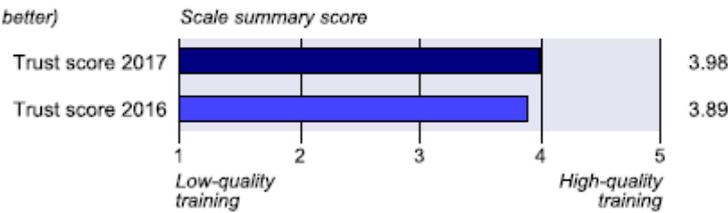
## Largest Local Changes since the 2016 Survey

This highlights the Key Findings that has improved at West Midlands Ambulance Service NHS Foundation Trust since the 2016 survey.

### WHERE STAFF EXPERIENCE HAS IMPROVED

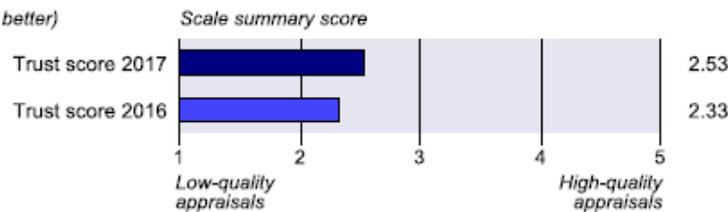
#### ✓ KF13. Quality of non-mandatory training, learning or development

(the higher the score the better)



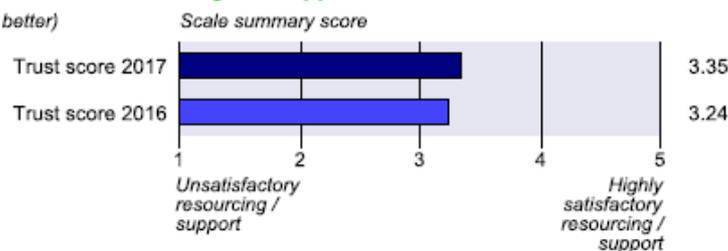
#### ✓ KF12. Quality of appraisals

(the higher the score the better)



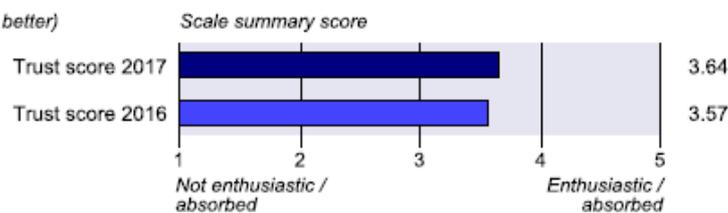
#### ✓ KF14. Staff satisfaction with resourcing and support

(the higher the score the better)



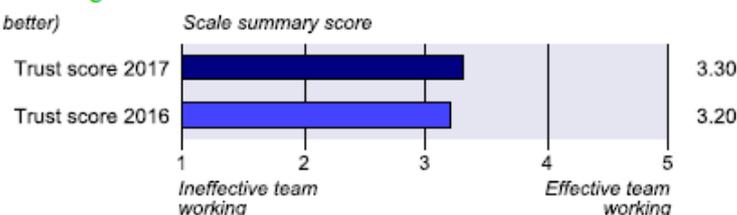
#### ✓ KF4. Staff motivation at work

(the higher the score the better)



#### ✓ KF9. Effective team working

(the higher the score the better)

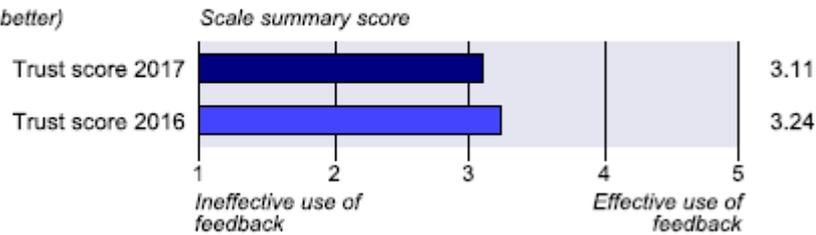


This highlights the Key Finding where staff experiences have deteriorated since the 2016 survey.

### WHERE STAFF EXPERIENCE HAS DETERIORATED

#### ! KF32. Effective use of patient / service user feedback

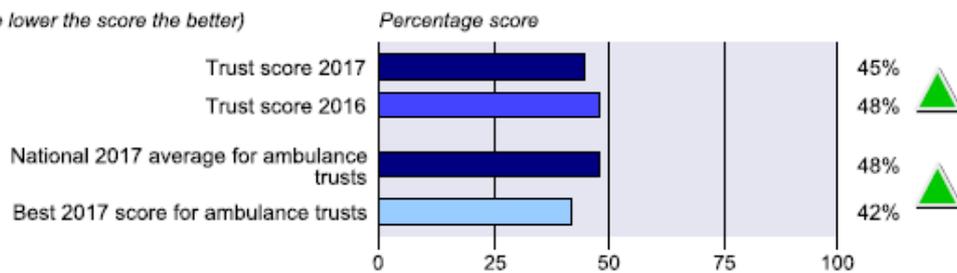
(the higher the score the better)



### Health and Wellbeing results

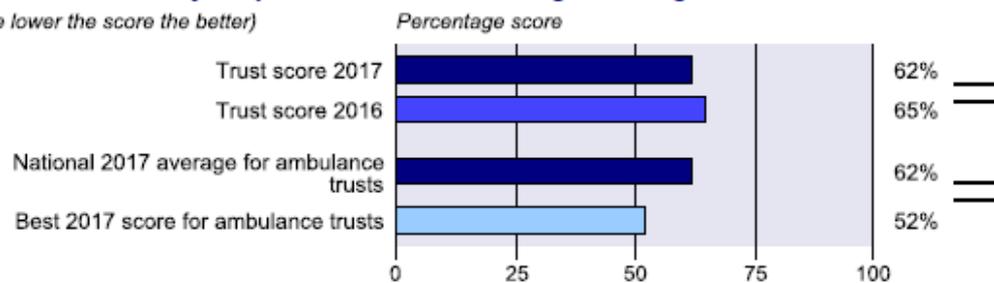
#### KEY FINDING 17. Percentage of staff feeling unwell due to work related stress in the last 12 months

(the lower the score the better)



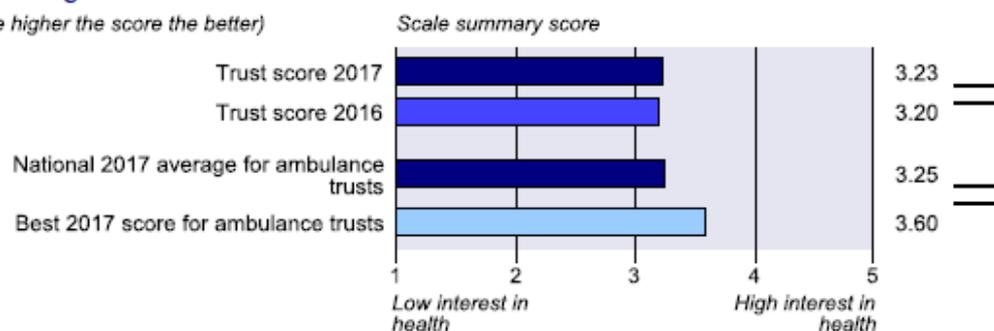
#### KEY FINDING 18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves

(the lower the score the better)



#### KEY FINDING 19. Organisation and management interest in and action on health and wellbeing

(the higher the score the better)



## 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 2017/18 (2016/17 none)

### For all off-payroll engagements as of 31 March 2018, for more than £245 per day and that last for longer than six months

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

### For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018, 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 2017 and 31 March 2018	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 2017 and 31 March 2018

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.	6

## **Staff Exit Packages**

No 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 Pensions Agency. Ill-health retirement costs are met by the NHS Pensions Agency.

# Governance Disclosures

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

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

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

The West Midlands Ambulance Service NHS Foundation Trust is the only ambulance service in England to receive an “Outstanding” rating.

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

Assessment by the Regulator is based on the following themes:

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

## **Statement as to Disclosure to Auditors**

The Directors of the Trust are responsible for preparing the Annual Report and Accounts. The Board of Directors consider that the Annual Report and Accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators, and stakeholders to assess West Midlands Ambulance Service 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 2017/18 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 £407,767 for the provision of crew hire to commercial events for which a commercial rate was charged. This included music festival and sporting events and the net contribution from these services was used to support the provision of health services.

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

## **Board of Directors**

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

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

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

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

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

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

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

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

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

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

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

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

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

The Chief Executive Officer as part of his report to each meeting of the Board of Directors includes a high level Integrated Performance Dashboard (called the Trust Information Pack) that highlights any trends in performance both operational and clinical and enables triangulation across Quality, Performance, Workforce and Finance metrics. This dashboard was reviewed by the Board of Directors during 2017/18 to ensure that it remains fit for purpose.

The Board is also mindful that whilst quantitative data assurance is essential, it is important to support it by soft or qualitative data that involves more personal interaction and measurement throughout the organisation, and allows the Board of Directors to gain further assurance. An example of this is “The Board Day in the Life of...” through which both Executive and Non-Executive Directors undertake several site visits in the year based on the principles of “Ward to Board”. These involve, for example, sitting with call takers and despatchers and listening in to calls to understand patient needs and how the Trust responds. The directors also attend as observers on operational shifts to meet with staff and patients and witness at first hand the patient experience.

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, January, and March. Its meetings in April, July, September and February were given over to strategy and development sessions and were in private. An Extraordinary Board meeting was convened in September to consider and determine appropriate business requiring Board determination.

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

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

The directors of the Trust are aware of these duties.

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

All of the Trust’s Directors subscribe to a Code of Conduct based on the Nolan Principles, and every year the Directors are required to reaffirm their commitment to these Principles. All Directors are aware of their obligations under the Fit and Proper Persons test as defined in regulations and guidance issued by the Care Quality Commission, and also the Duty of Candour. They are also aware of the Fit and Proper Persons Test as set out in the Trust’s licence, issued by the Regulator. In March 2018, the Board received an Annual Assurance Statement relating to the obligations under the Fit and Proper Persons regulations which confirmed that every member of the Board was compliant and that all appropriate checks on Directors had been undertaken. This was then endorsed by the Board.

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

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

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

During 2017/18, the Remunerations and Nominations Committee reviewed its succession plan for Executive Directors following an audit completed against the Board Assurance Framework (BAF) which identified a risk with reference to succession planning for senior management.

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 Director 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*. The Trust holds a series of scheduled meetings with hub-based staff throughout the year. There are also annual staff conversations led by the Trust Organisational Development section. Formally the Trust engages with staff through the Regional Partnership Forum, at which management and staff-side discuss issues of mutual interest. The Board has approved a Board-Hub Link that pairs a director with a specific hub

to enable the director to speak directly to staff at the Hub and feedback to the Board. The Director-Hub link is in addition to the 'Day in the Life of...' scheme and is yet another means of enabling the director to triangulate and gain assurance.

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.

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

## **Skills Audit Matrix**

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

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

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

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

The Skills Matrix of the Board of Directors for 2017/18 is set out below.

### Non-Executive Directors

Skill	Sir Graham Meldrum	Tony Yeaman	Tony Murrell	Tony Arrowsmith	Jacynth Ivey	Caroline Wigley	Wendy Farrington Chadd
Strategic Leadership	✓	✓	✓	✓	✓	✓	✓
Informed and Sound Judgment	✓	✓	✓	✓	✓	✓	✓
Ethics, Integrity and Accountability	✓	✓	✓	✓	✓	✓	✓
Impact and Influence	✓	✓	✓	✓	✓	✓	✓
Risk Management	✓	✓	✓	✓	✓	✓	✓
Financial qualification							✓
Financial acumen	✓	✓	✓	✓	✓	✓	✓
Public policy	✓	✓	✓	✓	✓	✓	✓
Track record of personal achievement	✓	✓	✓	✓	✓	✓	✓
Clinical and Health Experience					✓		
Health Experience: Non Clinical	✓	✓	✓	✓		✓	✓
Legal awareness		✓		✓		✓	✓
Corporate Communications and Media		✓		✓		✓	
Commercial focus	✓	✓	✓	✓	✓		✓
Human Resource Management	✓		✓			✓	
Clinical Registration/ Professional Membership	Fellow, Inst of Fire Engineers Companion: Chartered Institute of Management	The Law Society (England and Wales) SRA ID:138630		Fellow of Institute of Practitioners in Advertising		Fellow CIPD	Chartered Institute of Public Finance and Accountancy
Professional/ Business Qualification/ Experience	Doctorate (Honorary) from Birmingham City University	Solicitor, MBA	Financial Controller/ Director	Diploma CAM	Former General Nurse, Midwife Health Visitor. PG Diploma Collaborative Community Care.	BA Law; Diploma in Coaching, Employment Tribunal Panellist	Qualified Accountant. BA(Hons) English Lit Certificate in Executive Coaching

## Executive Directors

Skill	Anthony Marsh	Diane Scott	Linda Millinchamp	Kim Nurse	Mark Docherty	Dr Andy Carson	Dr Alison Walker (Interim)	Craig Cooke*	Murray MacGregor*
Strategic Leadership	✓	✓	✓	✓	✓	✓	✓	✓	✓
Informed and Sound Judgment	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ethics, Integrity and Accountability	✓	✓	✓	✓	✓	✓	✓	✓	✓
Impact and Influence	✓	✓	✓	✓	✓	✓	✓	✓	✓
Risk Management	✓	✓	✓	✓	✓	✓	✓	✓	✓
Financial qualification			✓						
Financial acumen	✓	✓	✓	✓	✓	✓	✓	✓	✓
Public policy	✓	✓	✓	✓	✓	✓	✓		
Track record of personal achievement	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clinical and Health Experience		✓			✓	✓	✓	✓	
Health Experience: Non Clinical	✓			✓					✓
Legal awareness		✓	✓	✓					
Corporate Communications and Media	✓	✓			✓	✓	✓		✓
Commercial focus	✓	✓	✓	✓	✓		✓		
Human Resource Management	✓			✓					
Clinical Registration/ Professional Membership		HCPC Registered Paramedic PIN PA05381	ICAEW	Chartered Institute of Personnel and Development	Registered Nurse (Adult) NMC PIN 83L3134E	GMC Registration 263778	GMC Registration 4210643	HCPC Registered Paramedic PIN PA02247	
Professional/Business Qualification/ Experience	Extended Ambulance Aid [NHSTA] (former Paramedic) Doctor of Science(Honorary) Wolverhampton University. MSc Strategic Leadership, MBA, MA	Diploma in Healthcare Mgt BSc Health and Social Care MSc Healthcare Mgt	Chartered Accountant B.Com (Hons) Commerce, Foreign Trade and Languages	Post-Grad Dip Personnel Mgt & Industrial Relations. MSc Human Resource Mgt. MBA, Certif. in Consulting Essentials	BSc, (Hons) Nursing MSc in Healthcare Commissioning	BSc. FRC General Practice MB ChB	MBBChir. A&E Consultant. MBBChir. FRCEM, FIMCRCS, FRCS, FDSRCS, Dip Health Research, Cert Medicolegal		HNC Radio Broadcasting

\*Associate Director

## The Roles on the Board

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

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

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

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

The Chair and Chief Executive have complementary roles in leadership:

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

Sir Graham Meldrum was Chair of the Board of Directors and as such was also Chair of the Council of Governors throughout the period of this Annual Report. In addition, Sir Graham Meldrum chaired all meetings of the Remuneration and Nominations Committee during 2017/18. Tony Arrowsmith continued in the role and carried out the duties of the Senior Independent Director (SID) and Tony Yeaman continued in the role of Deputy Chair.

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

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

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

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

The Senior Information Risk Owner (SIRO), must be an Executive Director or Senior Management Board Member. In the period covered by this Annual Report Diane

Scott, the Director of Corporate and Clinical Services carried out the duties of the SIRO. The SIRO takes overall ownership of the Trust's Information Governance Policy, acts as the 'champion' for information risk on the Board and provides advice to the Accounting Officer (CEO) on the content of the Organisation's Statement on Internal Control in regard to information risk.

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

Following the report by Sir Robert Francis on whistleblowing within the NHS, the Board of Directors appointed Caroline Wigley as nominated Non-Executive Director and Diane Scott as the nominated Executive Director for Freedom To Speak Up (FTSU). Barbara 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 complementary roles of Executive and Non-Executive Directors**

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

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

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

## Profiles – Board of Directors (2017/18)

### Sir Graham Meldrum – Chair

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

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

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

### Anthony Marsh – Chief Executive

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



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

Diane joined the Ambulance Service in 1985 and during her career has held a number of senior posts in the emergency and urgent service, and routine patient transport. In 2002 she left Hampshire Ambulance Service as the Acting Director of Operations and joined a Private Healthcare Company as a Board Director. In 2003 she re-joined the NHS as the Director of Corporate Services for Warwickshire Ambulance Service and has since undertaken Director roles within both West and East Midlands Ambulance Services. Diane brings with her the experience, knowledge and skills of 17 years as a Director at



Board level. Diane is a Health and Care Professions Council registered Paramedic and she is also a Strategic Commander. As an Executive Director Diane is responsible for Corporate and Clinical Governance, which includes Patient Safety and Experience, Safeguarding, Legal Claims, Foundation Trust Membership and Governors, Risk Management and Health & Safety, Security Management, Business Continuity, Information Governance, Infection Prevention & Control and Patient Experience. She is also the Director responsible for liaison with the Regulator.

**Linda Millinchamp – Director of Finance**

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





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

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

**Dr Andrew Carson – Medical Director**

Sadly, Dr Carson passed away on 27 March 2018 after suffering a long illness.

Andy worked as an inner city General Practitioner in Birmingham for over thirty years. Throughout his career he was involved in medical education and research, which culminated in his spending ten years as Associate Dean for GP Training for Birmingham and Solihull, where he was responsible for the educational provision and progress of around 300 GP Trainees at any one time, spread over three years of training. He was supported by over two hundred accredited GP Trainers, based in more than a hundred Training Practices across the city. Four separate half day release courses were run across the city by sixteen Programme Directors. Andy and his administrative team ran annual educational updates for the teams of educators involved in GP Training. Over the last seven years, Andy worked as Medical Director of West Midlands Ambulance Service. He chaired a number of internal committees and also oversaw the governance of responders working with partner organisations, such as local BASICS schemes, Air Ambulance Services and the MERIT response. He recently headed up the project developing the new, clinically focused digital patient record for use by front-line crews which enables staff to deliver the best possible care to patients in a pre-hospital environment, also allowing electronic connection into the wider NHS. Andy was a Fellow of the Royal College of General Practitioners and also the Trust's Caldicott Guardian.



### **Kim Nurse – Director of Workforce and Organisational Development**



Kim is a qualified HR professional who joined WMAS in October 2006 to deliver a portfolio that covers workforce strategy, clinical education and training and organisational development. Kim started her career in Local Government, working within Finance and Chief Executives functions whilst providing HR direction for two pan-London regeneration partnerships, before moving to the NHS in 2000. With substantial public sector experience holding senior level posts, 17 years of these at Executive Board

Director level, Kim leads on a wide range of key business areas, including substantial workforce transformation, cultural change, education and development programmes, Staff Health and Wellbeing initiatives and integrated staff engagement plans.

### **Craig Cooke – Strategic Operations Director (Non-Voting)**

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



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

### **Murray MacGregor – Communications Director (Non-Voting)**



Murray MacGregor has been working in the media and public relations since 1995, with the last ten years as Communications Director for WMAS. During that time he has overseen a significant upgrade in the way the Trust's internal communications are handled and has helped raise the profile of the organisation within the Region and nationally. Prior to moving to the West Midlands, Murray worked for three years with Essex Ambulance Service and two years with Cambridgeshire Police. He was heavily

involved in managing the media coverage surrounding the Alton Towers incident in 2014. Murray's background is as a radio journalist and he worked for both the BBC and independent radio stations in Scotland and the south east of England.



### **Alison Walker, Interim Medical Director**

Alison has worked in the NHS for over 30 years. She is a Consultant in Emergency Medicine with a Specialist interest in Prehospital Care. She was a regional NHS Ambulance Service Medical Director from 2005-2013 and has worked with WMAS as an Interim Medical Director and Honorary Medical Advisor since 2010. She was the chair of the National Ambulance Services Medical Directors Group 2012-13. She is an examiner for the FIMC and DipIMC examinations for the Faculty of Prehospital Care of the Royal College of Surgeons of Edinburgh. She holds

Clinical Research network lead roles and has authored publications on ambulance service clinical pathways and other prehospital topics. She has also been a member of the JRCALC (Joint Royal Colleges Ambulance Liaison Committee) national committee since 2005 and is a member of the Trauma and Audit Research Network Committee (TARN).

### **Tony Yeaman - Deputy Chair, Non Executive Director**

Tony has worked for both the public and private sector in the last 30 years and became a Non-Executive Director with the Trust in 2006 and Vice Chair in 2010. He started his career in private practice training to be a solicitor. He joined British Gas at a time of the privatisation programme. After qualifying as a solicitor he moved back into private legal practice specialising in complex personal injury claims. He later joined the Health Service and served as one of a team of regional solicitors at the Regional Health Authority based in Hampshire. Following major NHS reforms and six years' service he joined the private sector where for the last 24 years he has continued his specialism in Health Service related issues for two national law firms.



### **Tony Arrowsmith - Non Executive Director and Senior Independent Director**

Tony Arrowsmith confessed "I was a Mad Man – my career has been in the advertising business, and yes the TV series was pretty accurate!". Tony was originally a founder member of a new ad agency in Birmingham which grew to be one of the largest in the Midlands, and part of a London based group. As Chief Executive he became responsible for developing the group's advertising and marketing companies across the UK, and when the group listed on the stock market joined the PLC board. He subsequently became Chairman of the American based McCann-Erickson Central UK agency. He is a Fellow of the Institute of Practitioners in Advertising and served as an elected council member, and Chair of the AMAA, the body responsible for the industry's trade union relations. At WMAS, Tony is the Senior Independent Director, and sits on the Audit, Resources and Remuneration Committees. Home is in Codsall, Staffordshire with his wife Yvonne, and they have three children.



### **Tony Murrell - Non Executive Director**

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



### **Jacynth Ivey - Non Executive Director**

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



### **Caroline Wigley – Non Executive Director**

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



### **Wendy Farrington-Chadd – Non Executive Director**

Wendy has over 25 years experience at Executive Board level within the NHS both



in Finance and General Management, and has undertaken several Executive roles at Chief Executive and Finance Director level. She has worked across the complete spectrum of the healthcare system both in hospital providers and in commissioning, and has experience in both England and Wales. Wendy joined the NHS through the National Graduate Financial Management Training Scheme in the North West and undertook several senior roles prior to obtaining Finance Director positions. She has also undertaken several national and regional Chair and leadership roles including: Chairman of the West Midlands

HFMA; lead Chief Executive for the National Specialist Orthopaedic Alliance; Chair of the Local Education and Training Committee informing workforce strategy for NHS providers, and Chair of NHS West Midlands Providers. Wendy has worked as a Management Consultant since 2015 and supports the British Academy of Audiology as Consultant CEO, as well as undertaking Financial Turnaround and Strategic Consultancy assignments for the NHS and private sectors. She is also a qualified Executive Coach. Wendy lives with her husband Trevor near Shrewsbury in Shropshire and has two grown up children.

**Attendance at meetings of the Board of Directors** from April 2017 to March 2018, (of which 5 were Public Board meetings, 4 were Strategy and Development sessions and there was 1 Extraordinary Board meeting in September 2017) were as follows:

<b>Name</b>	<b>Position</b>	<b>Attendance out of 10 meetings</b>
Sir Graham Meldrum*	Chair and Non Executive Director	9
Anthony C Marsh*	Chief Executive Officer	10
Tony Arrowsmith*	Non Executive Director	10
Jacynth Ivey*	Non Executive Director	8
Tony Murrell*	Non Executive Director	9
Tony Yeaman*	Non Executive Director	7
Caroline Wigley*	Non Executive Director	10
Wendy Farrington-Chadd*	Non Executive Director	7
Mark Docherty*	Director of Clinical Commissioning and Service Development/Executive Nurse	10
Dr Andy Carson*	Medical Director (absent on sick leave from 1 September 2017)	1
Craig Cooke	Strategic Operations Director	9
Linda Millinchamp*	Director of Finance	10
Kim Nurse*	Director of Workforce and Organisational Development	9
Diane Scott*	Director of Corporate & Clinical Services/ Deputy Chief Executive Officer	10
Murray MacGregor	Communications Director	10
Alison Walker	Interim Medical 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 of the Trust's Non-Executive Directors are also Members of the Foundation Trust. The Non-Executive Directors act as a conduit between the Council of Governors and the Board of Directors and can ensure that the voice of the public is heard in decision-making processes and that the interests of patients remain at the heart of Board discussions. Non-Executive Directors also have a role in working with the Chair in the appointment and remuneration of the Chief Executive and other Executive Directors as members of the Trust's Remuneration and Nominations Committee. There are seven Non-Executive Directors including the Chair as set out in the Constitution of the Foundation Trust. The Trust has purposely staggered their periods of office to ensure

that extensive knowledge and experience is not immediately lost to the Foundation Trust.

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

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

As allowed for within the Constitution of the Trust the Council of Governors have reappointed Tony Arrowsmith to serve as Non-Executive Director for 12 months from 1 October 2017; at the completion of this period of office the position will be advertised. The Council of Governors have also agreed to the reappointment of Tony Murrell for a period 12 months from 1 October 2018, thereafter the appointment may be subject to annual reappointment or by advertising the vacancy. Caroline Wigley was reappointed by the Council of Governors at its meeting in April 2017 as a Non Executive Director for a further three years with the term expiring on 30 November 2020 on the existing terms and conditions. As part of succession planning, Sir Graham Meldrum was reappointed as Chair of the Board of Directors by the Council of Governors at its meeting in May 2017 for a period of 24 months from 1 February 2018. The Council of Governors did not, during the period of this Annual Report, seek the support of an external organisation or use open advertising, and agreed to reappoint Tony Arrowsmith, Tony Murrell, Caroline Wigley and Sir Graham Meldrum on the basis of their performance as directors of the Trust. All of the Non-Executive Director periods of office are staggered.

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:

<b>Non-Executive Director</b>	<b>Period of Office Expires</b>
Sir Graham Meldrum	31 January 2020
Tony Yeaman	30 September 2019
Tony Murrell	30 September 2019
Jacynth Ivey	30 April 2019
Wendy Farrington-Chadd	25 January 2020
Tony Arrowsmith	30 September 2018
Caroline Wigley	30 November 2020

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

The Non-Executive Directors are buddied with an Executive Director as well as at least three Governors. This enables the Non-Executive Director to act as a conduit for any

concerns raised by a Governor into the Trust either formally through the Board meeting or informally through their Executive Director “buddy”.

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

## Executive Directors

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

There is a statutory requirement to have:

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

## Board Level Committees

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

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

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

- Provide assurance and risk analysis to the Board against clinical standards and CQC registration requirements.
- Approve, review annually and monitor progress against the Quality Strategy and Implementation Plan.

In order to ensure expert legal and clinical knowledge and sufficient scrutiny the Quality Governance Committee has the following working groups:

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

These groups support the Quality Governance Committee to:

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

The Health, Safety and Risk Group (HSR) exists to ensure the correct identification, assessment, management and reporting of risk and health and safety issues. HSR is authorised to investigate all matters within its Terms of Reference and to seek any information it requires from any member of staff to discharge its responsibilities. All staff are required to cooperate with any request for information it makes.

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

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

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

Attendance at Board level Committees and EMB from 1 April 2017 to 31 March 2018 is set out in the following charts:

### Executive Management Board

Between April 2017 and March 2018 the Executive Management Board met a total of 16 times.

<b>Name</b>	<b>Position</b>	<b>Attendance out of 16 meetings</b>
Anthony C Marsh	Chief Executive	16
Diane Scott	Director of Corporate and Clinical Services/Deputy Chief Executive Officer	15
Dr Andy Carson	Medical Director (absent on sick leave from 1 September 2017)	3
Mark Docherty	Director of Clinical Commissioning and Strategic Development/Executive Nurse	13
Linda Millinchamp	Director of Finance	16
Kim Nurse	Director of Workforce and Organisational Development	14
Craig Cooke	Strategic Operations Director	12
Murray MacGregor	Communications Director	12
Phil Higgins	Trust Secretary	12
Alison Walker	Interim Medical Director	1

### Audit Committee

<b>Name</b>	<b>Position</b>	<b>Attendance out of 5 meetings</b>
Wendy Farrington-Chadd	Committee Chair and Non Executive Director	5
Tony Arrowsmith	Non Executive Director	5
Jacynth Ivey	Non Executive Director	2
Tony Murrell	Non Executive Director	4
Tony Yeaman	Non Executive Director	3
Caroline Wigley	Non Executive Director	4

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

The Trust's External Auditors comply with the Audit Code published by NHSI. On occasion it may be appropriate for external audit to undertake additional non audit services on behalf of the Trust. These services are subject to a number of safeguards to confirm that they do not impact on the objectivity or the independence of the auditor. All non audit services are subject to approval by management and by the Trust's Audit

Committee. In addition to the checks made by the Trust the external auditor also undertakes its own internal checks. These checks require an assessment of the work against Ethical Standard 5. KPMG's ethics and independence manual is fully consistent with the professional practice rules of the Accounting Principles Board's Ethical Standards by whom they are regulated for audit purposes. For any audit related or advisory services work requiring prior Audit Committee approval, the Audit Partner must undertake an assessment of the proposed work, governed by the firm's ethical compliance lead and incorporating the issues raised in the APB's Ethical Standard 5. The principal threats to an auditor's objectivity and independence are:

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

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

#### **Remuneration and Nominations Committee**

<b>Name</b>	<b>Position</b>	<b>Attendance out of 9 meetings</b>
Sir Graham Meldrum	Chair and Non Executive Director	9
Tony Arrowsmith	Non Executive Director	9
Jacynth Ivey	Non Executive Director	8
Tony Murrell	Non Executive Director	9
Tony Yeaman	Non Executive Director	7
Caroline Wigley	Non Executive Director	7
Wendy Farrington-Chadd	Non Executive Director	9

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

<b>Name</b>	<b>Position</b>	<b>Attendance out of 1 meetings</b>
Sir Graham Meldrum	Chair and Non Executive Director	1
Anthony C Marsh	Chief Executive Officer	1
Tony Arrowsmith	Non Executive Director	1
Jacynth Ivey	Non Executive Director	0
Tony Murrell	Non Executive Director	1
Tony Yeaman	Non Executive Director	1
Caroline Wigley	Non Executive Director	1
Wendy Farrington-Chadd	Non Executive Director	1
Diane Scott	Director of Corporate and Clinical Services/Deputy Chief Executive Officer	1
Mark Docherty	Director of Clinical Commissioning and Service Development / Executive Nurse	1
Dr Andy Carson	Medical Director (absent on sick leave from 1 September 2017)	0
Kim Nurse	Director of Workforce and Organisational Development	1
Linda Millinchamp	Director of Finance	1

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

## Resources Committee

<b>Name</b>	<b>Position</b>	<b>Attendance out of 12 meetings</b>
Tony Murrell	Chair and Non Executive Director	11
Wendy Farrington-Chadd	Non Executive Director	7
Tony Arrowsmith	Non Executive Director	11
Linda Millinchamp	Director of Finance	11
Craig Cooke	Strategic Operations Director	10
Mark Docherty	Director of Clinical Commissioning and Service Development/Executive Nurse	5
Kim Nurse	Director of Workforce and Organisational Development	8
Michelle Brotherton	Non Emergency Services Delivery Director	4

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

### Quality Governance Committee

<b>Name</b>	<b>Position</b>	<b>Attendance out of 10 meetings</b>
Jacynth Ivey	Non-Executive Director & Chair	9
Caroline Wigley	Non-Executive Director & Vice Chair	9
Dr Andy Carson	Medical Director (absent on sick leave from 1 September 2017)	2
Dr Alison Walker	Interim Medical Director (from 2 September 2017 to 31 March 2018)	5
Mark Docherty	Director of Clinical Commissioning & Service Development/ Executive Nurse	7
Kim Nurse	Director of Workforce & Organisational Development	8 (Deputy sent to 2)
Diane Scott	Director of Corporate & Clinical Services/Deputy Chief Executive Officer	8
Craig Cooke	Strategic Operations Director	5 (Deputy sent to 2)

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

## Performance evaluation of the Board and Directors

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

- the Board of Directors and the Council of Governors to discuss the operation and application of the Constitution and any other governance document, and if appropriate recommend any amendment
- Governors and Directors to meet to review any breaches of the Trust's values or relevant codes of conduct
- the review of the interaction between the Council of Governors and the Board of Directors.
- the evaluation, review and design of the Directors' and Governor development.

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

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

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

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

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

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

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

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

During the spring and summer of 2017 the Chair undertook the appraisals of the Non-Executive Directors, and the Senior Independent Director undertook the appraisal of the Chair. Various stakeholders were consulted as part of the appraisal process, this included the Council of Governors and directors of the Trust as well as those Non-Executive Directors that were not the subject of the appraisal. The outcome of the appraisals was reported to the Council of Governors, and was used by the Governors in determining whether to reappoint the Non-Executive Directors as their period of office came to an end.

### **Declaration of Interests**

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

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

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

## Council of Governors

The Council of Governors is the accountable forum between the Board of Directors and its Membership and key stakeholders. It represents local interests as well as staff and key partnership stakeholders. The Council of Governors comprises 24 Governors, and is regarded by the Trust to be of a size and scope that is manageable. It is in the mid-range when compared with other Foundation Trusts and its size also enables it to be representative of the community.

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

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

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

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

The most significant obligation for Governors are the duties to:

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

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

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

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

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

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

The Constitution of the Trust has not been varied during the period of this Annual Report.

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

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

## Staff Governors 2017/18

CONSTITUENCY	GOVERNOR	ELECTED TERM
Emergency and Urgent Operational Staff	Sarah Bessant	01/01/17 –31/12/19
	Gail Hollyhomes	01/01/17-31/12/18
Non-Emergency Operational Staff	Andrew Rowles	01/01/17 – 31/12/20
Emergency Operations Centre	Duncan Spencer	01/06/14 - 31/12/20
Support Staff	Steve Elliker	01/01/16 – 31/12/18

## Public elected Governors 2017/18

CONSTITUENCY	GOVERNOR	ELECTED TERM
Birmingham	Les Homer	01/01/18 –31/12/20 (Re-elected)
	Peter Brookes	01/01/16 –31/12/18
	Adam Williams	01/01/17 –31/12/19
Black Country	Lachman Jassi	01/01/17–31/12/20
	Councillor Peter Bilson	01/01/16 –31/12/18
	Kay Cullen	01/01/17 –31/12/19
Staffordshire	Eileen Cox	01/01/17 –31/12/19
	Basil Pickering	01/01/16 – 31/12/18
	Maggie Matthews	01/01/18 – 31/12/20 (re-elected)
West Mercia	Brenda Richards	01/01/16 –31/12/18
	Bill Ellis	01/01/17 –31/12/19
	Louise Jones	01/01/2015 - 31/12/2017 (Retired)
	Roy Aldcroft	01/01/18 – 31/12/20
Coventry and Warwickshire	John Davies	01/01/17 –31/12/19
	Elizabeth Dixon	01/01/17–31/12/18
	John Pudney	01/01/2013 – 31/12/2017 (Retired)
	Kyle Sands	01/01/18 – 31/12/20

**‘Appointed’ Governors were nominated by organisations to serve on the Council of Governors in 2017/18:**

<b>ORGANISATION</b>	<b>GOVERNOR</b>	<b>APPOINTED TERM</b>
NHS Provider (A new seat created by merging the Acute provider and Mental Health service provider seats)	Barry Day	12/7/17-31/12/19
Community First Responders Forum	David Fitton	16/11/16 – 31/12/17
	Paul Dadge	01/01/18 – 31/12/20
Local Authority	Councillor Carole Griffiths	15/11/16-31/12/18 (replaced – 27/06/17)
	CLr Mike Brown	27/06/2017 -31/12/18
West Midlands Fire Service	Phil Loach	01/01/17 –31/12/19

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

Until 27 July 2017 the Lead Governor was Eileen Cox; Eileen was then re-elected into the position for another year. The Council of Governors have also re-elected John Davies as Deputy Lead Governor.

The Council of Governors at its meeting held 18 January 2017 agreed the Terms of Reference for the following Panels:

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

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

A development day was also held for the Council of Governors on 28 September 2017 covering a number of topics.

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

In November 2017 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 2017 are set out below:

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

Q1. The Council of Governors understands its role in holding to account, in terms of:					
	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
a) The Trust's Performance			3 (25%)	9 (75%)	
b) Delivery of the Strategic Plan			4 (33%)	8 (67%)	
c) Ensuring the Trust is Well Lead			4 (33%)	8 (67%)	
Q2. The Council receives sufficient information to carry out its duties as defined in the Monitor Document 'Statutory Duties for Governors'					
	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
			6 (50%)	6 (50%)	
Q3. There is sufficient opportunity to question members of the Board of Directors					
	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
		1 (8%)	6 (50%)	5 (42%)	
Q4. The Council is given the opportunity to influence Trust strategy					
	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
			9 (75%)	3 (25%)	
Q5. There is opportunity for the Council to bring forward its own ideas on strategy					
	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
			9 (75%)	2 (17%)	1 (8%)
Q6. The Council of Governors ensures there is appropriate communication and consultation with Members, Stakeholders and the wider public					
	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
		3 (25%)	7 (58%)	2 (17%)	

Q7. The Council monitors membership recruitment activities and understands its role in engagement.					
	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
		1 (8%)	9 (75%)	2 (17%)	
Q8. The Council ensures public Membership is representative of the Trust's public constituency area.					
	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
			8 (67%)	3 (25%)	1 (8%)
Q9. The Council's process for the re-appointment or appointment of a Non-Executive Director is effective.					
	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
			4 (33%)	8 (67%)	
Q10. The Council has in place an appropriate process for enabling performance appraisals for the Chair and Non-Executive Directors.					
	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
			4 (33%)	8 (67%)	
Q11. Does the Council of Governors make a difference to the work of the Trust?					
	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
			7 (58%)	3 (25%)	2 (17%)
Q12. The Council of Governors understands its role in representing members of the Trust and takes positive action to provide opportunities for members of the public to make contact.					
	Strongly disagree	Disagree	Agree	Strongly Agree	No Answer
		1 (8%)	8 (67%)	2 (17%)	1 (8%)

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

### Meetings of the Council of Governors and attendance

The Council of Governors is required to meet at least four times a year to discharge its duties and has a schedule of business for the year which is considered at each meeting. During 2017/18 there have been five meetings of the Council of Governors. The attendance of each Governor is shown in the table below.

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

Attendance at meetings of the Council of Governors from April 2017 to March 2018 were as follows:

<b>Name</b>	<b>Constituency/Job Title</b>	<b>Attendance out of 5 meetings unless otherwise stated</b>
Sir Graham Meldrum	Chair – Board of Directors and Council of Governors	5
Peter Brookes	Publicly Elected Governor – Birmingham	5
Les Homer	Publicly Elected Governor – Birmingham	4
Adam Williams	Publicly Elected Governor – Birmingham	3
Councillor Peter Bilson	Publicly Elected Governor – Black Country	4
Kay Cullen	Publicly Elected Governor – Black Country	4
Lachman Jassi	Publicly Elected Governor – Black Country	4
John Pudney	Publicly Elected Governor – Coventry and Warwickshire	1 of 4
Elizabeth Dixon	Publicly Elected Governor – Coventry and Warwickshire	3
John Davies	Publicly Elected Governor – Coventry and Warwickshire	3
Kyle Sands	Publicly Elected Governor – Coventry and Warwickshire	0 of 1
Bill Ellis	Publicly Elected Governor – West Mercia	5
Louise Jones	Publicly Elected Governor – West Mercia	3 of 4
Brenda Richards	Publicly Elected Governor – West Mercia	4
Roy Aldcroft	Publicly Elected Governor – West Mercia	0 of 1
Eileen Cox	Publicly Elected Governor – Staffordshire	5
Basil Pickering	Publicly Elected Governor – Staffordshire	2 of 4
Margaret Matthews	Publicly Elected Governor – Staffordshire	3 of 4
Sarah Bessant	Staff Elected Governor - Emergency and Urgent Operational Staff	3
Gail Hollyhomes	Staff Elected Governor - Emergency and Urgent Operational Staff	0 out of 1
Andrew Rowles	Staff Elected Governor – Non Emergency Operational Staff	4
Duncan Spencer	Staff Elected Governor – Emergency Operations Centre Staff	5
Steve Elliker	Staff Elected Governor – Support Staff	5
Barry Day	Appointed Governor - NHS Provider	1 of 2
David Fitton	Appointed Governor – Community First Responder Regional Forum	4 of 4
Paul Dadge	Appointed Governor – Community First Responder Regional Forum	1 of 1
Philip Loach	Appointed Governor – Fire Service	1

Name	Constituency/Job Title	Attendance out of 5 meetings unless otherwise stated
Councillor Carole Griffiths	Appointed Governor – Local Authority	1 of 3
Councillor Mike Brown	Appointed Governor – Local Authority	0 of 2

### **Declarations of interest**

Similarly to the Board of Directors, all of the Governors of the Trust must declare details of any company directorships or other significant interests which could conflict with their responsibilities as a Governor of the Trust. A Register of Interests is maintained by the Trust and is available by request to the Trust Secretary.

### **The Board and Governor relationship**

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

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

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

A Governor portal is available on the Trust website and is a repository of information pertinent to the role of Foundation Trust Governor.

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

### **Membership**

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

The Trust has circa 13,914 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.

<b>CONSTITUENCY</b>	<b>PUBLIC MEMBERS</b>
Birmingham	2,122
Black Country	2,899
Staffordshire	1,416
West Mercia	1,650
Coventry and Warwickshire	1,145

Category	Membership as of 13/03/16
Staff	4,682
Public	9,232
Total	13,914

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

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

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

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

West Midlands Ambulance Service has visited an array of local groups and events throughout the year, many promoting the health and wellbeing agenda and often involving inter-agency co-operation. The use of a dedicated community engagement vehicle and Trust mascot 'Lloyd the Paramedic Turtle' has helped in facilitating these events.

Activity throughout the year has supported the delivery of the Trust's key Equality, Diversity and Inclusion strategic objective: 'To build the communities' trust and confidence in WMAS through effective communication and engagement'. Examples of activities undertaken include:

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

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

Further details can be found on the Trust's website – [www.wmas.nhs.uk](http://www.wmas.nhs.uk)

# Regulatory Ratings - NHSI Single Oversight Framework

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

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

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

The table below confirms the ratings secured in 2017/18:

	Annual Plan 2017/18	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Overall 2017/18
Use of Resources Risk Rating	1	1	1	1	1	1

The Trust has performed strongly against the ratings in 2017/18, securing a 'Use of Resources' risk rating of one (ie, being the lowest financial risk) and a governance risk rating of green for each of the four quarters of the year. This was in line with the annual plan submitted to NHSI at the beginning of the year.

## ***Single Oversight Framework***

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

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

## **Segmentation**

West Midlands Ambulance Service NHS Foundation Trust has been placed in segmentation 1 from October 2016 and this segmentation information remains the Trust's position as at 23 May 2018. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS Improvement website.

## **Finance and Use of Resources**

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

<b>Area</b>	<b>Metric</b>	<b>2017/18 Q3 score</b>	<b>2017/18 Q4 score</b>
Financial Sustainability	Capital Service capacity	1	1
	Liquidity	1	1
Financial Efficiency	I&E Margin	1	1
Financial Controls	Distance from financial plan	2	1
	Agency spend	1	1
<b>Overall Scoring</b>		1	1

The Trust scores well against these financial metrics. Its financing requirements are – by NHS standards – low, partly due to its low value asset base and partly due to the fact that its capital requirements have been funded from internal resources (rather than borrowing). In 2017/18 the Trust funded its capital investment activity (£6.9m) entirely from internal resources – brought forward cash balances, the depreciation account, and from the sale of redundant assets. Furthermore, the Trust has a historically solid level of liquidity which is reflected in its cash holdings of £40.3m at the end of 2017/18. Against the UoR, therefore, the Trust has scored one (ie, lowest financial risk) for each of the last two quarters of 2017/18 and overall for 2017/18.

## **Care Quality Commission**

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

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

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

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

## Statement of the Chief Executive's responsibilities as the Accounting Officer of West Midlands Ambulance Service 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 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 NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

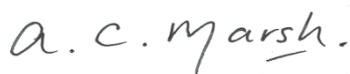
In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgments and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health 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 and
- prepare the financial statements on a going concern basis.

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

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

Signed



Position: Chief Executive

Date: 23 May 2018

# 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 NHS Foundation Trust's (WMAS) policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the West Midland Ambulance Service is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

## The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of West Midland Ambulance Service, 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 Midland Ambulance Service for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

## Capacity to Handle Risk

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

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

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

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

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

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

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

The Corporate Services Directorate have a number of 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.

Staff are provided with key fobs specifically to remind them how to report incidents. The front page of the Trust intranet shows the Tab for incident reporting, along with

access to the electronic reporting tool, guidance for staff on how to complete electronic incident form (ER54) and Q&A support.

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

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

## **The Risk and Control Framework**

### **Risk Management Strategy**

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

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

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

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

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

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

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

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

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

The plans detail how the Trust manages risks including, but not limited to, those relating to Clinical, Health & Safety, Financial and Security.

### **Identifying and Reporting Risk**

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

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

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

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

The reporting of adverse incidents includes 'near misses' and covers all categories including violence, abuse, harassment, fire, security, equipment damage, personal accidents including staff, patients and visitors, clinical incidents, infection outbreaks, and identified hazards (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 high and above and agreed by the Board of Directors), mitigating actions and assurance mechanisms. This is reviewed and challenged at Board Committees and at least four times each year by the Board.

### **Management of Risk**

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

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

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

#### **Level 1 – Significant Risks**

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

#### **Level 2 – Operational Risks**

All organisational risks identified and managed through the Directorates, Committees and Groups.

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

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

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

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

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

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

Risks and incidents are managed using the Trust's governance structure to the Board of Directors. There is an established mechanism for information governance action plans and performance data to be progressed through the Audit Committee and escalated through to the Senior Information Risk Officer (SIRO) and Executive Management Board.

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

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

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

The Trust undertook its last independent Well Led review in 2014, which resulted in an action plan in preparation for the CQC inspection. The Trust must undertake another Well Led review within 3 to 5 years of the last review, and the Board is finalising how and when the review will be undertaken.

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

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

With respect to condition FT4 (NHS Foundation Trust governance arrangements) the Board reviews the terms of reference of its committees on an annual basis to ensure their effectiveness and last did so in March 2017. As required by regulation the Trust has an Audit Committee consisting of Non-Executive Directors with the exception of the Chair. The Audit Committee at the conclusion of each meeting meets with the internal and external auditors without the presence of executive directors or staff. In addition, the Local Counter Fraud specialist presents a report to every meeting of the Audit Committee on measures to tackle Fraud, Bribery and Corruption and also the importance of reporting concerns as appropriate. The Trust also has a Remuneration and Nominations Committee consisting of the Non-Executive Directors and when appropriate the Chief Executive Officer. In addition, the Board has established a Quality Governance Committee and a Resources Committee. Each Committee is chaired by a Non-Executive Director. All Committees and sub Groups undertake an annual self-assessment of their effectiveness, which is reported to the Board (or the appointing Committee in the case of sub groups). The Audit Committee submits an Annual Report to the Board of Directors and the Council of Governors and, in addition, the Trust's External Auditors presented an independent report to the Council of Governors and the Membership at its Annual Meeting in July 2017.

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

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

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

Elsewhere within this report can be found the Licensee's duty to operate efficiently, economically and effectively. During 2017 the Board received a presentation on progress against the Lord Carter review to identify efficiencies in the NHS; the review has now been extended to the Ambulance Sector. The Board reviewed a 'model hospital' concept that has been developed which will advise NHS bodies on the most efficient allocation of resources and allows NHS bodies to measure performance against other trusts.

The Trust Information Pack submitted to each ordinary meeting of the Board enables timely and effective scrutiny and oversight by the Board of the Licensee's operations. These are also shared with the Council of Governors and published on the website. In

addition, directors have access to up to date operational information, as well as receiving the details of any serious incidents reported.

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

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

The Board received and approved the Going Concern statement at its meeting in March 2017. This statement is approved on the basis that management has a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future with no necessity or plans either to liquidate or cease operations. If this were not the case it would be necessary to prepare the financial statements with the assumption that the business would not continue beyond a further 12 months after the end of the accounting period. The Trust exercises tight financial control and through the Financial Monitoring report to the Board and through detailed scrutiny and challenge at meetings of the Resources Committee, the Board has reasonable assurance over the effectiveness of its financial reporting. In addition, the Trust’s Auditors’ opinion presented to the Board in May 2017 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 and other information, and

that financial and clinical quality controls and systems of risk management and governance are robust and implemented.

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 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
- monitoring and timely review of the Risk Management Strategy and associated policies
- provision of expert advice into the incident reporting process
- all Managers within their Directorate are familiar and act in accordance with Trust policies
- incidents are reported and investigated in accordance with the Trust's Incident Reporting Process.

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

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

The **Director of Workforce and Organisational Development** is responsible for:

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

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

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

The **Executive Management Board (EMB)** provides a support and challenge function which includes review of business cases, agreement of actions required including escalation of major and high risk transformational change to 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 Board of Directors as required.
- reviewing the Board Assurance Framework at least twice each year.
- monitoring the risk schedule to ensure new risks are adequately assessed, documented and added to the Trust risk register for management.
- ensuring risks are managed and closed in accordance with policy
- ensuring any potential impact on quality for Cost Improvement Programmes (CIP) is considered at an early stage and that mitigation plans are delivered on time.

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

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

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

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

The **Health, Safety and Risk Group**

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

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

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

- Identifying and monitoring trends in incident reports and ensure 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 and Risk Committee

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 registers are maintained by the relevant manager and risks that have a wider implication are identified, escalated to Trust risk registers and continue to be reviewed at least quarterly.

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

### **Public Stakeholder involvement**

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

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

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

The Board of Directors meets at least four times a year in public and its papers are available on the Trust website. The confidential minutes of each Board meeting must be made available to the members of the Council of Governors. The Board seeks to have as its first item of business on all agenda 'a patient experience story' that enables

a member of the public or staff to present their experiences to the Board. There is also the opportunity either through the Trust website or at the meeting on the day to pose questions to the Board of Directors on any matter of concern. This is all part of the Board's desire to be as open and transparent as possible. In addition it is worth noting that all matters are discussed or determined in public unless the matter would not be disclosed under Freedom of Information regulations.

The Council of Governors has a membership consisting of publicly elected governors as well as staff elected governors and appointed stakeholder governors. The Council of Governors is made up from 5 Staff, 4 Appointed and 15 Public elected Governors, who represent internal and external stakeholders. The Council meets in public on at least four occasions a year. The reports submitted are published on the Trust Internet site.

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

The Trust has published a Stakeholder Engagement Strategy to provide a strategic framework within which the Trust engages with its key stakeholders. During consultation of the draft annual Quality Account engagement meetings are set and held around the West Midlands region for various stakeholders to attend for example the public, CCGs and HOSCs.

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

### **Corporate Governance Statement**

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

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

The Board and its Committees each have an individual schedule of business, which ensures timely performance reporting through the correct governance process.

The Board receives regular reports and minutes from its pillar committees which provide assurance on detailed review and oversight from its own agenda items and reporting groups. The Board also receives a performance pack showing operational, financial, quality, clinical and corporate on trends, themes and key performance indicators.

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

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

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

### **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.

### **Equality, Diversity and Human Rights**

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

### **Carbon Reduction**

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

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

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

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

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

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

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

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.

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.

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

During the 2016/17 the NHS Improvement abolished the former regulators Risk Assessment Framework and introduced the Single Oversight Framework. The Board of Directors have received reports on the framework.

The NHS Improvement's Single Oversight Framework:

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

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

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

Segmentation is based on:

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

Segment	Description
1	<b>Providers with maximum autonomy</b> – no potential support needs identified across our five themes – lowest level of oversight and expectation that provider will support providers in other segments
2	<b>Providers offered targeted support</b> – 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	<b>Providers receiving mandated support for significant concerns</b> – the provider is in actual/suspected breach of the licence (or equivalent for NHS trusts)
4	<b>Special measures</b> – the provider is in actual/suspected breach of its licence (or equivalent for NHS trusts) with very serious/complex issues that mean that they are in special measures

The Trust achieved Segment 1.

### Information Governance

There were no serious incidents related to information governance during 2017/18.

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

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

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

The Trust’s Information Governance Toolkit self-assessment (V14.1) for 2017/18 showed an overall score of 85% (in the ‘satisfactory’ range under Department of Health ratings).

An analysis of the overall score by area indicated:

- Information Governance Management 93%
- Confidentiality and Data Protection Assurance 87%
- Information Security Assurance 84%
- Clinical Information Assurance 75%
- Corporate Information Assurance 88%
- Overall 85%

The Trust is pleased to report that the scores for the Information Governance Toolkit have improved again this year.

## **Annual Quality Report**

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

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

### **Governance and Leadership:**

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

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

### **People and Skills**

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

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

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

### **Data Use and Reporting:**

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

### **Policies and Plans in ensuring quality of care provided:**

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

### **Systems and Processes:**

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

## **Review of effectiveness**

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

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

The **Audit Committee** reviews the Trust's risk management and internal control systems. It monitors the Assurance Framework, Risk Register and Internal Control processes through its own activities and through receiving relevant reports from the External and Internal Auditors. Risks are monitored at Executive Management Board (EMB), Audit Committee, Resources Committee and the Quality Governance Committee, with high risks reported to Board. The Committee regularly reviews

Internal Audit strategies, 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 2017-18 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 Programme Group and . During 2017/18, the Trust has participated in 100% of national audits and has not been required to participate in any national confidential enquiries.

Internal Audit completed a review on Clinical Audit processes during 2017-2018 and recorded Substantial Assurance with a number of recommendations including:

- The Clinical Audit Policy and Procedures to be amended to reflect the changed governance structure for clinical audit reporting, updated to include reference the Trust's Audit Committee role and responsibilities and amended to state how lessons learnt will be published/shared
- Where applicable, lessons learnt should be published in the Trust's *Clinical Times* bulletins and reported to the Learning & Review Group/ Clinical Audit & Research Programme Group
- The Audit Committee should formally approve the annual Clinical Audit plan and see regular reports on the outcomes of clinical audit work
- The Clinical Audit Plan to be formally, annually approved by the Trust Board or its nominated sub-committee and raised in the sub-committees Chair's report to the Trust Board
- Senior Management to review clinical audit resources to ensure sufficient staff are available to complete the planned audits or revise audit plans to match available resources

All recommendations have been implemented.

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

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

### ***Head of Internal Audit Opinion***

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

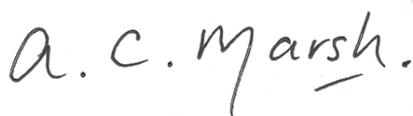
*Charles Knight, Head of Internal Audit*

*Date April 2018*

<b>Conclusion</b>
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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 23 May 2018

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

### **Progress to date**

The Head of Purchasing & Contracts has drafted clauses to new contracts to ensure that entities within the Trust's supply chain agree to the Trusts anti-slavery and human trafficking policy and to other measures aimed at ensuring (wherever possible) that no

slavery or human trafficking is taking place in the Trust's supply chain. Issues that are likely to be 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 intends to take in its Procurement Process.

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

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

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

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

## **Sustainability**

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

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

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

The Trust has continued to see 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 its carbon footprint. The Trust will continue to develop improvements to reduce its effect on 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 2018/19 please see the Sustainability Report 2017/18 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 June 2017 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 2017 to ensure that the Specific Duties had been adhered to. The Trust produced a new set of objectives as required under the duty every four years and the Trust will report progress in the Annual Equality Report of 2018 due for publication in July 2018. 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 2017 report can be found on the Trust website.

#### **Equality Delivery System2**

The EDS2 (Equality Delivery System) was developed to support NHS organisations to perform well on equality. It is an assessment tool designed to measure NHS equality performance with an aim to improve services for people who belong to vulnerable and protected groups. The objective is to assess health inequalities and provide better working environments, free of discrimination, for people who use, and work for, the Trust. The tool sets out four goals around equality, diversity and human rights. Within the four goals, there are 18 standards or outcomes against which the Trust assesses and grades its equality performance. The focus of the EDS2 outcomes is on the things that matter the most for patients, communities and staff. This year the Trust held an internal and external EDS2 event whereby the Trust was graded against the standards by staff and external partners. In 2017 the Trust achieved the gradings of ten **"Achieving"** grades and eight **"Excelling"**. This was a major improvement over the previous year's result of fifteen **"Achieving"** and three **"Developing"**.

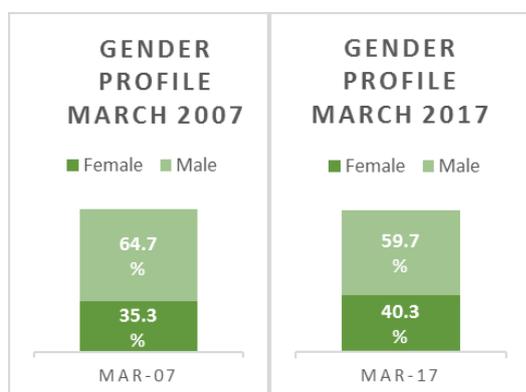
## Workforce Race Equality Standard [WRES]

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 Trust has delivered against some of the 59 objectives on the Action Plan 2017, with 43 of the objectives having been completed, 14 under development and two on hold. The action plan period covers July 2017 to July 2018.

## Gender Pay Gap 2018

The Government introduced legislation in 2017 that made it a statutory requirement for all organisations with 250 or more employees to report annually on their gender pay gap. The regulations underpin the Public Sector Equality Duty and have required the relevant organisations to publish their gender pay gap data by 30<sup>th</sup> March 2018 and then annually thereafter. The Trust is required to publish its data as follows: -

### Gender Profile:



Since the inception of WMAS the gender profile between 2007 and 2017 has increased from 35.3% women to 40.3%.

## Gender Pay Gap Report for WMAS

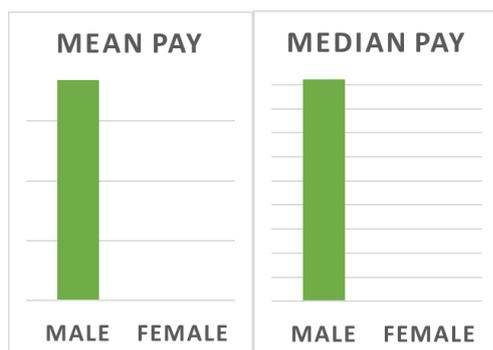
### 1. Gender Pay Gap in Hourly Pay – Mean & Median



Mean – 6.68%

Median -7.61%

### 2. Bonus Gender Pay Gap – Mean & Median



Mean – 100%

Median -100%

Any payment of a bonus is determined by the Remuneration and Nominations Committee. The Trust has determined that only the Chief Executive Officer will be eligible for a bonus of up to 10% based on meeting pre-determined performance criteria set by the Remuneration Committee annually. All other Executive Directors on VSM contracts and Staff covered by Agenda for Change are not included in the bonus pay scheme.

### 3. Proportion of Males and Females Receiving a Bonus Payment

0.0% of staff received a bonus payment.

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

published on its web site its first “Gender pay Gap report” in March 2018 and incorporated an Action Plan in the report. The report also must be submitted to the Government gender pay gap reporting web site.

### **Workforce Disability Equality Standard [WDES]**

Once finalised, the WDES will be 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 expected publication of the WDES is autumn 2018 with the first report to be published August 2019. The Trust has commenced work on the WDES by attending regional events and starting to look at data based on the current metrics which are subject to change.

### **Engagement with local stakeholders**

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



## Quality Account 2017-18



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*Please note that information regarding each area of the Trust as described in the 2015/16 Quality Account will be available on the Trust website*



## Part 1

### Statement on Quality from the Chief Executive

Welcome to the West Midlands Ambulance Service NHS Foundation Trust's Quality Report which reviews the year 2017-18 and sets out our priorities for 2018-19. This account is an assessment of the quality of care patients received when they were in our care. This report details our continued commitment to delivering the very best care for our patients.

At the end of each financial year, it is always appropriate to look back and reflect on the past 12 months. There is no doubt that we have faced a very challenging year, and a particularly difficult winter period. Activity has increased and during the year we have managed nearly 1.08 million incidents, an increase of nearly 6% on the previous year.

In September 2017 there was the national roll-out of the new Ambulance Response Programme (ARP), which introduced new performance metrics, which WMAS had been implementing and developing as part of a national pilot since June 2016. In all of the four categories WMAS exceeds the national standards at a mean average, and 90<sup>th</sup> centile. We are the only ambulance service in England that consistently meets all of the new standards, and we are amongst the highest performing service in all four categories of response.

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

This report highlights the success of your ambulance service, and there are a few of the many successes that I want to highlight to you. We have significantly increased the number of front-line staff and improved our skill mix. We now have a Paramedic on almost every single ambulance, which is a massive achievement and means we can continue to improve the clinical care we give to patients. During the coming year we will recruit and train further Paramedics and Technicians to ensure we are able to meet the needs of our population.

During this year we have also opened the last in our scheme of Make Ready hubs with the opening of the 18,865 sq ft hub in Etruria Valley Stoke on Trent. This development ensures we provide the very best facilities, ensuring that our growing fleet of ambulances can be cleaned, prepared and restocked on a 24/7 basis so that



we can continue to provide the highest standards of care to the people of North Staffordshire.

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

On behalf of West Midlands Ambulance Service, I would like to present this Quality Account, we welcome your feedback and if you have comments on this Quality Account or the Trust in general we would be pleased to receive them.

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



**Anthony C. Marsh**  
Chief Executive Officer

## Statement on Quality from the Medical Director and Executive Nurse

This year has been exceptionally busy with over a million calls received, but despite this, we have continued to deliver care and performance that is outstanding. Our response times continue to be the best in the country, and on many performance metrics we out-perform other services.

Our staff are our greatest asset, and every day, in all weathers, they are out an about in the Region helping people in our communities. This year we have met our own target of having a Paramedic on every front-line ambulance supported by highly skilled Ambulance Technicians, thereby ensuring that our patients get appropriate care.

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

Many of you will have seen one the TV documentary programmes that have been shown on TV during the year. These programmes have been helpful in showing the public the extraordinary work undertaken by our staff on a daily basis. From the compassionate handing of the initial 999 call to the excellent care provided by the staff on the ambulance, these programmes have provided a positive view of the quality of care provided by our ambulance service.



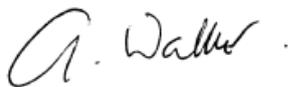


We are arguably the best performing ambulance service in the country. But we also recognise that this doesn't mean we are perfect, and we are absolutely committed to ensuring we continue to improve the services we provide.

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

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

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



**Dr Alison Walker**  
**Interim Medical Director**



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



## Introduction

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

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

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



## Care Quality Commission

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

The Trust has been registered with the Care Quality Commission without conditions since 2010. WMAS has not participated in any special reviews or investigations by the Care Quality Commission during 2017/18 and CQC has not taken enforcement action against West Midlands Ambulance Service during 2017/18.

The Trust was inspected by the CQC in June 2016. The final report, available from [www.cqc.org.uk](http://www.cqc.org.uk), confirms the Trust achieved an overall rating of Outstanding.



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



## Part 2

### Priorities for Improvement 2018/19

In deciding our quality priorities for 2018-19 for improving patient experience, patient safety and clinical quality, we have listened to our patients, staff and other stakeholders. We have done this through engagement events, surveys, compliments, complaints and incident reporting. We have assessed our progress against the agreed priorities for 2017/18 and have confirmed those that need to continue to ensure a high-quality service is maintained and continues to improve.

The Trust Priorities for 2018/19 are summarised below.

#### Patient Experience

- Real time feedback from Non Emergency Patient Transport users
- ReSPECT - Continuation of roll out plan throughout the region
- Further development of Making Every Contact Count

#### Patient Safety

- Reduce the number of unrecognised oesophageal intubations
- Reduce the incidence of drugs given via the wrong route
- Reduce the risk of harm to patients during transfer

#### Clinical Effectiveness

- Improvement of the performance for the National Ambulance Clinical Quality Indicator for Stroke and STEMI
- Completion of the Clinical Audit Programme and actions for 2018/2019
- Continued implementation of 'Learning From Deaths' through mortality reviews



## Patient Experience

Priority	WHY WE HAVE CHOSEN THIS priority	WHAT WE ARE TRYING TO IMPROVE	WHAT SUCCESS WILL LOOK LIKE
Patient Experience	1. Increase Patient Experience feedback through direct liaison with patients whilst in Hospital Units.	In addition to the existing Patient Experience Feedback surveys in place e.g. online survey, Friends and family test question and extended PTS survey the Trust will improve real time feedback from patients using the Non-Emergency Patient Transport Service. We believe that by chatting with the patients during their time at hospital and undertaking a short survey (via an iPad), we will continue improve the level of feedback	Learning from real time patient experience on what works well and what doesn't is crucial to improving the service.
	Educate Trust clinicians and implement the ReSPECT form to improve understanding and treatment of patients with specific care plans such as those people at the end of their life	WMAS has educated ALL staff – accepting that not all areas are fully on board as it is a CCG individual choice and not a NHS England mandate.	It is proposed that this work continues in 2018/19 to ensure consistent practice throughout the region
	Further development of Making Every Contact Count	Improvements in public health can make a significant impact upon the level and type of demand for ambulance services.	Public education to promote improved lifestyle choices and improved self-care
<p><b>Real time survey</b>- The Trust will visit at least one hospital setting within each Non-Emergency Patient Transport Contract with an aim to undertaking a patient survey receiving a minimum of 10 patient real time responses. When visiting renal units, the team will aim to survey over 50% of patients using the non-emergency patient transport service.</p> <p><b>FFT Question</b> – continue to promote and exceed 300 responses</p> <p><b>Annual extended PTS survey</b> – to hand a survey to every patient over a 48-hour agreed timeframe</p> <p>Consistent practice throughout the region</p> <p>Successful delivery of project plan Reduced calls, particularly in relation to matters addressed through the MECC Programme</p>			
<p><b>How we will monitor progress:</b></p> <ol style="list-style-type: none"> <li>1. FFT reports to internal meetings up to and including Board of Directors and for website publication via Learning Review quarterly reports.</li> <li>2. Progress reports to appropriate governance committee, showing rate of roll out and issues encountered</li> <li>3. Progress reports to appropriate governance committee, showing achievement against plan and monitoring of call trends</li> </ol>			



# West Midlands Ambulance Service

NHS Foundation Trust



## Responsible Lead:

1. Director of Corporate Services and Head of Patient Experience
2. Director of Corporate Services and Consultant Paramedic (Vulnerable Patients)
3. Director of Clinical Commissioning and Service Development

**Date of completion:** March 2019



## Patient Safety

	PRIORITY	WHY WE HAVE CHOSEN THIS PRIORITY	WHAT WE ARE TRYING TO IMPROVE	WHAT SUCCESS WILL LOOK LIKE
PATIENT SAFETY	Reduce the number of unrecognised oesophageal intubations	Unrecognised oesophageal intubations have been highlighted as a theme in serious incident investigations (6 in 2 years). An unrecognised oesophageal intubation can cause serious harm or even greatly contribute to the death of a patient.	Reduce the incidence of unrecognised oesophageal intubation.	A reduction in the number of reported unrecognised oesophageal intubation.
	Reduce the incidence of drugs given via the wrong route	There have been 7 incidents in 12 months of Adrenaline 1:1000 which have on occasion caused short term harm. There is a great risk of that harm being serious and as a Trust we want to reduce the chances of this happening.	Reduce the incidence of drugs being administered via the wrong route	A reduction in the number of medicines given via the wrong route.
	Reduce the risk of harm to patients during transfer	Harm caused to patients during transfer is an ongoing and reoccurring harm and no harm theme within patient safety.	Reduce incidence of harm to patients whilst in our care.	A reduction in the number of no harm/harm incidents caused during transfer of patients.
<p><b>How we will monitor progress:</b></p> <ol style="list-style-type: none"> <li>Monitoring of incident reports and serious incident reporting.</li> </ol>				
<p><b>Responsible Lead:</b></p> <ol style="list-style-type: none"> <li>Head of Patient Safety</li> </ol>				
<p><b>Date of completion:</b> March 2019</p>				



## Clinical Effectiveness

Priority	WHY WE HAVE CHOSEN THIS PRIORITY	WHAT WE ARE TRYING TO IMPROVE	WHAT SUCCESS WILL LOOK LIKE
Improvement of the performance for the National Ambulance Clinical Quality Indicator for Stroke and STEMI	The Trust is committed to continual improvement in stroke care in line with the service reconfigurations within the West Midlands	The assessment of FAST, Blood Pressure and Blood Glucose as a care bundle	Care Bundle Performance >97%
Completion of the Clinical Audit Programme and actions for 2018/19	The Trust is committed to continual clinical quality improvement	The number of clinical audits completed with action plans identified areas with opportunities to improve standards	Achievement of the Annual Clinical Audit Plan
Continued implementation of 'Learning from Deaths' through mortality reviews	The Trust is working towards implementation of national guidance on Learning from Deaths. There is limited resource availability to fully achieve this priority, however the Trust is reviewing resource requirements for future compliance.	Senior clinician capacity to undertake individual case reviews  Recommend changes to policy and practice, where relevant	Improved training for clinical staff  Reduction of deaths in our care
<b>How we will monitor progress:</b> <ol style="list-style-type: none"> <li>1. Completion and submission of Ambulance Quality Indicators, according to nationally determined schedule</li> <li>2. Completion of clinical audits according to agreed schedule and review by Clinical Audit, Research and Performance Group and Quality Governance Committee</li> <li>3. Progress reports to Quality Governance Committee</li> </ol>			
<b>Responsible Lead:</b> <ol style="list-style-type: none"> <li>1. Consultant Paramedic – Emergency Care</li> <li>2. Consultant Paramedic – Emergency Care</li> <li>3. Head of Patient Safety</li> </ol>			
<b>Date for Completion:</b> March 2019			

CLINICAL EFFECTIVENESS

## Our Services

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

The Trust has a budget of over £200 million per annum. It employs almost 5,000 staff and operates from 15 Operational Hubs and a variety of Community Ambulance Stations together with other bases across the region. In total the Trust uses over 800 vehicles including ambulances, response cars, non-emergency ambulances and specialist resources such as motorbikes and helicopters.

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

During 2017 -18 West Midlands Ambulance Services Foundation Trust provided the following three core services:

### 1. **Emergency and Urgent (E&U)**

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

### 2. **Patient Transport Services (PTS)**

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



### 3. **Emergency Preparedness:**

This is a small but vitally important section of the organisation which deals with the Trust's planning and response to significant and major incidents within the region as well as co-ordinating a response to large gatherings such as football matches and festivals. It also aligns all the Trust's Specialist assets and Operations into a single structure. Such assets include the staff, equipment and vehicles from the Hazardous Area Response Team (HART), Air Operations, Decontamination staff and the Mobile Emergency Response Incident Team (MERIT). The department constantly arranges training for staff and ensures the Trust understands and acts upon intelligence and identified risk to ensure we keep the public safe in terms of major incidents. In February 2018, the Trust launched a new helicopter as replacement for one of its fleet, based at RAF Cosford. The new helicopter will provide a great number of benefits to patient care within the Midlands. It travels greater distances without the need for refuelling and enables the aircrew to respond even faster due to increased speed capability. The larger interior means additional aircrew can be flown to major incident scenes and further medical equipment can be carried on board to treat more complex emergencies.

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

The Trust is supported by a network of volunteers. More than 550 people from all walks of life give up their time to be community first responders (CFRs). CFRs are always backed up by the Ambulance Service but there is no doubt that their early intervention has saved the lives of many people in our communities. WMAS is also assisted by voluntary organisations such as BASICS doctors, water-based Rescue Teams and 4x4 organisations.

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

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

The Trust has utilised the services of private providers during 2017/18 to support Patient Transport Services particularly during the introduction of new contracts. Sub-contractors are subjected to a robust governance review before they are utilised.

The total service income received in 2017/18 from NHS sources represents 99.5% of the total service income for the Trust. More detail relating to the financial position of the Trust is available in the Trust's 2017/18 Annual Report.



## Performance Emergency and Urgent Service

The Trust is measured nationally against **operational standards for the Emergency and Urgent Service**. Due to its participation in the national Ambulance Response Programme, the Trust was measured against the new national standards, for the full year 2017/18. These standards are:

### Category 1

Calls from people with life-threatening illnesses or injuries

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

### Category 2

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

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

### Category 3

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

- 120 minutes 90<sup>th</sup> centile response time

### Category 4

Not urgent but require a face to face assessment.

- 180 minutes 90th centile response time



## Clinical Audit

WMAS recognise the importance of ongoing evaluation of the quality of care provided against key indicators. As a member of the National Ambulance Service Clinical Quality Group (which develops National Clinical Performance Indicators and National Clinical Audits), we actively partake in both national and local audits to identify improvement opportunities. As a result, the Trust has a comprehensive Clinical Audit Programme which is monitored via our Clinical Audit & Research Programme Group. During 2017/18, the Trust has participated in 100% of national audits and has not been required to participate in any national confidential enquiries.

The National Audits that WMAS was eligible for and participated in during 2017/18.

Audit	WMAS Eligible	WMAS Participation	*Number of Cases Submitted	Annual Number of Cases Submitted
Ambulance Quality Indicators (Clinical)	✓	100%	17471	The AQIs run 2-3 months behind for submission to the DH. End of year data will be available August 2018.
Myocardial Infarction National Audit Programme (MINAP)	✓	100%	N/A – Hospitals enter data onto national database	

## Local Trust Audits

<p><b>The Trust produces Local Performance indicators to support local improvements. The Trust is committed to developing links with Hospitals to access patient outcomes.</b></p>	Local Clinical Audit Programme
	Examining the Delivery of Mental Health Care
	PGD Medication Audit (previously done Medicines Management)
	Clinical Records Documentation Audit
	Care of Patients Discharged at Scene
	Management of Deliberate Self Harm
	Management of Paediatric Pain
	Management of Head Injury
	Management of Obstetric Emergencies
	Management of Peri-Arrests
	Paediatric Medicine Management
	Administration of Morphine Audit
	Management of Asthma in Paediatric Patients
	Post Intubation Documentation Audit
	Death Review
MAA Merit Pain Management Audit	
MAA RSI Pre Hospital Emergency Intubation Audit	
MAA & WMAS Thoracostomy Audit	

## Learning from Audit

### National Audits

Ambulance Services are not included in the formal National Clinical Audit programme however during 2017/2018; WMAS participated in the following four National Clinical Audits.

### Ambulance Quality Indicators

#### 1. Care of ST Elevation Myocardial Infarction (STEMI)

Percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction (type of heart attack) who received an appropriate care bundle from the trust during the reporting period.

#### 2. Care of Stroke Patients

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

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

In patients who suffer an out of hospital cardiac arrest the delivery of early access, early CPR, early defibrillation and early advanced cardiac life support is vital to reduce the proportion of patients who die from out of hospital cardiac arrest.

Plus the following National Clinical Audit included within STEMI above.

#### 4. Myocardial Infarction National Audit Programme (MINAP)

The reports of the four National Clinical Audits were reviewed by the Trust in 2017/18 and the WMAS intends to take the following actions to improve the quality of healthcare provided for patients

- Review and feedback of delays to patients arriving at a Hyper Acute Centre
- Development of performance reports from the Electronic Patient Record
- Development and introduction of individual staff performance from the Electronic Patient Record
- Communication through Trust Weekly Briefing and Clinical Times
- EPR Documentation guidance produced
- Feedback via ER54 in any non-compliance of End Tidal CO2



### **Local Audits**

The reports of two local clinical audits were reviewed by the Trust in 2017/2018 and the WMAS intends to take the following actions to improve the quality of healthcare provided:

#### **Management of Head Injury Clinical Audit**

To ensure that patients suffering from a head injury are being assessed appropriately to allow accurate severity of the injury to be determined and correct treatment provided. Overall this audit shows an improvement in compliance with the standards and that WMAS clinicians are adhering to JRCALC and NICE guidance. The improvement can be attributed to the strategy for improvement developed following the original audit. There are still some areas for improvement which will be addressed with the following actions:

- Clinical Notice to be disseminated to highlight, where a non-accidental injury is identified, a safeguarding referral is made.
- Clinical Times articles stressing the importance of both pain scoring and pain management with patients with a head injury.
- Clinical Times articles discussing the risk factors in head injured patients and where spinal immobilisation is appropriate.
- Dissemination of the clinical audit throughout the Trust via the Trust Intranet and Virtual Learning Environment.

#### **Post Intubation Documentation Audit**

Following the placement of a tube into a patient's airway the documentation of essential checks is required to ensure patient safety. This audit was developed to provide evidence of the current practice of paramedic and doctor led intubations. The initial audit highlighted a variety of good practice however identified the need for improvement with the following actions agreed

- Enable clinicians to be able to record the size and type of the blade used
- Remind staff of the rationale and importance of using and documenting the use of a bougie.
- Remind staff of the rationale and importance of documenting the grade of view
- Enable clinicians to be able to record the length of the tube at the patient's teeth
- Enable clinicians to be able to indicate where no complications occurred during intubation
- Report cases via the incident reporting process where End Tidal CO<sub>2</sub> is not documented

Incumbent to these checks is the monitoring of End Tidal CO<sub>2</sub> and the Trust has improved from 7% in 2015 to 100% in December 2017.



## Participation in Research

During 2017/18, the Trust has continued to expand the opportunities for staff and patients to be involved in pre-hospital research. Active participation of research within NHS Trusts has been acknowledged to be associated with improved patient outcomes, due to the innovation in patient management and treatment options. As such, the Trust has developed many critical partnerships with numerous NHS hospitals, Universities and commercial partners, both locally within the West Midlands and nationwide.

Key to the success of research delivery within the Trust, are the excellent relationships built with the West Midlands Clinical Research Network, who help us to ensure that all research undertaken by the Trust is appropriately approved, ethical, regulated and complies with the highest standards of research governance, to safeguard our patients and colleagues.

Within 2017/18, West Midlands Ambulance Service has recruited 512 participants into 9 approved research studies.

### **The following research studies have continued during 2017-18**

- **Epidemiology and Outcomes from Out of Hospital Cardiac Arrest Outcomes (OHCAO)**

Sponsored by Warwick University and funded by the Resuscitation Council (UK) and British Heart Foundation, this project aims to establish the reasons behind such big differences nationally in outcome from cardiac arrest.

It will develop a standardised approach to collecting information about Out of Hospital Cardiac Arrest and for finding out if a resuscitation attempt was successful. The project will use statistics to explain the reasons why survival rates vary between region.

- **Brain Biomarkers after Trauma**

Traumatic Brain Injury is a major cause of illness, disability and death and disproportionately affects otherwise young and healthy individuals. Biomarkers are any characteristic which may be used to gain insight into the person either when normal or following injury or disease. The study will look at biomarkers taken from blood, from fluid in the brain tissue and from new types of brain scans and investigate whether any biomarkers can give us insight into novel therapeutic strategies. West Midlands Ambulance Service and Midlands Air Ambulance are working with the University of Birmingham to support this study.



- **PARAMEDIC2**

This trial sponsored by Warwick University is looking at whether adrenaline is helpful or harmful in the treatment of a cardiac arrest that occurs outside of a hospital setting. Answering this question will help to improve the treatment of people who have a cardiac arrest.

Adrenaline was introduced as a treatment for cardiac arrest before clinical trials were common. Adrenaline has not been fully tested to find out if it is helpful or harmful for patients who have a cardiac arrest outside of hospital. The International Liaison Committee for Resuscitation (ILCOR) has called for a definitive clinical trial to assess the role of adrenaline.

Many research studies suggest that, while adrenaline may restart the heart initially, it may lower overall survival rates and increase brain damage and there are real concerns in the clinical and research community that current practice may be harming patients. However, the evidence is not strong enough to change current practice.

- **RIGHT-2**

It is thought that lowering blood pressure quickly after a stroke could have a beneficial effect on a patient's recovery. Therefore, this study aims to find out whether giving patients who are suspected of having a stroke, a 5mg transdermal glyceryl trinitrate (GTN) patch (a commonly used drug in patients with heart disease) as soon as possible after stroke, and then daily for the next three days, improves outcome.

This is a British Heart Foundation funded study, sponsored by University of Nottingham.

- **RePHILL**

WMAS and Midlands Air Ambulance are working with University Hospitals Birmingham to investigate whether giving blood products (red blood cells and freeze-dried plasma) to badly injured adult patients, before reaching hospital improves their clinical condition and survival. Patients with major bleeding are currently given clear fluids but military and civilian research suggests that survival increases if hospital patients receive blood products instead.



## The following research studies have commenced during 2017-18

- **ACUTE**

Working with the University of Sheffield, West Midlands Ambulance Service is undertaking a feasibility study; comparing a Continuous Positive Airway Pressure device (CPAP) and standard oxygen treatment for acute respiratory failure. Acute respiratory failure is a common and life-threatening medical emergency leaving patients at high risk of death and needs emergency treatment. CPAP is a potentially useful treatment that could be delivered by paramedics in an ambulance. It involves

delivering oxygen under increased pressure through a tight-fitting face mask. Small studies undertaken outside the UK have suggested that using CPAP in an ambulance may save more lives than delaying its use until arrival at hospital. However, it is uncertain whether this treatment could work effectively in NHS ambulance services.

- **Electronic Records in Ambulances**

This research study aims to find out how ambulance services can make best use of information technology to support people with good quality care out of hospital. They will look at what happens day to day, when paramedics use technology in practice; at how the ambulance service as an organisation starts to use new technology and adapts to the changing landscape of care; and at what happens in between, as paramedics respond to this changing environment, learn new skills and change their role and behaviour. The study will help ambulance services to get a better understanding of the best way to keep people safely away from hospital with the help of technology.

- **Prehospital critical care for out-of-hospital cardiac arrest**

The study will analyse the effect of critical care teams on survival to hospital discharge, following involvement in the care of patients suffering an out of hospital cardiac arrest. Nationally there are variations on the dispatch of prehospital critical care teams to suspected or confirmed cases of out-of-hospital cardiac arrest. The clinical and cost effectiveness of responding critical care teams is not fully understood and will be explored during the data analysis.

This study is an NIHR funded Doctoral Research Fellowship, sponsored by University Hospitals Bristol NHS Foundation Trusts

- **DEUCE**

In England, urgent care is provided by a range of services including ambulance services. Concerns have been expressed about the increase in demand for some of these services (specifically ambulance, emergency department and in-hours general practice) and their capacity to deal with this demand. A key concern is the use of a higher acuity service than is clinically necessary. The study team will interview people about how they make decisions to use emergency services, urgent care services, routine or self-care. West Midlands Ambulance Service are working with Sheffield University to deliver this study.



## Sustainability

### Trust Sustainable Management

The West Midlands Ambulance Service NHS Foundation Trust has an obligation to operate in every way possible to have a positive effect on the communities for which we commission and procure healthcare services.

Developing and applying sustainability to our work and processes, means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of by making the most of social, environmental and economic assets the Trusts aim is to improve health both in the immediate and long term even in the context of rising cost of natural resources. Spending money well and considering the social and environmental impacts is protected in the Public Services (Social Value) Act (2012).

The Trust as part of its demonstration of commitment to developing an environmental management system with focus on sustainability, and to fulfil our responsibilities for the role it plays, WMAS has the following sustainability mission statement located in our Sustainable Development Management Plan (SDMP):

#### ***“Environmental Mission Statement***

*The West Midlands Ambulance Service NHS Foundation Trust, as a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. It is the Trusts aim to supersede this target by reducing our carbon emissions 34% by 2020 using 2014/15 as the baseline year.*

#### **Policies**

To embed sustainability within our business it is important to explain where in our process and procedures sustainability features.

<b>Area</b>	<b>Is sustainability considered?</b>
Travel	Yes
Business Cases	Yes
Procurement (environmental & social impacts)	Yes
Suppliers' Impacts	Yes
Estates Design and Management	Yes
Recruitment and Retention	Yes
Emergency Planning	Yes

One of the ways in which an organisation can embed sustainability, is through the use of an SDMP and development of its Environmental Strategy. The Trusts SDMP and strategy have been approved by the Board, so our plans for a sustainable future are well known within the organisation and clearly laid out. Despite this both the SDMP and Strategy are both to be reviewed in 2018, to review our current progression in the measures identified and where necessary introduced other actions for improving further our work.

## **Adaptation**

Climate change brings new challenges to the Trusts business both in direct effects to our facilities process and services and patient health. Examples of recent years include the effects of heat waves, extreme temperatures and prolonged periods of cold, floods etc. Our board approved plans address the potential need to adapt the delivery the organisation's activities and infrastructure to climate change and adverse weather events

Events such as heatwaves, cold snaps and flooding are expected to increase as a result of climate change. To ensure that our services continue to meet the needs of our local population during such events we have developed Business Continuity Plans and implemented a number of policies and protocols in partnership with other local agencies.

## **Green Space & Biodiversity**

The Trust does not have a current biodiversity policy although this has received our attention in recent developments with HUB builds, where we have been required to ensure existing biodiversity is not impacted upon by developments and with a planting program to encourage and support biodiversity on sites. The policy for biodiversity is being developed this year.

## **Developments and Benefits**

Further AED Lighting has been fitted to other Trust facilities to other facilities, again reduce overall consumption and costs. The new installation of LEDs to Ambulance Headquarters has reduced the connected lighting load to 5.04KW therefore reducing the annual consumption to 44,039KWh, therefore reducing the energy consumption for this area by 50%. This reduction is expected to be reflected on other sites receiving this work

## **Dudley Hub PV's (Photo Voltaic Cells) Update**



This project undertaken in 2016 involved the installation of photo voltaic cells to the main garage roof providing 15KW of power generation connected to the incoming electricity supply via metering located in the LV Switch Room. . It was anticipated that the saving to the Trust will be £3,385.00 per annum on this site (based on current unit/hour rates).

**FINANCIAL BENEFITS**

Installation costs £25569

Co2 saved from installation 5401 Kg per year

Annual Cost Saving: £3385

The Trust is reviewing the effectiveness of the system particularly the cost saving and reduction in its carbon footprint from this initiative.

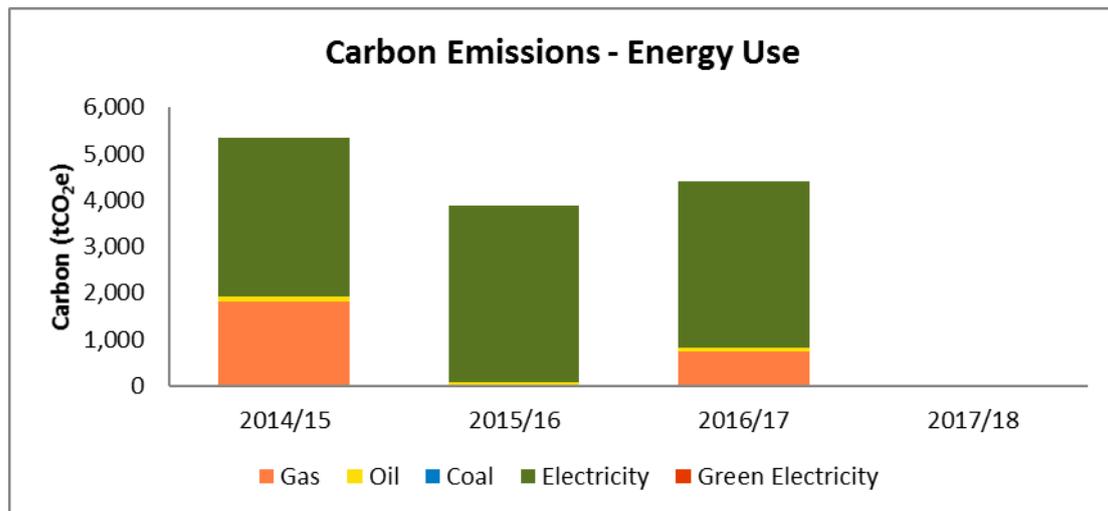
**Replacement Boilers**

The Trust has implemented a replacement boiler program to sites having old gas fired boilers that collectively had a capacity of 140KW with 2 No 70KW high efficiency boilers.

The calculated energy savings were calculated to be between 50 and 60% as a result of new boiler efficiency and modifications to the heating system by installing a compensated heating from the return water on the system to reduce boiler heating demand.

In 2014 the Sustainable Development Strategy outlined an ambition to reduce the carbon footprint of the NHS as a system by 28% (from a 2013 baseline) by 2020. We have supported this ambition as follows:

**Energy**



West Midlands Ambulance Service has spent £939,651 on energy in 2106/17, which is a 10% decrease on energy spend from last year. The Trust are continuing to strive to reduce further its overall energy consumption with further initiatives.

**NHS Sustainability Development Unit (SDU) Submission**

The annual submits its overall sustainability review to the SDU who review all other participating Trust to monitor the NHS work towards national targets, the review is due for submission in mid May 2018, furthermore detailed information regarding outcomes of work undertaken by the Trust on sustainability, information will be available at the end of May if required.



## Goals Agreed with Commissioners CQUIN Indicators

**Commissioning for Quality and Innovation (CQUIN)** is a payment framework that enables commissioners to agree a proportion of the Trust's income to be paid on achievement of quality and innovative work to improve the quality of the Service. A proportion of the WMAS income (2.5%) in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between WMAS and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2017/18 and for the following 12-month period are available electronically at [www.wmas.nhs.uk](http://www.wmas.nhs.uk).

The Trust achieved all priorities and targets against CQUIN criteria, with the exception of the required improvements in responses to the staff survey. A full CQUIN report will be published as part of the July 2018 Board Papers on the Trust Website.

2017/18 CQUIN Indicators	Indicator Weighting (of 2.5% available)	Financial Value of Indicator (000s)	Achieved (Qtr1-4)
<b>Improve Staff Health and Wellbeing</b>			
a) Improvement of health and wellbeing of NHS staff	0.25%	£464,680	No
b) Healthy food for NHS staff, visitors and patients	0.25%	£464,680	Yes
c) Improving the uptake of flu vaccinations for front line staff within Providers	0.25%	£464,680	Yes
<b>Ambulance Conveyance</b>	0.75%	£1,394,039	Yes
<b>Control Total</b>	0.5%	£929,359	Yes
<b>STP Engagement</b>	0.5%	£929,359	Yes
<b>Total</b>	2.5%	£4,646,795	

2018/19 CQUIN Indicators	Indicator Weighting (of 2.5% available)	Expected Financial Value of Indicator (£000s)
<b>Improve Staff Health and Wellbeing</b>		
a) Improvement of health and wellbeing of NHS staff	0.25%	£499,627
b) Healthy food for NHS staff, visitors and patients	0.25%	£499,627
c) Improving the uptake of flu vaccinations for front line staff within Providers	0.25%	£499,627
<b>Ambulance Conveyance</b>	0.75%	£1,498,881
<b>Control Total</b>	0.5%	£999,254
<b>STP Engagement</b>	0.5%	£999,254
<b>Total</b>	2.5%	£4,996,273

## Data Quality

West Midlands Ambulance Service takes the following actions to assure and improve data quality for the clinical indicators while the Clinical Audit Department completes the data collection and reports. The patient group is identified using standard queries based on both the paper Patient Report Forms and the Electronic Patient Record. These clinical records are then audited manually by the Clinical Audit Team using set guidance. The data is also clinically validated and then analysed following an office procedure that is available to the Clinical Audit Team and is held on the central Clinical & Quality network drive. The process is summarised as:

- For the clinical indicators, the Clinical Audit Team completes the data collection and reports.
- The Patient Report Forms/Electronic Patient Records are audited manually by the Clinical Audit Team.
- A process for the completion of the indicators is held within the Clinical Audit Department on the central network drive.
- A Clinician then reviews the data collected by the Clinical Audit Team.
- The data is then analysed and reports generated following a standard office procedure. A second person within the Clinical Audit Team checks for any anomalies in the data.
- The results are checked for trends and consistency against the previous month's data.
- The Clinical Indicators are reported through the Trust Clinical Performance Scorecard.

The reports are then shared via the Trust governance structure to the Board, of Directors, Commissioners and Service Delivery meetings.

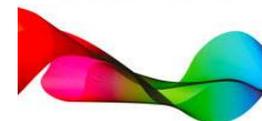
### NHS Number and General Medical Practice Code Validity

The Trust was not required to and therefore did not submit records during 2017/18 to the Secondary Uses service for inclusion in the Hospital Episode Statistics to be included in the latest published data.

### Information Governance Toolkit Attainment Levels

West Midlands Ambulance Service Information Governance Assessment Report overall score for 2017/2018 was 85% and was satisfactory from IGT Grading

*care.data*



### Clinical Coding Error Rate

West Midlands Ambulance Service was not subject to the Audit Commission's Payment by Results Clinical Coding Audit during 2017/2018. West Midlands Ambulance Service was not subject to the Payment by Results clinical coding audit during 2017/2018 by the Audit Commission.

### NICE Guidance

The Trust monitors NICE guidance to ensure relevance to the services we provide is identified. These are reported and reviewed at internal Trust committees.

## Learning from Deaths

The framework and guidance for Learning from Deaths was published nationally in March 2017, however at the time the applicability to ambulance services was unclear. It became contractually applicable to Ambulance Services from February 2018 with a view to commencing from April 2018.

Due to the complexities within the current reporting mechanisms of identifying patients who die in our care, from point of 999 call to handover or discharge (including both emergency and urgent and Patient Transport Services), the Trust is unable to accurately report on number of deaths. Although with the electronic patient record system, we are able to identify those patients that go into cardiac arrest with our clinicians in attendance, we are currently unable to identify patients who were alive at the point of the 999 call, deceased prior to clinician arrival. Due to this we have been unable to complete the reviews and subsequent investigations required from these cases.

The Trust is working towards implementing a strategy and process to achieve all these requirements from the 1<sup>st</sup> April 2018, recognising the additional resourcing and systems of work that would be required to achieve this. The Trust will be recruiting a dedicated member of staff to lead on this and will be taking views from other Ambulance Services and available data.

All cases where there is an act or an omission relating to care of a patient, which has caused significant harm or death, are managed under the Serious Incident process. The purpose of these investigations is to identify the root cause and from this, lessons learned. Action plans are implemented which are monitored by the Learning Review Group. The lessons learned then influence education and training guidelines, policies and procedures.

## Performance against Quality indicators

To ensure patients of the West Midlands receive quality care from their Ambulance Service a set of national Ambulance Quality Indicators have been set. This helps set our policies and guidelines and develop our organisational culture that places quality at the top of the Trust agenda. The following details the figures for each and highlights the national mean percentage and position of WMAS against other Trusts.

### **Operational Performance**

Ambulance Services nationally have again struggled to meet both national performance targets and efficiency targets in 2017/18 but West Midlands Ambulance Service NHS Foundation Trust has continued to perform well.

The Trust is one of three ambulance Trusts that participated in a national trial "Ambulance Response Programme". The purpose of the trial was to determine the future of ambulance performance standards by testing the clinical viability of a set of new standards. During the course of the trial, WMAS was measured and



benchmarked against all Trusts for the Category 1 standard, and against the other two members of the trial for all categories of call. The trial concluded, and the recommendations were published for national implementation. WMAS has been measured nationally against the new standards for all categories since September 2017. Achievement against each category for the period 8 September 2017 to 31 March 2018 is shown in the following table:

<b>Category</b>	<b>Performance Standard</b>	<b>Achievement</b>
Category 1	7 Minutes mean response time	6 Minutes 55 Seconds
	15 Minutes 90th centile response time	11 Minutes 54 Seconds
Category 2	18 minutes mean response time	12 Minutes 46 Seconds
	40 minutes 90th centile response time	23 Minutes 23 Seconds
Category 3	120 minutes 90 <sup>th</sup> centile response time	82 Minutes 46 Seconds
Category 4	180 minutes 90 <sup>th</sup> centile response time	143 Minutes 54 Seconds

As a result of the changes implemented for the trial, the volume of resources that are allocated to each incident has reduced because patients are receiving the right response first time, this has impacted positively upon efficiency measures.

We continue to work with our Commissioners and other Providers such as Acute Hospital colleagues to ensure improvements in the provision of healthcare for the people of the West Midlands. WMAS continues to employ the highest paramedic skill mix in the country with a paramedic present in over 95% of crews attending patients every day.

WMAS considers that this data is as described for the following reasons: it has been cross checked with Trust database systems and is consistent with national benchmarking and has been audited by external auditors.

## Ambulance Quality Indicators

### 1. Care of ST Elevation Myocardial Infarction (STEMI)

Percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction (type of heart attack) who received an appropriate care bundle from the trust during the reporting period.

### 2. Care of Stroke Patients

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

### 3. Care of Patients in Cardiac Arrest

In patients who suffer an out of hospital cardiac arrest the delivery of early access, early CPR, early defibrillation and early advanced cardiac life support is vital to reduce the proportion of patients who die from cardiac arrest.

## STEMI (ST- elevation myocardial infarction)

This is a type of heart attack. It is important that these patients receive:

- Aspirin - this is important as it can help reduce blood clots forming.
- GTN – this is a drug that increases blood flow through the blood vessels within the heart. (Improving the oxygen supply to the heart muscle and also reducing pain).
- Pain scores – so that we can assess whether the pain killers given have reduced the pain.
- Morphine – a strong pain killer which would usually be the drug of choice for heart attack patients.
- Analgesia – Sometimes if morphine cannot be given Entonox, a type of gas often given in childbirth, is used.

The Care Bundle requires each patient to receive each of the above.

In addition, the below is monitored for patients eligible for Primary Percutaneous Coronary Intervention (PPCI):

- Call to Balloon - 75% of patients that have PPCI should do so within 150 minutes of the initial call. This treatment is provided at a specialist heart attack centre.

## Stroke Care Bundle

A stroke care bundle includes early recognition of onset of stroke symptoms and application of the care bundle to ensure timely transfer to a Specialist Stroke Centre. The Stroke Care Bundle requires each patient to receive each of the detailed interventions below:

- FAST assessment - A FAST test consists of three assessments; has the patient got Facial weakness, or Arm weakness or is their Speech slurred.
- Blood glucose - In order to rule out the presence of hypoglycaemia patients suspected of having suffered a stroke should have their blood glucose measured
- Blood pressure measurement documented - Raised blood pressure is associated with increased risk of stroke so patients suspected of having suffered a stroke should have their blood pressure assessed

Where a patient is eligible for thrombolysis, they should be taken to a Hyper-Acute Stroke Unit within 60 minutes



### **Cardiac Arrest**

A cardiac arrest happens when your heart stops pumping blood around your body. If someone suddenly collapses, is not breathing normally and is unresponsive, they are in cardiac arrest.

The AQI includes:

- ROSC (return of spontaneous circulation) on arrival at Hospital
- Survival to discharge from hospital

ROSC and Survival to discharge from hospital are reported within two different groups as follows:

- Overall Group
  - Resuscitation has commenced in cardiac arrest patients
- Comparator Group
  - Resuscitation has commenced in cardiac arrest patients AND
  - The initial rhythm that is recorded is VF / VT i.e. the rhythm is shockable AND
  - The cardiac arrest has been witnessed by a bystander AND
  - The reason for the cardiac arrest is of cardiac origin i.e. it is not a drowning or trauma cause.

In this element, we would expect a higher performance than the first group.

Care bundles include a collection of interventions that when applied together can help to improve the outcome for the patient.

**Year-to-date Clinical Performance AQL's**

Mean (YTD)								
Ambulance Quality Indicators	WMAS (14-15)	WMAS (15-16)	WMAS (16-17)	WMAS (17-18)*		National Average (Apr-Oct 17)	Highest	Lowest
				Apr-Sept 17	Apr-Dec 17			
STEMI Care Bundle	72.49%	77.99%	81.17%	80.64%	80.88%	76.49%	84.96%	76.73%
STEMI Call to Balloon within 150 minutes	88.14%	87.52%	86.71%	87.27%	87.33%	85.28%	91.67%	84.42%
Stroke Care Bundle	94.00%	98.19%	97.36%	94.57%	94.86%	97.12%	96.12%	94.09%
Stroke FAST + patients transported to Hyper Acute Centre <60 mins	46.93%	58.83%	56.72%	58.24%	56.37%	54.19%	61.98%	45.36%
Cardiac Arrest - ROSC At Hospital (Overall Group)	28.71%	30.17%	29.49%	30.29%	29.64%	30.55%	32.54%	28.00%
Cardiac Arrest - ROSC At Hospital (Comparator)	45.57%	50.61%	45.60%	51.90%	51.44%	52.76%	62.22%	40.74%
Cardiac Arrest - Survival to Hospital Discharge (Overall Group)	8.29%	8.66%	8.94%	10.28%	10.09%	9.74%	11.85%	7.45%
Cardiac Arrest - Survival to Hospital Discharge (Comparator Group)	20.62%	24.69%	26.39%	27.62%	28.75%	28.71%	35.56%	18.75%

*\*The Trust is permitted to re-submit nationally reported clinical data to NHS England twice a year. This re-submission is to allow for data to be accessed from hospitals for outcome data and to ensure a continual validation of data can be completed. The above table shows April – September 2017 data submitted to NHS England and the focus of external audit and a further column which includes more recent data, however this has not yet been validated. The final submission of 2017-2018 data will be in August 2018.*

## What our Staff Say

The NHS Staff Survey 2017 was carried out from 18th September to 1st December 2017. This year the survey was conducted by Picker, on behalf of West Midlands Ambulance Service NHS Foundation Trust and as last year the Board of Directors took the decision to run a census. The results shown here summarise the findings from the Staff Survey 2017 and are unweighted data collected during the survey. These results are currently under embargo and must not be shared outside of the organisation until all embargos are lifted on Tuesday 6th March.



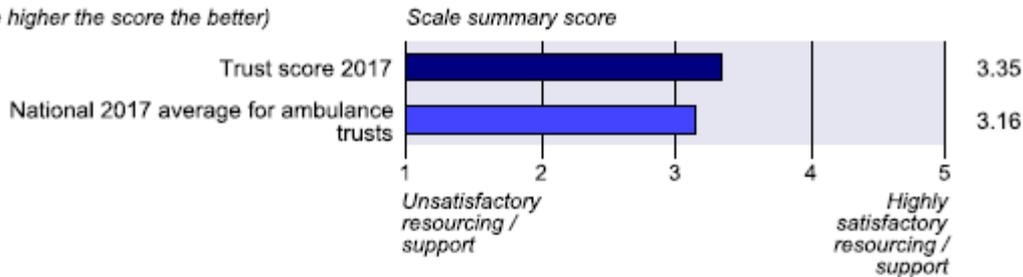
The survey was conducted electronically to maintain confidentiality and anonymity. The questionnaire was distributed via an email link to 4758 staff, of which 4738 were eligible to complete the survey. 2282 returned a completed survey, giving a response rate of 48.2%. This exceeds the target set by the Trust at 41% by 7.2% and exceeds last year's response rate (31%) by 17.2%. This is the best response rate received by the Trust in the last 5 years.

This year the number of staff who responded to the survey and who are **not** 'White-British', 'White- Irish' and 'White-Any Other White background'- thus categorised as Black Minority Ethnic (BME) is 110. This is an increase of 52 BME staff who responded to the survey compared to last year.

## TOP FIVE RANKING SCORES

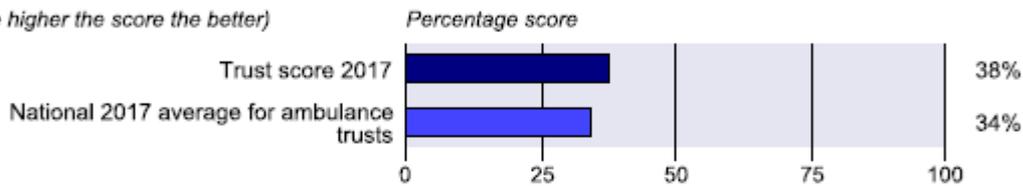
### ✓ KF14. Staff satisfaction with resourcing and support

(the higher the score the better)



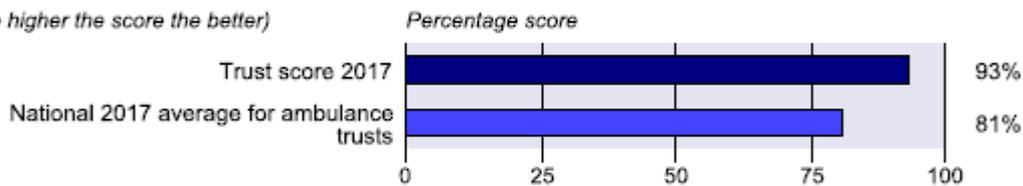
### ✓ KF15. Percentage of staff satisfied with the opportunities for flexible working patterns

(the higher the score the better)



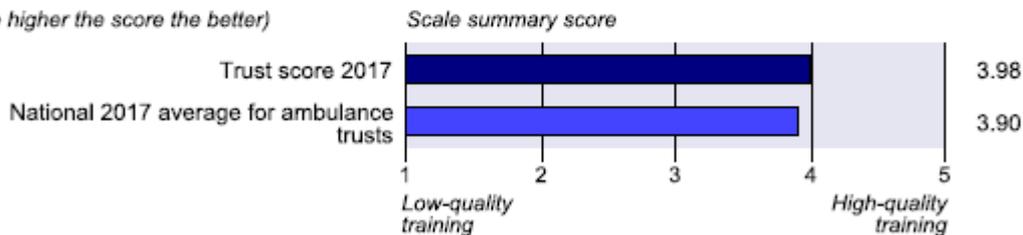
### ✓ KF11. Percentage of staff appraised in last 12 months

(the higher the score the better)



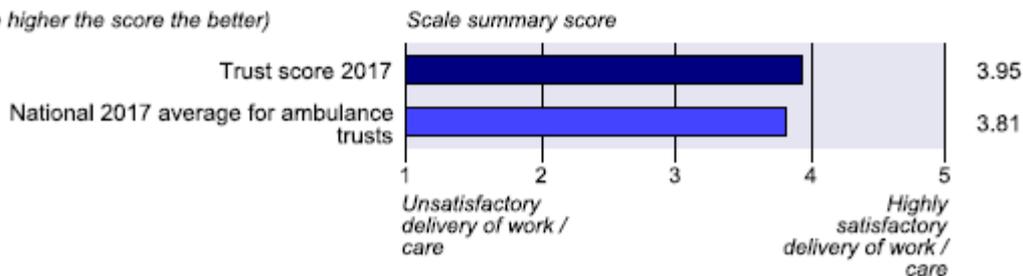
### ✓ KF13. Quality of non-mandatory training, learning or development

(the higher the score the better)



### ✓ KF2. Staff satisfaction with the quality of work and care they are able to deliver

(the higher the score the better)

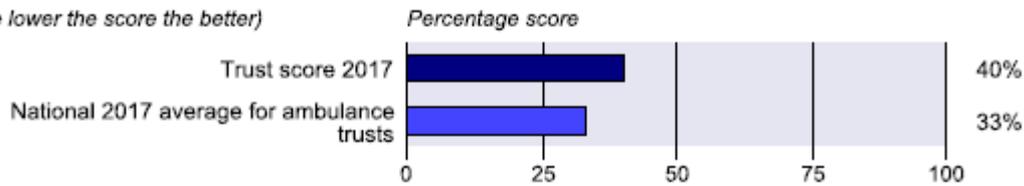


# West Midlands Ambulance Service

## BOTTOM FIVE RANKING SCORES

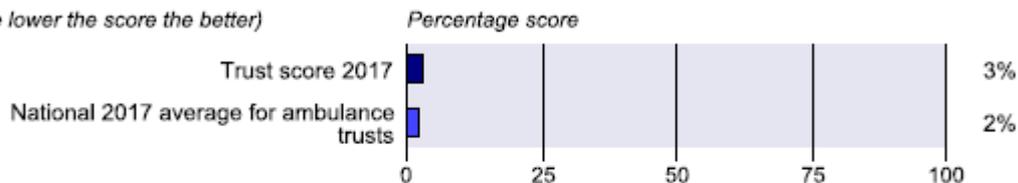
### ! KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



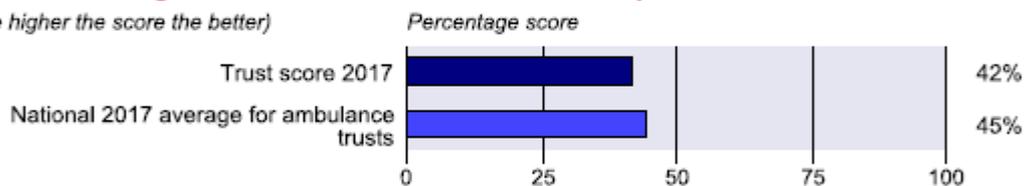
### ! KF23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



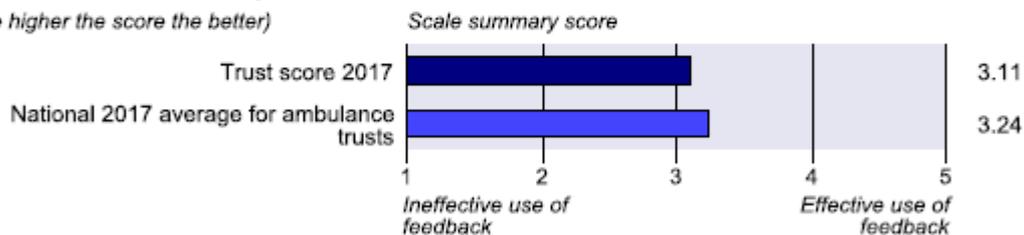
### ! KF7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)



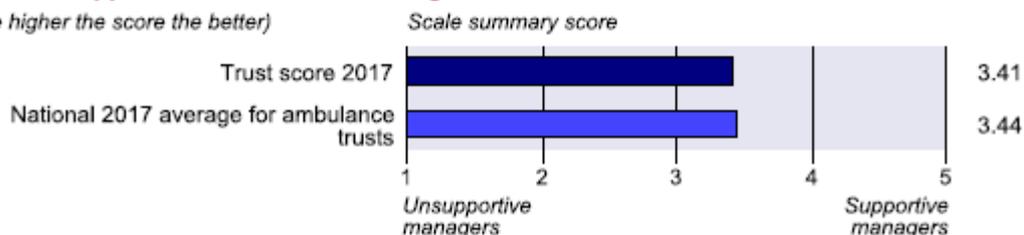
### ! KF32. Effective use of patient / service user feedback

(the higher the score the better)



### ! KF10. Support from immediate managers

(the higher the score the better)



As in previous years, there are two types of Key Finding:

- **percentage scores**, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
- **scale summary scores** calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5

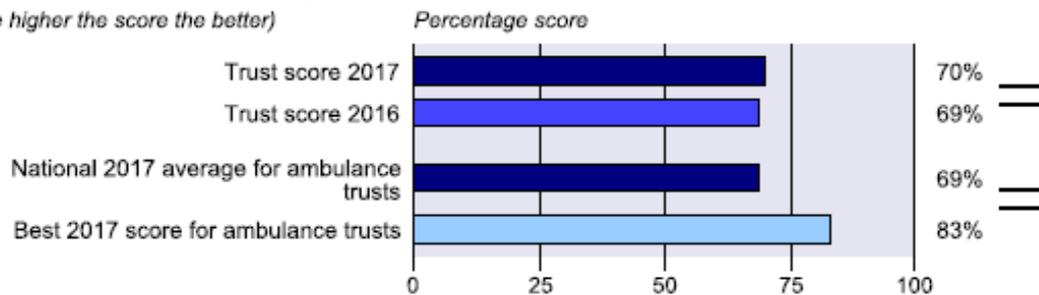
# West Midlands Ambulance Service

NHS Foundation Trust

The findings of the staff survey questionnaire have been summarised and presented in the form of 32 Key Findings and these have been structured into nine themes. Under Equality and Diversity theme, KF21 refers to the percentage of staff who took part in the survey believing the organisation provides equal opportunities for career progression or promotion.

**KEY FINDING 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion**

(the higher the score the better)



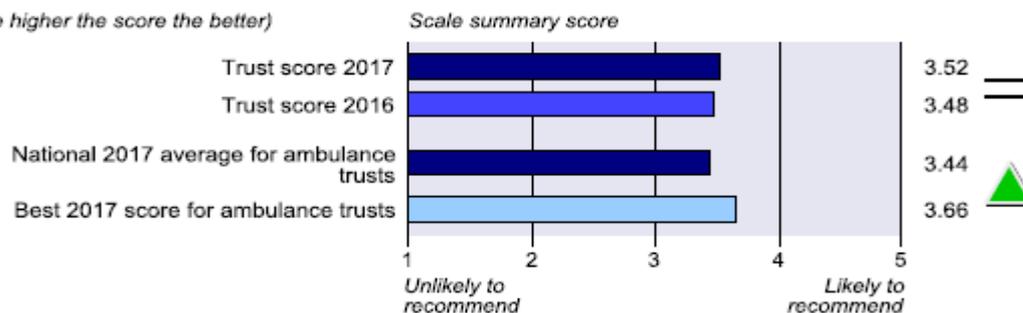
The Staff Survey Response Action Group has analysed the results in detail and identified areas for improvement which will form the basis of the Action Plan. Areas to focus on identified by Staff Survey Response Action Group

- Action Planning- each sector to build a local action plan to address concerns raised by staff. Quarterly updates to go to
  - a) SSRAG to agree WDG paper content
  - b) WDG for assurance and Governance
  - c) EMB for assurance and Governance
- Promotion
- Communicating updates to staff
- Being able to make suggestions to improve my job (4a,4b,4c,4d)
- My work being valued by the organisation (5f)
- Communication between senior managers and staff (8b,8c,8d)
- Promoting Health and Wellbeing and safety at work(9a,9b,9c,9d)

West Midlands Ambulance Service has reviewed the data made available by the Health and Social Care Information Centre with regard to percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends. WMAS considers that this data is as described as it has been cross checked with Trust database systems.

**KEY FINDING 1. Staff recommendation of the organisation as a place to work or receive treatment**

(the higher the score the better)



## Equality and Diversity

### Diversity and Inclusion

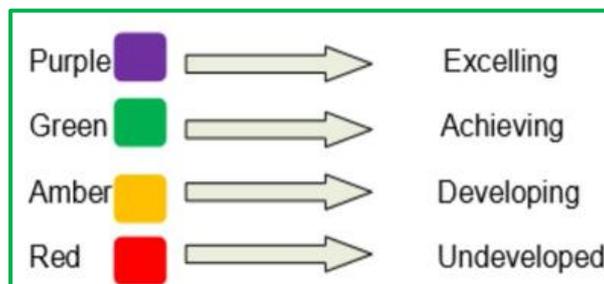
The Trust has its core Diversity and Inclusion running through all business streams of the Trust. Over the last year there have been a range of themes that have fell within this category:

- EDS2
- WRES Workforce Race Equality Standard
- Recruitment
- Public Sector Equality Duty
- Specific Duties
- Equality Objectives
- Diversity & Inclusion Steering Group
- Staff networks
- National Ambulance Diversity Group [NADG]
- National LGBT Group
- WDES Workforce Disability Equality Standard



### Equality Delivery System 2 (EDS2)

The Trust held 2 EDS2 events one for staff on the 4<sup>th</sup> December and the other for our communities on the 14<sup>th</sup> December 2017. EDS2 has 18 outcomes which the Trust is required to be graded against as follows:



The grades received this year are a marked improvement on the results from 2016. Both events had good attendance with a diverse range of attendees.

	Undeveloped	Developing	Achieving	Excelling
2016		4 categories	14 categories	
2017			10 categories	8 categories

The final summary will be published on the Trust web site once it has been approved by the Board. <https://wmas.nhs.uk/about-wmas/organisation/equality-diversity/equality-delivery-system/>

### Workforce Race Equality Standard (WRES)

The aim of the Workforce Race Equality Standard (WRES) is designed to improve workplace experiences and employment opportunities for Black and Minority Ethnicity (BME) people in the National Health Service (NHS). It also applies to BME people who want to work in the NHS. The WRES is a tool to identify gaps between BME & White staff experiences in the workplace this is measured through a set of Metrics. The metrics are published annually in conjunction with an Action plan. This is due to be published in July 2018 and will incorporate a new Action plan to reflect the progress the Trust has achieved over the last year.

In closing the gaps this will achieve:

- Tangible progress in tackling discrimination
- Promoting a positive culture
- Valuing all staff for their contribution to the NHS
- The result will be high-quality patient care and improved health outcomes for all.

The Trust supports and promotes the WRES, encouraging BME staff to reach their full potential through equality of opportunity. The Trust aims to recruit a workforce that is diverse and representative of our communities.



<https://wmas.nhs.uk/about-wmas/organisation/equality-diversity/%6e2%80%8bworkforce-race-equality-standard/>

### Recruitment

The Trust makes every effort to recruit a workforce that is representative of the communities we serve. The Trust has a Positive Action statement on all job adverts encouraging applications from people with disabilities and BME backgrounds. A diverse workforce research tells us provides better patient care, to compliment the WRES the Trust is keen to encourage BME applicants particularly for the role of Paramedic. To achieve this, aim the Trust has enhanced its recruitment programme by the following;

- Employing a Recruitment Engagement Officer with emphasis on encouraging BME applicants.
- Marketing materials have been developed using staff BME role models i.e. pop up stands that can be used for events.
- Literature is reflective of the diversity of the Trust.
- Staff who are involved in the recruitment process must undergo training involving;
  - Value Based Recruitment
  - Equality & Diversity
  - Equality Act 2010 and the law
  - Unconscious Bias
  - Interview skills
- The Trust has developed a recruitment DVD with emphasis on recruiting BME applicants to the role of Paramedic. The DVD has been posted on YouTube in a variety of languages and shared with other Ambulance Services.

[https://www.youtube.com/watch?v=D\\_bTgdkHGgU](https://www.youtube.com/watch?v=D_bTgdkHGgU)

- The Trust now has a more modern recruitment web site to attract potential applicants.
- The Recruitment department offers support for BME applicants through the pre-assessment programme. Currently in development is an online version of the same programme.
- Community engagement has increased with the employment of a dedicated Recruitment Officer. This has not just been at recruitment events but also at colleges and schools particularly getting young people to think about a career in the ambulance service.
- All BME applicants are monitored from the point of application to being successful at assessment.

[www.wmas.nhs.uk/Pages/Job-Opportunities.aspx](http://www.wmas.nhs.uk/Pages/Job-Opportunities.aspx)

### Public Sector Equality Duties (PSED)

The Trust has evidenced how it has achieved the aims of the General Duty i.e.

- *To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.*
- *Advance equality of opportunity between people who share a protected characteristic and those who do not.*
- *Foster good relations between people who share a protected characteristic and those who do not.*

This has been achieved through our work on key areas including a positive and supportive approach to recruitment and actions taken relating to our Equality Delivery System 2 and Workforce Race Equality Standard plans. The annual report covers the Public Sector Equality Duty and is due to be reported in July 2018.

<https://wmas.nhs.uk/about-wmas/organisation/equality-diversity/>

### Specific Duties

The Specific Duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives and to publish information about their performance on equality, so that the public can hold them to account. The Specific Duties require the Trust to:

- Publish information to show compliance with the Equality Duty at least annually
- Set and publish equality objectives at least every four years

The Trust publishes this information annually on our website.



## Equality Objectives

The Trust is required under the “Specific Duties” to prepare and publish equality objectives which help to further the aims of our Equality Duty. The objectives must be published every four years and this year WMAS has an enhanced set of objectives for 2017-2020 building on the previous plan. Reporting on these equality objectives will be in July 2018 when the Annual Report is due to be published.

### Equality Objective One

Increase recruitment applications from BME [Black Minority Ethnicity] and Disabled candidates to the Trust to ensure that Trust staff are representative of the communities we serve. Encourage current members of staff who are BME or Disabled to develop and flourish to their full potential.

[Links into the WRES](#)

### Equality Objective Two

Build trust and confidence with our communities, patients, carers and their families through effective communication, engagement and partnership working.

[Links into Community Engagement](#)

### Equality Objective Three

Create a culture where all staff, patients, carers and their families and other agencies the Trust works with are treated with Dignity and Respect.

[Links through Patient survey /Patient Advice Liaison Service PALS /Staff training](#)

### Equality Objective Four

Continue to develop the working environment, where all staff are encouraged to develop as individuals, so that they will provide high quality patient care and enhance the reputation of the Trust in doing so will feel valued for their contribution.

[Links to training and development and a caring environment amongst staff](#)

### Equality Objective Five

All staff are to foster working relationships that eliminate Bullying, Harassment, Discrimination and other unwanted behaviours that do not reflect the values of the Trust.

[Links to work being developed within the Trust on Bullying & Harassment at national level](#)



### **Diversity and Inclusion Group**

The Trust supports a “Diversity & Inclusion Group” with representation from a diverse range of staff from across the Trust who are representative of the various roles and departments within the Trust, this group is chaired by the CEO. The Diversity & Inclusion group meets every three months to consult and drive the Diversity & Inclusion agenda forward.

### **Staff Groups**

- **Proud @ WMAS Network:**

This network is for Lesbian, Gay, Bisexual & Transgendered staff and is supported by “Straight Ally’s” which is a concept developed by Stonewall. The Network is represented at Pride marches and the Trust is a member of the Ambulance Sector National LGBT group. The Network provides support for all LGBT staff and raises issues at national level where appropriate. The Trust has invested in the national LGBT Conference by provide places for staff free of charge.

- **The BME Network**

The BME Network is a newly formed staff network. Progress has been made by developing Terms of Reference and electing a committee in January 2018. The Network will take their place on the National BME Group at the next meeting.

### **National Ambulance Diversity Group (NADG)**

The Trust is represented on the national group and attends the meetings regularly. It is a forum of shared knowledge and expertise which drives the Equality & Diversity agenda at a national level.

### **Workforce Disability Equality Standard (WDES)**

The NHS Equality and Diversity Council as recommended that a Workforce Disability Equality Standard (WDES) should be mandated via the [NHS Standard Contract](#) in England from April 2019, with a preparatory year from 2018-19. NHS England has agreed to do so. The EDC has also agreed to support a programme of work to explain and support it.

### **Health and Wellbeing**

Health & Wellbeing is embracing the whole person’s physical and mental health both inside and outside of the workplace. It is a feeling of physical, emotional and psychological wellness rather than absence of ill health and disease. The Trust has been part of the national pilot group of 6 for Trusts for the “Healthy Workforce Programme” 2017 under the remit of NHS England. NHS England identified three key areas that were reflective of health & wellbeing within the NHS. These are Mental Health, Musculoskeletal and Weight Management. These three areas have been WMAS key drivers in supporting our staff health and wellbeing programme.

## West Midlands Ambulance Service

### Mental Health

Staff have been helped through a variety of interventions to support their Mental Health and Wellbeing for example:

- **Working conditions:** The Trust provides state of the art vehicles and equipment to enable staff to provide the best possible service and care.
- **Bullying & Harassment:** The Trust has a 'zero tolerance' position statement issued via the CEO and E Learning training packages for staff and Managers in the management of any Bullying, Harassment and Discrimination.
- **Information:** Mental Health information is provided via the mental health yammer group, regular articles about Mental health in the Weekly Brief, raising awareness on key dates on the HWB calendar, Time to Talk and the Trust have signed the Blue Light Pledge.
- **Mental Health Training:** Managers have under gone mental health training and stress risk assessments
- **Listening Centre:** The Listening Centre is an external counselling service through which the Trust provides support for staff with up to six sessions on a one to one basis with a trained counsellor.
- **SALS Staff Advice & Liaison Service;** This service is a 24/7 service provided by staff for staff in supporting and signposting staff to the most appropriate services. To enable the service to be resilient a recruitment drive has taken place to enable greater coverage across the Trust. SALS Advisers this year have provided a service to 20% of the workforce
- **Absence Management Training;** All managers and supervisors undergo this training so that they have an awareness of protocols and how they can support staff when they are absent due to illness and maintain contact, so they don't feel cut off.



### Musculoskeletal

The Trust identified that MSK had a major impact on our staff. Often staff would have to wait 6-8 weeks for a referral from their GP so during this time no treatment plan was being put in place which delayed recovery. MSK was the highest category for absence for our staff. With funding in the first year 2016 from NHS England the Trust employed a Physiotherapist.



- The Trust invested in a specialist MSK Physiotherapist as this was the particular specialism required and within 12 months there had been a marked reduction in absence for MSK.
- The Trust had already invested in a Remedial Masseuse and the employment of a specialist Physiotherapist took the service to another level with obvious benefits.
- MSK is no longer the top category for absence and the service has developed further with the addition of a second Physiotherapist.
- Last year MSK dropped by 3.3% saving 2000 days absence.
- The Trust is about to produce a DVD on how to avoid injury and take care of yourself by using exercises therefore being proactive this will be shared with other ambulance services.

### **Healthy Lifestyles**

Another area the Trust identified was obesity within the workforce particularly in relation to sedentary staff. This could not be measured with data directly as the effects were multiple, high blood pressure, heart conditions, muscular conditions and diabetes to mention a few. The Trust made a decision to help staff on a journey to lose weight, it was decided to provide staff with Slimming World vouchers to get them started. Most people are reticent about going on a diet, Slimming World offered a new way of eating rather than being restrictive and feeling hungry it was looking at what you were eating. The Trust invested in 50 vouchers to start with as a trial and it was a leap of faith. Needless to say, it was a success 520 vouchers later and 4655lbs lighter it not only has benefitted our staff but their families. As the West Midlands has one of the highest rates of obesity in young people if mum and dad are eating the Slimming World way so are their families. Many of our staff have continued with their own investment in their health with Slimming World. See case studies The Slimming World initiative has gone from strength to strength, it's not just about buying vouchers from Slimming World but actually developing a working relationship and meeting to discuss what is on offer and how this can benefit the Trust. Slimming World have used our case studies at major events which has obviously raised the Trust profile and Simon Stevens has even used our success as an exemplar when talking about obesity.

### **Benefits of Weight Management**

The Trust has invested in staff on a weight management programme in conjunction with Slimming World. This relationship has been very successful and has many benefits

- Outside of working hours, no absences
- Confidential service
- Staff did not want other staff knowing about their weight management
- Not a diet
- Communications & Marketing
- Building a working relationship with Slimming World
- Reduce health risks





Slimming World Provide:

- A package of 12 weeks attendance and free membership to the Trust for a discounted fee
- Slimming World send data every month and this allows attendance monitoring
- SW interact with the Trust at our HWB events
- SW Provide promotional materials and leaflets
- Staff are able to select their own group that suits their own needs
- SW also have a fitness plan “Body Magic” to compliment healthy eating.

### **Health Checks**

The Trust has provided health checks over the last two years at a variety of locations. It can be a costly exercise on hubs when you are trying to offer the service when staff return. The most successful events for Health checks is in the HQ where there is a high volume of staff and they are incorporated into a full Health & Wellbeing event including Smoking Cessation.

### **Environmental Factors**

- All hubs have water machines, last year each member of operational staff was issued with a water bottle to enable them to keep hydrated during their shift.
- All hubs have kitchens with microwaves and fridges to allow staff to prepare food.
- Vending machines are compliant with the reduced sugar initiative and the vending companies have signed their pledge to this affect and are CQUIN compliant.
- Most of the hubs have been upgraded with in many cases brand new purpose-built buildings
- All ambulances are under 5 years of age and each year the Trust invests in new vehicles and equipment.



**Part 3**  
**Review of Performance against 2017-18 Priorities**

	Priority	Progress	How we did
<b>Patient Experience</b>	<b>Educate Trust clinicians and implement the ReSPECT form to improve understanding and treatment of patients with specific care plans such as those people at the end of their life</b>	WMAS has educated ALL staff – and has implemented the initiative according to CCG readiness. It is proposed that this work continues in 2018/19 to ensure consistent practice throughout the region	Achieved
	<b>Work with partner agencies to provide improved care pathways for patients i.e. mental health and end of life</b>	<p>Work ongoing with all mental health Trusts throughout the region. WMAS representatives attend appropriate strategic and operational meetings as required and have a regular dialogue with stakeholders. Some areas have specialist mental health triage teams in operation.</p> <p>WMAS is linked into regional and national end of life workstreams. There is good dialogue with partner stakeholders and ongoing work with all Clinical Commissioning Groups to agree solutions for sharing plans. WMAS has heightened education in this area and this work is continuing.</p>	Achieved
	<b>Increase Friends and Family Test feedback (FFT)</b>	<p>This question now features on the home page of the Trust website, we currently have 99 responses. Patient Experience sessions have been undertaken with senior managers within the Non-Emergency Patient Transport Service. FFT has been discussed and will feature on station meetings. The Patient Experience Team is also still working with the Communications team to promote further.</p> <p>A Non-Emergency Patient Transport Service took place on 6/7 March 2018. The Patient Experience Team is confident that we will exceed the responses received in 2016/17.</p>	Achieved



	Priority	Progress	How we did
Patient Safety	<b>Improve timeliness of response based on clinical need</b>	Final Ambulance Response Programme recommendations fully implemented on 8th September 2017. All standards currently being achieved at Trust level. National Ambulance Quality Indicators have been updated to address the migration of all Trusts to the new standards. WMAS is currently the best performer on each indicator.	Achieved
	<b>Reduce the risk of harm to patients whilst in our care</b>	<p>Patient Safety harm is reviewed monthly and reports produced and reported back to all areas across the Trust at senior management team meetings. From these actions are identified and monitored by the individual Senior Management Team.</p> <p>A monthly report is produced and reviewed at Professional Standards Group.</p> <p>Quarterly themes and trends report produced for Learning Review Group.</p> <p>Currently looking at mandatory training programme for 2018/19 using lessons learnt.</p>	Achieved
	<b>Deliver the objectives set within our 'Sign up to Safety' pledge (specific to top 5 risks identified through learning)</b>	<p>Oesophageal intubation - Airway strategy produced and being implemented.</p> <p>Patient harm during moving &amp; handling - raising of awareness across the Trust and review of PTS to include equipment and increased focussed training.</p> <p>Patients discharged on scene - increased education regarding effective communication between crew and with patient/family currently included on 2018/19 mandatory training programme</p>	Achieved



	Priority	Progress	How we did
Clinical Effectiveness	<p><b>Improve the level of care delivered as measured by national Ambulance Quality Indicators</b></p>	<p>Quarter 4 AQIs were all in line with (or above) the national mean, except for ROSC Comparator Group, which is largely influenced by factors outside of the Trust's control (e.g. bystander CPR)</p>	<p>Achieved</p>
	<p><b>Use the learning from external regulator reports to improve further</b></p>	<p>PTS action plan in place to address CQC actions required. Other Trust PFDs reviewed at Learning Review Group (relevant to ambulance services) to ensure WMAS applicable actions are addressed.</p> <p>Every other month the regional CQC lead and our single point of contact from WMAS meet to review ongoing actions</p> <p>Regularly review new guidance from JRCALC, AACE and NICE</p>	<p>Achieved</p>
	<p><b>Ensure 'Learning from Deaths' through mortality reviews takes place</b></p>	<p>666 plus reports sourced (cardiac arrest in our care) and arrangements made for full clinical case reviews to take place over two days in August was cancelled. Limited clinicians to undertake clinical audit is delaying completion, this situation was further challenged by the changes in the national contract in February to change the way in which the Trust reviews deaths in its care in a mandated format.</p>	<p>Partially Achieved</p>



## Patient Safety

Reporting, monitoring, taking action and learning from patient safety incidents is a key responsibility of any NHS provider. At WMAS, we actively encourage all our staff to report patient safety incidents so that we can learn when things go wrong and make improvements.

A positive safety culture is indicated by high overall incident reporting with few serious incidents which we continue to achieve. Encouraging staff to report near misses allows us the opportunity to learn lessons before harm occurs.

Analysis of all incidents takes place and is supported by triangulation with other information such as complaints, claims, coroners' inquiries, clinical audit findings and safeguarding cases. These are discussed monthly at the Learning Review Group (LRG). The meeting is chaired by the Director of Clinical Commissioning and Service Development and attended by clinicians from across the organisation. Themes and trends are reported quarterly to the Quality Governance Committee and the Trust Board of Directors.



## Total Number of Patient Safety Incidents reported by Month

	April 17	May 17	June 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	March 18	Total
Admin	-	-	-	-	-	-	-	1	-	-	-	-	1
Air Ambulance	3	6	5	2	4	4	5	4	2	1	3	3	42
Birmingham	11	5	-	-	-	-	-	-	-	-	-	-	16
Black Country	12	4	-	-	-	-	-	-	-	-	-	-	16
Bromsgrove	1	10	5	5	13	6	10	16	9	7	16	14	112
CFR	-	-	-	1	-	1	-	-	-	-	-	-	2
Coventry	5	10	15	9	12	14	12	16	16	13	14	14	150
Coventry and Warks	7	3	-	-	-	-	-	-	-	-	-	-	10
Donnington	2	5	5	4	2	8	5	5	11	8	9	7	71
Dudley	2	6	7	9	12	8	15	21	17	11	10	9	127
EOC - MP	6	12	4	5	9	9	17	4	6	4	5	8	89
EOC - Tollgate	3	3	2	6	3	2	3	4	2	4	1	-	33
Erdington	4	5	19	14	8	14	10	19	15	18	10	11	147
Hereford	0	1	2	3	1	-	3	1	1	3	3	3	21
Hollymoor	2	13	13	9	12	9	17	12	19	18	10	11	145
HQ	1	0	1	-	-	-	1	1	-	1	1	-	6
Lichfield	1	4	6	4	5	4	4	6	5	8	8	4	59
Other	0	-	-	-	-	-	-	-	-	-	1	1	2
PTS Birmingham	0	24	9	17	14	12	20	15	16	23	16	19	185
PTS Black Country	-	-	-	-	-	-	-	-	-	3	-	3	6
PTS Cheshire Warrington & The Wirral	4	9	10	7	7	2	7	7	7	5	3	8	76
PTS Coventry and Warwickshire	10	12	6	5	9	7	3	-	7	1	5	5	70
PTS Dudley and Wolverhampton	9	9	6	10	6	7	6	12	3	2	4	3	77

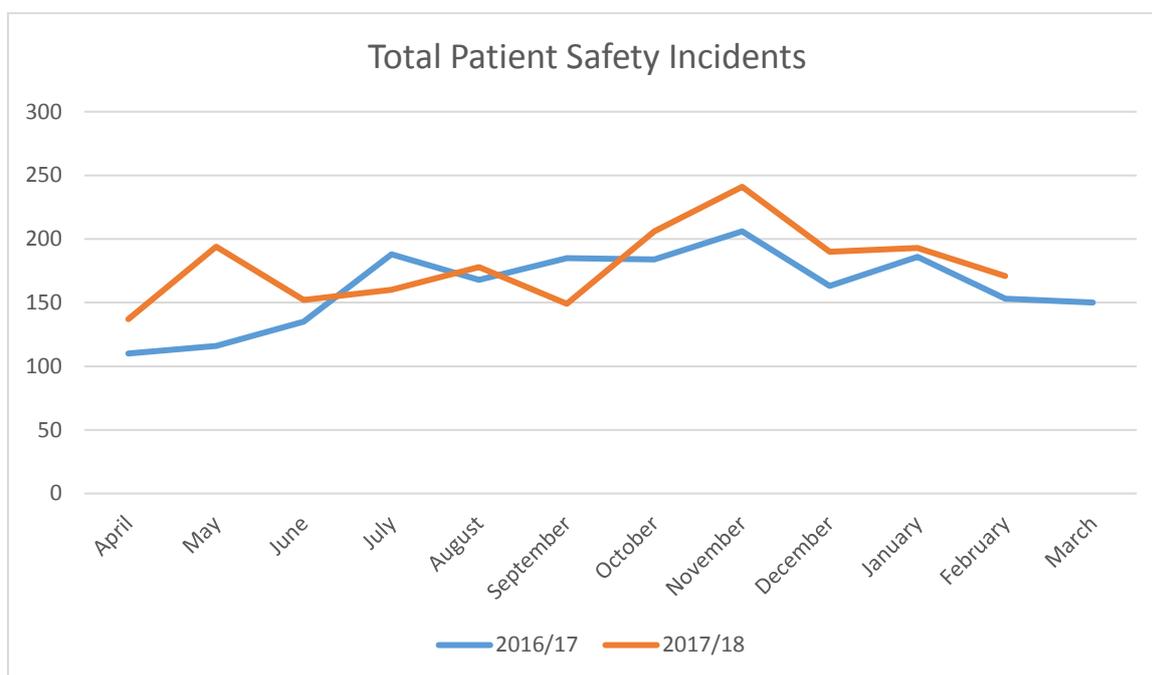


	April 17	May 17	June 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	March 18	Total
PTS HEFT	2	-	-	-	-	-	-	-	-	-	-	-	2
PTS UHB	6	-	-	-	-	-	-	-	-	-	-	-	6
PTS Staffordshire	0	3	1	-	-	-	1	3	-	2	1	-	11
PTS Worcestershire	4	-	4	5	5	4	5	4	2	5	1	4	43
Sandwell	1	4	1	5	2	2	2	5	7	9	2	6	46
Shrewsbury	1	1	2	3	6	4	3	15	7	7	5	6	60
Stafford	2	5	3	4	7	6	9	6	3	4	4	5	58
Staffordshire	4	1	-	-	-	-	-	-	-	-	-	-	5
Stoke	3	7	6	5	9	7	10	9	5	13	6	9	89
Warwick	5	8	3	3	8	5	9	7	6	4	4	4	66
West Mercia	21	4	-	-	-	-	-	-	-	-	-	-	25
Willenhall	4	17	8	15	9	7	14	9	9	10	18	16	136
Worcester	0	3	8	9	8	6	11	8	14	9	8	5	89
HART	0	-	-	1	7	1	3	3	1	-	-	-	16
<b>Total</b>	<b>137</b>	<b>194</b>	<b>152</b>	<b>160</b>	<b>178</b>	<b>149</b>	<b>206</b>	<b>241</b>	<b>190</b>	<b>193</b>	<b>171</b>	<b>179</b>	<b>2123</b>

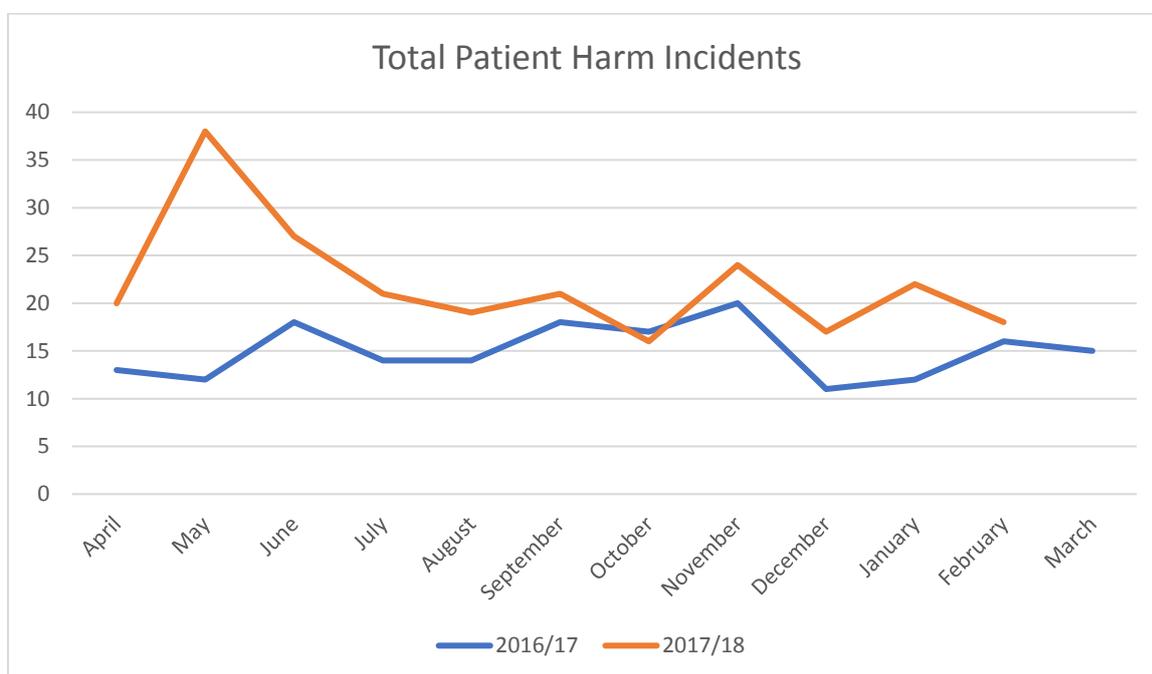
  

<b>Total Number of Harm Incidents</b>	<b>20</b>	<b>38</b>	<b>27</b>	<b>21</b>	<b>19</b>	<b>21</b>	<b>16</b>	<b>24</b>	<b>17</b>	<b>22</b>	<b>18</b>	<b>19</b>	<b>262</b>
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This demonstrates a 7% increase on incident reporting compared to 2016-2017. Patient harm events accounted for 12% of those incidents reported during 2017/18.



This demonstrates a 7% (1975 incidents 16/17 to 2123 2017/18) increase on incident reporting compared to last financial year.



Patient harm events accounted for 10% of those incidents reported during 2016/17 and 12% for 2017/18.



## Themes (Patient Safety/Patient Experience/Clinical Audit)

- Harm Incidents: Continue to be associated with slips, trips and falls and collision/contact during transfer of patients.
- Equipment: Failure of the EZI IO device is a theme and has been addressed with educational awareness over battery life.
- Monitoring: Failure to utilise waveform capnography a device used to ensure a patient airway is being maintained correctly continues to be a focus of the Trust.
- Make Ready – Missing equipment or out of date drugs on vehicles that have been through the make ready system.
- Delays - PTS delays in attendance continue to be a theme, along with A&E response to category 3 and 4 calls.

## Serious Incidents

All serious incidents are investigated using Root Cause Analysis methodology to determine failures in systems and processes. This methodology is used to steer away from blaming operational staff at the sharp end of the error, to ensure the organisation learns from mistakes and that systems are reinforced to create a robustness that prevents future reoccurrence.

Between April 2017 and March 2018, the Trust registered 44 cases as serious incidents. Of those 44 cases registered, 6 were stood down following investigation as it was established they did not meet the threshold as a serious incident.

Following investigations into serious incidents the Trust identified the following key areas for improvement;

- Management of cardiac arrests
- Unrecognised oesophageal intubation
- Crew Resource Management/ Human factors
- Discharge of patients on scene

The Trust has not had cause to report any Never Event incidents.



## Sign up to Safety

In March 2015, the Trust formally signed up to the NHS Sign up to Safety (Listen Learn Act) Campaign. The Trust five pledges are listed below and further information on our plans is available via the Patient Safety section of our website.

### 1. **Put Safety First - We will continue to;**

- Promote the quality and safety agenda and provide positive leadership through clinical champions across all areas of the Trust and from Board of Directors to front line staff
- Ensure that staff are given the education and tools to continue to provide high quality care
- Improve seamless handover of care through utilization of formally agreed communication tools and standards developed in partnership with Acute colleagues.
- Ensure that our top 5 patient safety risks have action plans to reduce the risk of harm and that these plans are shared with all staff.

### 2. **Continually Learn - We will continue to;**

- Provide full support to the Learning Review Group (LRG) by ensuring full commitment to the membership by all directorates and in-depth review of LRG reports throughout the committee structure up to and including the Trust Board of Directors.
- Ensure a series of Patient Safety 'walk-a-rounds' to allow staff and patients to raise issues that can be addressed and shared in a timely manner.
- Utilize Root Cause Analysis (RCA) methodologies for reviewing and investigating trends where low to moderate harm has occurred rather than just RCA serious and high-risk incidents.
- Continue to share learning with other organisations and key stakeholders to improve practice and encourage a culture of openness.
- Evaluate organizational understanding of quality and safety and provide a forum for staff to make suggestions for improvements.

### 3. **Honesty - We will continue to;**

- Always tell our patients and their families/carers if there has been an error or omission resulting in harm.
- Undertake an awareness raising campaign to support our staff in the being open process and incorporate this further into Patient Safety Training.
- Publish outcomes of incident investigations and trends/themes on our website/intranet.
- Publish our top 5 Patient Safety Risks, explain what our plans are for reducing the risk of harm and then ensure we publish progress reports at least quarterly.

**4. Collaborate - We will;**

- Work in partnership with local Health and Social Care organisations to explore new models of care delivery in order to maintain a safe and high-quality service for all patients
- Scrutinize our quality and safety systems to assess the effectiveness of assurance gathering processes to evidence our service is operating effectively.
- Develop and improve our service through benchmarking and standardization with other Ambulance Services via membership of national expert groups within the Association of Ambulance Chief Executives network.

**5. Support - We will continue to;**

- Continually review our methods of Education and Training to ensure our staff are kept well informed
- Ensure staff are given the opportunity for reflective practice through a robust clinical supervision model.
- Promote safety and best practice through Trust Communications and the Ambulance National Patient Safety Conference hosted by this Trust.
- Reward and publish good practice via Trust Communications, the Patient Safety Conference and Award Ceremonies

**Top Patient Safety Risks**

- Missing equipment/drugs and/or out of date drugs on vehicles that have been through the make ready system.
- Failure to appropriately utilise waveform capnography following intubation.
- Incidents when transferring/moving patients during transport.
- Failure to interpret clinical findings and act on appropriately.
- Administration of medicines – wrong route and inappropriate dosage.



## **Duty of Candour**

The Trust promotes a culture of openness to ensure it is open and honest when things go wrong, and a patient is harmed. Being open is enacted in all incidents where harm is caused no matter the severity to ensure this culture is carried out.

NHS providers registered with the Care Quality Commission (CQC) are required to comply with a new statutory Duty of Candour, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20 Duty of Candour which relates to patient harm events considered to have caused moderate harm or above. This regulation requires a more formal process of ensuring that incidents are investigated at an appropriate level and that being open and honest with the patient and/or their families is completed.

The introduction of a Patient Safety section of the Trust website supports the Trust Duty of Candour requirements and allows greater openness and sharing about when things have gone wrong and what the Trust has learnt and is doing to put things right and improve.

The Trust Duty of Candour/Being Open policy is available via the Trust website or directly from the Freedom of Information officer.

The policy details the arrangements the Trust has in place for staff and managers and the Trust Learning Review Reports published on the Trust Website and presented to the Board of Directors each quarter identifies compliance with our statutory duties.



## Safeguarding

In 2017/2018 West Midlands Ambulance Service has continued to ensure the safeguarding of vulnerable persons remains a priority within the organisation and the trust is committed to ensuring all persons are protected at all times through embedded policies, procedures, education and literature. All staff within WMAS are educated to report safeguarding concerns to the single point of access Safeguarding Referral Line.

### Safeguarding Referral Numbers

#### Adult Safeguarding Referrals

	Total
2016/2017	21386
2017/2018	21130
<b>% variance</b>	<b>-1%</b>

#### Child Safeguarding Referrals (Under 18's)

	Total
2016/2017	4534
2017/2018	4756
<b>% variance</b>	<b>5%</b>

Currently there are 27 Safeguarding Boards across the West Midlands and engagement continues to develop with WMAS, in addition to contribution to Child Death Overview Panels, Domestic Homicide Reviews, Safeguarding Adult Reviews, Serious Case Reviews, Social Care and Prevent panels and networks

The Safeguarding Manager is the Prevent lead for the trust and ensures compliance with contractual obligations through reporting via Unify2 to NHS England. In addition, close links have been established with NHS England and Police to ensure Prevent is a key priority within our safeguarding agenda.



Better Births

# Annual Report

2017/18



## Better Births

A review of WMAS' progress against the five year forward view for maternity care



## Report Authors

Mark Docherty  
Andrea Batty  
Aimee Yarrington

## Background

In March 2015 the DOH announced a major review of English maternity services as part of the NHS Five Year Forward Review. Baroness Cumberledge lead this review, which was charged with the assessment of current maternity provision and to consider how services should be developed to meet the changing needs of women and babies.

The review process commissioned by NHS England encompassed site visits in England and abroad, held consultations, drop-in sessions and listening events across the country.

In February 2016 the report entitled 'Better Births: Improving outcomes of maternity services in England' was published.

The vision within the report is for maternity services within England to be safer, more personalised, kinder, professional and more family friendly. Women should receive information to enable them to make decisions about their care and ensure care is centred around their individual needs. All staff delivering care should be supported to this effect, working in teams and working across organisational and professional boundaries.

The report contained 7 themes:

- Personalised Care
- Continuity of Care
- Safer care
- Better post-natal and perinatal mental health care
- Multi professional workings
- Working across boundaries
- Fairer payment system

The report was delivered at a time when birth rate was rising with England having 665,000 births. Additionally, the medical and social complexities of women continue to increase related to medical conditions of diabetes and heart disease, mental health concerns and older women becoming pregnant necessitating more complex care.

The Government further announced plans in November 2015 to reduce stillbirths and infant deaths by 20% with a 50% reduction by 2030 (which has since been revised as 50% by 2025). This resulted in the 'Saving babies lives- a care bundle' being published in March 2016.

To achieve the ambitions of the Five Year Forward Plans, Sustainability and Transformation Partnerships were developed in 2016. The Maternity branch of

these are referred to as Local Maternity Systems (LMS) Maternity Transformation programme's focus on 'normality' and maternal choice, predisposing to further increased births in smaller units or for homebirths.

In 2012, 87 % of births took place in NHS obstetric units. Many Transformation programmes have ambition to reduce this to 75-80 % by 2020.



**Introduction**

West Midlands Ambulance Service has a significant role to play in responding to the maternity needs of an extremely varied population. Every year we respond to a combination of both urgent and emergency obstetric care needs.



From April 2017 to March 2018 WMAS clinicians responded to over 6,100 maternity calls.

Within the area covered by WMAS there are 6 Local Maternity Systems and 14 hospital Trusts with 15 Obstetric delivery units, 17 Midwifery Led Units and over 2,400,000 households (all of which could be a place of birth).

### **Better Births themes and Relationship with WMAS**

- 1. Personalised care**, centred on the woman, her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information.



With increased choice of place of birth this is anticipated to increase the number of maternity transfer from low risk settings (both midwifery led units and women's homes ) to Obstetric Units. To provide women with individualised information to facilitate informed choice ,increased collaboration between WMAS, midwives and other health care professionals will be essential. For example, expectations of WMAS's response times and treatment options will be required especially for women with higher risk pregnancies.

Additionally within Local Maternity Services there will be some reorganisation of services hich will create longer distance transfers to enable the women to be cared for in the 'right care, right time, right place', by the right professional (NHS England Commissioning Principle 3)

If women choose to have control of their personalised budget for their care this may lead to an increase in providers such as 1:1 midwives, Independent midwives and other groups . This will increase the diversity of provision and require the scope of communication to increase adding an increased aspect as yet unpredictable for WMAS.

Evidence of provision of personalised choice will require basic improvements for WMAS. In the latest clinical audit carried out on data from April – June 2016 looking at maternity care, unfortunately we fell well below the expected standard we should have achieved. It still appears that almost all babies born in our care, only half of them had their own patient report form completed. There were very low levels of compliance with recording of observations on the babies that did have a PRF which was a worrying trend and leaves the Trust in a vulnerable position and does not provide assurance that appropriate care has been provided. There was also minimal recording of basic maternity data Trust-wide. This audit is now in the process of being repeated to ensure there has been some improvement from this.

During 2017/18 we have achieved the following:

1. Full implementation of the Electronic Patient Record (EPR)

There are now some excellent examples of the very best of patient care. One example being a set of three records completed for mother and her twins born in the presence of one of our crews. A very challenging and scary situation to be in when you not only have one baby but two to assess and care for. The crew in question had coped admirably and the babies, who were premature at only 34 weeks and arrived at hospital with good observations and more importantly warm babies.

2. **Continuity of carer**, to ensure safe care based on a relationship of mutual trust and respect in line with the woman's decisions.



This theme is predominately focused on midwives and lead consultant obstetricians. LMSs do not appear to have definite plans on how to provide this objective but it appears it may begin with defined groups of women. Until the LMS's have discussed their plans it is uncertain how WMAS will be involved.

3. **Safer care**, with professionals working together across boundaries to ensure rapid referral, and access to the right care in the right place; leadership for a safety culture within and across organisations; and investigation, honesty and learning when things go wrong.

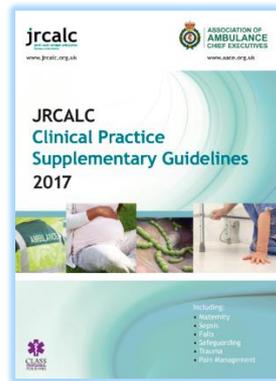


The trust received 16 complaints from parents and 20 NHS to NHS complaints regarding maternity or pregnancy related calls during 2017/18. This may not seem like a large number however when there are issues arising with maternity cases, these have wide reaching and at times devastating effects on those involved. Obstetric and paediatric claims form the highest percentage of claim costs in the entirety of the NHS account for the costs in. The NHSLA highlighted that in 10 years' obstetrics claims accounted for 0.1% of all claims, however compensation accounted for over £3 billion. WMAS has itself been subject to a portion of these claims, one over £5million with another potential ongoing claim for over £9million.

During 2017/18 we have achieved the following:

1. Joint Royal Colleges Ambulance Liaison Committee (JRCALC) – Aimee Yarrington was on the Editorial Board for the Maternity Guidelines that resulted in the JRCALC Supplementary Guidelines Edition (2017).

2. Joint Royal Colleges Ambulance Liaison Committee - These extensive, new, evidence-based guidelines include algorithms for the management of eclampsia, cord prolapse, post-partum haemorrhage, breech birth and shoulder dystocia. Photographs illustrating clinical skills are also presented.



3. Progress further Obstetric and Neonate education through appropriate commissioning and partnership working.
4. All Serious incidents concerning Maternity (where WMAS have had any involvement with care) and investigated by Hospital Trusts will have representation from the WMAS Maternity Advisor to aid collaboration, implement and disseminate learning and celebrate good practice within WMAS.
5. The development of excellent working relationships between WMAS (lead by Maternity Advisor) and Heads of Midwifery and Maternity Governance leads will facilitate a two-way process of information exchange to encourage smaller concerns to be resolved quickly.
6. WMAS participated in the research work and future plans for the Birmingham and Solihull LMS telephone triage project led by Professor Sara Kenyon from the Institute of Applied Health Research. Discussions are in progress to discuss the feasibility of WMAS hosting this telephone triage activity with midwives.

4. **Better postnatal and perinatal mental health care**, to address the historic underfunding and provision in these two vital areas, which can have a significant impact on the life chances and wellbeing of the woman, baby and family.



During 2017/18 we have achieved the following:

1. National and internal learning from adverse maternity incidents is utilised in the development of training and education programmes.

**5. Multi-professional working**, breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies.



Maternity Advisor to discuss her role within WMAS to all Heads of Midwifery at Regional Meeting in March 2018. Maternity Advisor to attend meetings as required.

With Multi professional training regarded as the 'gold standard', WMAS is now participating in 4 Maternity Units emergency skill drills. The aim is to expand this to the majority of Maternity Units within the area covered by WMAS. However, this will require investment of time and collaboration between WMAS and Trusts to ensure both are aware of limitations of each's scope of practice and have realistic expectations of service provision. Additional in the future it is anticipated that WMAS will reciprocate this arrangement.

**6. Working across boundaries** to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed.



In 2016/17, there was nobody within the Trust who led or engaged consistently with regional maternity systems, and there was no national ambulance maternity/neonate group.

During 2017/18 we have achieved the following:

1. EMB supported the proposal by the Quality Governance Committee to fund a specialist Midwifery lead post part time.
2. We have appointed to the specialist midwifery post

Following the appointment of the Maternity Advisor in November 2017, meetings have been arranged/occurred with 5 of the 6 LMS leads (6<sup>th</sup> is awaiting a confirmed date). The maternity Advisor has been invited to attend the LMS Board meetings following these initial meetings to develop the collaborative work to facilitate the 'better births' agenda.



**7. A payment system** that fairly and adequately compensates providers for delivering high quality care to all women efficiently, while supporting commissioners to commission for personalisation, safety and choice.



The theme of a fairer payment system although initially appears not be related to WMAS, it does offer future possible exploration because WMAS is providing care to women during birth. There are approximately 350 babies born without a midwife in attendance within WMAS's remit annually, (average one a day) then this has the potential for a payment tariff for pre-hospital birth, in the absence of a midwife.

### Workforce

The urgency around pregnancy and childbirth emergencies requires a workforce that is confident in managing pregnancy related emergencies and normal births that occur unexpectedly.

### Maternity Education

The Trust needs to ensure all staff are suitably equipped, trained and supported to achieve the best possible care for our patients. Our processes and systems need to be responsive to the changing needs of the landscape of maternity care with its evolving technologies. At the heart of our quality improvements, we are aiming to engage our local service users and our staff, to deliver maternity care underpinned by our service vision and values.

The warmth of the babies was undoubtedly due to the introduction of the new maternity pack which was created in line with the national standards and new maternity guidelines for UK ambulance services which our WMAS paramedic/midwife jointly developed with the Consultant Midwife in London Ambulance Service.

It is the expectation that any ambulance crew will be able to deal with a vast array of social and clinical problems. When it comes to maternity these problems manifest with not only the clinical situation but the anxiety that they are feeling due to the fact they may never have come across this issue before in their career coupled with the fact that there is a newborn life at stake as well as a mother's life.

University training of paramedics in obstetric emergencies is varied throughout the region and many clinicians attend in their own time CPD sessions run by our dual; qualified paramedic/midwife. In the last 12 months over 200 clinicians have attended in their own time. Many have requested further education and with the Better Births review the Trust must consider obstetric and care of neonate training as part of the mandatory training programme and preferably as part of a joint training programme

with midwives. In the 17/18 mandatory update training 85.1% of all E&U staff have completed their newborn life support update training which was designed by the trusts paramedic/midwife.



The use of multi-disciplinary training in the high-fidelity simulation suite at the Academy would reduce anxiety which leads to panic and mistakes being made this should result in a reduction in the likelihood of adverse outcomes.

Introducing this education requires an Obstetric Lead to engage with the heads of midwifery and push for development of our staff to prevent the unnecessary injury of mothers and babies.

A real strength of the WMAS workforce is their commitment to further their knowledge and their skill of maternity care which is evidenced by their participation in attending training as described previously.

Additional learning from Maternity incidents needs to be disseminated effectively and learning shared.

Support from the Maternity Advisor for any maternity incident should be encouraged.

### **Priorities for 2018/19**

1. Engagement with LMS's and Board meeting attendance by Maternity Advisor to assist in pathway development and collaborative working.
2. Engagement with individual Hospital Trusts
3. Attendance at Multi-disciplinary review meeting of Serious Maternity incidence to review care and disseminate learning and celebrate good practice by WMAS
4. Review processes and policies to ensure care provided by WMAS is evidence based and provides the safest care. With Postpartum hemorrhage care, further review of Maternity pack regarding swab inclusion in packs and the ability to perform neonatal temperature as priorities.
5. Development of increased multi-disciplinary training availability and reciprocal arrangements.
6. To explore a regional agreement from all LMSs/Maternity Trusts for specific aspects of maternity care which may impact on care provided by WMAS for example place of transfer and support from midwives.



7. Review of maternity training/updates to ensure national recommendations are implemented.
8. To communicate to women and their families the care they can expect from WMAS in maternity provision. This is preferable to others providing information for its accuracy, its relevance and to promote the excellent work WMAS staff provide.

### References

NHS England (2016) National Maternity Review: *Better Births-Improving outcomes of maternity services in England*. London.

NHS England (2016) *Saving Babies Lives Care Bundle*. London

Right Place NHS Providers (2015) *Right Place, Right Time Better Transfers of Care: A call to action* London.

*The King's Fund (2015) The NHS five year forward view* London



## Patient Experience

### Complaints and Contacts

Key themes for PALS and formal complaints relate to

- **Timeliness of 999 ambulance and Patient Transport Service Vehicles**— that there is a delay or perceived delay in the arrival of a 999 ambulance or response vehicle or there is a delay in the arrival of a Non-Emergency Ambulance to take a patient to and from their hospital appointment.
- **Clinical Treatment complaints**- that the patient or a family relative feels that the treatment or advice received is not appropriate. Examples being a patient is left at home and not conveyed to hospital, as a GP appointment has been arranged.
- **Professional Conduct** - that the patient or a family relatives feels that the attitude or conduct of the attending ambulance staff or call taker was not to the standard that they would expect.

### Complaints

The Trust has received \*396 complaints compared to \*379 2016/17. Equating to 1 complaint in every 7,875 patient contacts. The main reason relates to timeliness of arrival of an ambulance predominately relating to the Non-Emergency Patient Transport Service provided.

Breakdown of Complaints by Service Type YTD:

	2016-2017	2017-2018	Variance 16/17 – 17/18
EOC	72	59	(18.1)
EU	195	163	(16.4)
PTS	105	167	59
Air Ambulance	0	1	100
Other	7	6	14.3
<b>Total</b>	<b>379</b>	<b>396</b>	<b>4.5%</b>



### Upheld Complaints

The table below indicates that of the \*396 closed complaints, 118 were upheld. If a complaint is upheld, learning will be noted and actioned locally and will also be fed into the Learning Review Group for regional learning to be identified and taken forward.

	Justified	Not Upheld	Partly Upheld	Under investigation	
Attitude and Conduct	13	19	18	0	<b>50</b>
Driving/Sirens	0	2	1	0	<b>3</b>
Clinical	16	50	36	0	<b>102</b>
Response	97	33	30	0	160
Call Management	4	4	3	0	11
Loss/Damage	0	1	0	0	1
Information Request	3	18	4	0	25
Other	1	8	8	0	17

Patient Safety	5	5	5	0	<b>15</b>
Eligibility	3	4	3	0	10
Social Media	0	1	1	0	2
<b>Total</b>	<b>142</b>	<b>145</b>	<b>109</b>	<b>0</b>	<b>396</b>

\*(Data verified 23 May 2018)

### PALS

Concerns have increased year on year with \*2358 concerns raised in 2017/18 compared to \*1622 in 2016/17, an increase of 45%. The main reason for a concern is 'response' including emergency and non-emergency patient transport arrangements.

It should be noted that the Trust acquired the new Birmingham Pan contract on 1 May 2017 which increased the number of patients we have contact with daily. On the 1 January 2018 the Birmingham Pan contract also introduced activity from the Royal Orthopaedic Hospital.



## Learning from complaints / PALS

Examples of learning:

You said	We did
Issue with parking in a street in the Dudley area.	All staff at Dudley Hub made aware via the station notice board. An article to advise all Trust staff should they need to attend that street.
There was a lack of updates and openness when hospital appointments are cancelled due to Patient Transport Services delay.	Staff managing calls have been reminded to communicate with patients about delays. To be honest about the reasons why the appointment has been cancelled e.g. the hospital has cancelled the appointment because we could not get the patient to their appointment on time
Patient had a mechanical fall following assessment was discharged on scene with query bruising.	An article placed in the Weekly Brief/Clinical Times reminding clinicians of the importance of obtaining the mechanism of injury in falls in the elderly.
Care Homes raising concerns whether a carer should travel with a patient.	Article placed in Weekly Briefing re-iterating policy to staff around escorts.

### Ombudsman Requests

Most complaints were resolved through local resolution and therefore did not proceed to an independent review with the Parliamentary and Health Service Ombudsman. During 2017/18 - 9 independent reviews were carried out compared to 9 in 2016/17 of these four were closed with no further action and four remain under investigation by the Ombudsman and one has been part upheld.

### Patient Feedback/ Surveys

The Trust received 41 completed surveys via our website relating to Emergency Services and 6 relating to the Patient Transport Service. A targeted survey has also been undertaken of patients that use the non-emergency patient transport service on 6<sup>th</sup> and 7<sup>th</sup> March with 2,586 surveys being handed out. A targeted PTS survey was undertaken to date we have received 166 completed surveys.



## Friends and Family Test

The Friends and Family Test (FFT) was official launched on 1 April 2015. The FFT is offered to patients that dial 999, receive an emergency response but are not conveyed to hospital and patients that use the Non-Emergency Patient Transport Service. Patients are offered a freepost leaflet to return to regional HQ or they can complete the return on online through the Trust website. To date we have received the following responses:

<b>Recommendation:</b>	<b>EU</b>	<b>PTS</b>	<b>YTD EU</b>	<b>YTD PTS</b>
Extremely Likely	4	121	59	152
Likely	1	24	2	35
Neither	0	1	0	2
Unlikely	0	10	0	13
Extremely Unlikely	0	8	1	14
Don't know	0	2	0	2
<b>Total</b>	<b>5</b>	<b>166</b>	<b>62</b>	<b>218</b>

The Trust has received 280 responses compared to 240 responses the previous year. 125 responses were 'extremely unlikely' to recommend the non-emergency ambulance service and emergency service to their friends and family.

## Compliments

The Trust has received \*1500 compliments in 2017/18 compared to \*1328 in 2016/17. It is pleasing to note that the Trust has seen an increase of 13%.



## Single Oversight Framework

This Framework was introduced by NHS Improvement in 2016 as a model for overseeing and supporting healthcare providers in a consistent way. The objective is to help providers to attain and maintain Care Quality Commission ratings of ‘Good’ or ‘Outstanding’, meet NHS constitution standards and manage their resources effectively, working alongside their local partners. This is done by collating information relating to achievement of the following key themes:

Theme	Aim
Quality of Care	To continuously improve care quality, helping to create the safest, highest quality health and care service
Finance and Use of Resources	For the provider sector to balance its finances and improve its productivity
Operational Performance	To maintain and improve performance against core standards
Strategic Change	To ensure every area has a clinically, operationally and financially sustainable pattern of care
Leadership and improvement capability (well-led)	To build provider leadership and improvement capability to deliver sustainable services

This process has confirmed WMAS’ position, in each of the two national publications of the Single Oversight Framework, in Segmentation 1. This signifies the Trusts afforded maximum autonomy and the lowest level of oversight with no potential support needs identified.

The following metrics were introduced in 2017/18 as part of the national Ambulance Response Programme, as covered in xxx. These have now been incorporated into the Single Oversight Framework:

Metrics	Achievement
<b>Category 1</b> <ul style="list-style-type: none"> <li>• 7 Minutes mean response time</li> <li>• 15 Minutes 90th centile response time</li> </ul>	6 Minutes 55 Seconds 11 Minutes 54 Seconds
<b>Category 2</b> <ul style="list-style-type: none"> <li>• 18 minutes mean response time</li> <li>• 40 minutes 90th centile response time</li> </ul>	12 Minutes 46 Seconds 23 Minutes 23 Seconds
<b>Category 3</b> <ul style="list-style-type: none"> <li>• 120 minutes 90<sup>th</sup> centile response time</li> </ul>	82 Minutes 46 Seconds
<b>Category 4</b> <ul style="list-style-type: none"> <li>• 180 minutes 90<sup>th</sup> centile response time</li> </ul>	143 Minutes 54 Seconds



## Annex 1

**Statements from:**

**Commissioners  
Local HealthWatch Organisations  
Overview and Scrutiny Committees**

## Statement from the Lead Commissioning Group

Received 9 May 2018



### **WMAS Quality Account 17/18 – Statement from Lead Commissioning Group**

As Commissioners, it is our responsibility to specify the Ambulance emergency service that residents across the West Midlands can expect to support them in times of need and to provide the funding to WMAS to enable their provision of those services.

This Quality Account details the wide range of different activity that the Ambulance service undertakes and illustrates the successful performance over the year. Of particular note is the achievement of the new standards for getting to patients quickly and prioritising by severity of need, whether patients dial 999, 111 or are referred by a GP or other Health Professional calling WMAS on their behalf.

In the current economic environment, it is our duty to continue to ensure that limited NHS resources are used to best effect. This covers gaining assurance on performance of the Ambulance service itself and also working to develop an integrated strategy that enables WMAS to work most effectively with the wider NHS, particularly hospitals and emergency departments, so that patients have the safest and smoothest experience in what will almost always be a difficult personal situation.

We look forward to continuing to work with WMAS to support the population of the West Midlands and are currently in the process of jointly developing a new contract and specification to cover the period until March 2021. There are obvious challenges across the system that need to be addressed and work to be done to improve local integration between different NHS organisations, but we remain confident in the ability of WMAS to deliver this emergency service and to develop it further over the coming years.



## Statement from Local HealthWatch Organisations



### **Healthwatch Coventry Commentary on WMAS Quality Account 2017-18**

Healthwatch Coventry represents the interests of patients and public in local NHS and social care services. We work to understand peoples' experiences of using local NHS and social care services and to influence how services are delivered and planned.

This is our 'commentary' on the WMAS quality account document, which we saw in draft form. We look to see if the document matches what people tell us about services; if patients and the public have been involved in the setting of priorities and if priorities are clear and measurable.

Healthwatch Coventry has not been able to attend WMAS events regarding the Quality Account or had opportunity for discussion with WMAS in the setting of its priorities for the coming year.

#### **Learning from deaths/ patient safety**

The Trust highlights reasons why it is finding implementing a programme of work for learning from deaths difficult. This new national drive for all NHS Trusts is for good reason and will be beneficial for the Trust in terms of learning. It is a concern to us that the Trust states it cannot identify patients who are alive at the time of 999 call who die before clinician arrival. These cases should be linked to the serious incident process and therefore trackable. We would therefore expect clearer plans to address such gaps going beyond the appointment of a person detailed.

Within the serious incident section, it would be positive to reflect on how patients and their relatives are involved and upon good practice in this regard.

The Trust has had more serious harm incidents this year.



### Performance indicators

More explanation of how these are measured would be helpful for a lay audience. It is a shame that the national response targets have been defined in a way which makes them harder to understand and more difficult to track performance from an external perspective. The way that data is aggregated across geographical areas in the document makes it hard to see how WMAS services are performing for our geographical area of Coventry.

WMAS had a CQUIN indicator regarding engagement with Sustainability and transformation Partnerships (STPs). STPs aim to plan services for the future. We are unclear how WMAS has engaged with the Coventry and Warwickshire STP. WMAS has not taken up its seat on the local Health and wellbeing Board.

A link in the document to more information about CQUIN related work would be helpful.

### Last Year's priorities

WMAS reports that it has achieved the priorities it set last year apart from learning from deaths which is partly achieved. From a reader point of view it is not possible to be clear on what WMAS has done as there is no quantifiable information given or reflection on outcomes achieved against what the Trust set out to achieve e.g. no detail about how many Friends and Family Test (FFT) responses received or what the target was. The patient safety goal around reducing risk of harm does not show if there has been less harm as a result of the actions undertaken. It is not clear why learning from deaths is only partly achieved.

### Priorities for coming year

The priorities selected seem to reflect managerial priorities and the need for efficiency to facilitate clinical delivery rather than work arising from patient feedback or input.

It is positive that WMAS has included a priority regarding increasing patient experience feedback on its services. However we feel that the target for amount of responses and extent of the work are not ambitious enough given the many thousands of service users WMAS has both for emergency ambulance services and non-emergency patient transport services. WMAS should include figures for numbers of service users within the Quality Account and show this by geographical sub area eg Coventry; Warwickshire etc

Overall, the information given about the new priorities is not detailed enough to be clear about what work is being undertaken and how this will be measured. We find that other local Trusts have developed a better way of providing information about their quality goals for the coming year and WMAS could learn from this in terms of being specific, understandable and measurable.



## Missing elements

Throughout we would like to see more focus and content about patients and their perspectives. For example within the 'participation in research' section there is a lot of description of research but none of patient contributions to it (deciding priorities, feeding back on methodologies, ethics etc). This gives the impression that patients are seen as the subjects of research not as integral partners in design and delivery.

How WMAS supports patients who have mental health issues or learning disabilities would be a good topic to cover within the document.



## Statement from Healthwatch Birmingham on West Midlands Ambulance Service NHS Foundation Trust Quality Account 2017/18

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for West Midlands Ambulance Service NHS Foundation Trust 2017/18. Healthwatch Birmingham is pleased to see that some of our comments have been taken on board. For instance:

- The Friends and Family Test (FFT) Feedback question features on the Trusts home page on the website making it more visible to patients and the public thereby increasing responses;
- The Trust's introduction of patient experience sessions with senior managers is an innovative way of complementing the FFT score with more qualitative data; and
- The Trust has provided some examples of actions that have been taken in response to patient feedback using a 'you said' 'we did' format.

### Patient and Public Involvement

In our response to the Trusts 2016/17 Quality Accounts, we asked to see the following in the 2017/18 Quality Accounts in relation to patient and public involvement:

- A demonstration of how patient feedback and experiences have been used to develop priorities for the 2018/19 Quality Account in the 2017/18 Quality Account;
- Changes in practice or improvement to services that have been made as a result of patient feedback and experience in the 2017/18 Quality Account. We welcome the 'you said - we did' articles for staff to show how reporting incidents has improved services. We believe that a similar approach for patients would encourage them to provide feedback as they will know that their views matter and lead to actual changes/ improvement to services.
- An introduction of qualitative questions to the survey that will complement the statistical data the Trust collects and offer greater insight to barriers patients face to receiving good quality of care.
- A demonstration of how the Trust uses patient insight and experience to understand the barriers different groups face and the impact on health outcomes. Consequently, how this data is used to implement change or improvement that addresses the needs of these groups.

We commend the Trust for drawing from various sources of feedback to develop priorities for the 2018/19 period. We welcome the inclusion of real time feedback from non-emergency patient transport users. However, we note that the Trust has not provided any examples of how it uses feedback to improve the quality of services and to understand the needs of particular groups. Apart from the 'You said' 'we did' examples of using patient feedback, it is not clear from the Quality Accounts how the use of patient feedback is embedded in the activities the Trust carries out. For examples, on the learning from deaths (p32 of the draft Quality Accounts), it is not clear how patients and their families are involved in the Serious Incident process, especially when it comes to investigations. Healthwatch Birmingham believes that involving families and carers in case reviews and investigations offers a better understanding of the patient's experience. We would like to read in the 2018/19 Quality Accounts, how families and patients are involved in various stages of case reviews and investigations; and how their views are weighted in relation to those of clinical staff.



In our response to the 2016/17 Quality Accounts, we expressed concern about the response rate for the Friends and Family Test (FFT). We note that the Trust has taken action and the FFT question now features on the home page of the Trust website. It is positive to see that this has helped the Trust to increase FFT responses. The Trust should also consider placing this question in the literature produced for patients/public to target those who might not be able to access online services. We also welcome the introduction of patient experience sessions and we hope these provide the Trust with the qualitative information that can complement the FFT scores. These patient experience sessions can be developed further to target patients suffering from particular illnesses or belonging to particular groups. Healthwatch Birmingham believes that key to increasing feedback is how it is used to inform practice. The Quality Accounts presents an opportunity for the Trust to demonstrate how patients and public feedback, insight and experience is used in decision-making. We look forward to reading in the 2018/19 Quality Accounts, how patient experience sessions have informed changes within the Trust.

The Trusts achievement in increasing the response rate to the NHS Staff Survey 2017, should be commended. We note that the 2017 response rate (48%) is an increase on the 2016 response rate (31%) and is the best response rate in five years. Equally, we are pleased the number of BME staff responses also increased from 58 in 2016 to 110 in 2017. However, what is of concern to Healthwatch Birmingham is the bottom five ranking scores of the staff survey. In Particular, “KF32 - Effective use of patient/service user feedback”. Although, we appreciate that the Trusts score for 2017 is 3.11 against a maximum score of 5, this score reflects our concern with the Trusts use of patient feedback to inform practice. As we suggested in our response to the 2016/17 Quality Account, the Trust should consider developing a strategy that outlines how and why patients, the public and carers are engaged in plans to improve health outcomes and reduce health inequality. A strategy will ensure that there is commitment across the Trust to using patient and public insight, experience and involvement. It will also make clear arrangements for collating feedback and experience.

Regarding the Public Sector Equality Duties, we are pleased to see evidence of what the Trust has achieved through its approach to recruitment and actions taken in relation to the EDS 2 and Workforce Race Equality Standard Plans. It would have also been useful to read about how the Trust is meeting its duty under objective 2 - ‘build Trust and confidence with our communities, patients, carer’s ad their families through effective communication, engagement and partnership working’ (p44 of the draft Quality Account). Ensuring that health and social care organisations are addressing health inequality is a key priority for Healthwatch Birmingham. We believe that patients, carers and families’ insight, feedback and experiences can help the Trust to identify, understand and address the needs of different groups. We note that the reporting on these objectives will be in July 2018, and we would like to read in the 2018/19 Quality Accounts how the Trust has used patient experience, insight and feedback to address health inequality.



## Complaints, PALs contact and Learning

In our review of the Trust's 2016/17 Quality Accounts, Healthwatch Birmingham raised concerns about the increasing numbers of complaints the Trust was receiving. We note that complaints and PALs contact continue to increase especially for emergency and Non-Emergency Patient Transport. We are concerned about the impact some of the issues raised through complaints might have on patients who already have serious/chronic illness. We hope that experience sessions that have been planned will help the Trust identify, understand and address the issues that patients who use non-emergency transport are facing.

Healthwatch Birmingham also notes that of the 322 complaints that were closed, 113 were upheld. The Trust indicates that learning from upheld cases is actioned locally and fed into the Learning Review Group for regional learning. As we indicated in our response to the 2016/17 Quality Accounts, we would like to see examples of learning that has occurred from complaints and changes taken as a result in the 2018/19 Quality Account.

## Patient Safety

In our response to the 2016/17 Quality Account, we expressed concern with the state of ambulances and the potential impact this had on patients. We are pleased to see the improvements that have been made to ambulances, ensuring that they are equipped and manned by a paramedic and other skilled staff. We note the five top patient safety risks the Trust has outlined (for 2018/19) and commitment to address these. We also welcome the introduction of the Patient Safety section on the Trusts website and await to read about these risks, how the Trust has engaged with patients and their families, and developed solutions appropriately.

## Priorities for 2018/19

Healthwatch Birmingham has taken note of the Trust's priorities for 2018/2019. We believe that a continued focus on patient experience, patient safety, and clinical effectiveness are important. In particular, use of real time feedback from non-emergency patient transport users, and continued implementation of 'Learning from Deaths' through mortality reviews. We note that the learning from deaths through mortality reviews priority was partially achieved in the 2017/18 period. In addition, arrangements for full clinical reviews were cancelled due to limited clinicians to undertake clinical audits. As such the Trust missed an opportunity to identify and make improvement in the quality of care. We are happy that this continues to be a priority for the Trust for 2018/19. We ask that the Trust follows the NHS National Guidance on Learning from Deaths regarding family and friends. The guidance states: *"Providers should have a clear policy for engagement with bereaved families and carers, including giving them the opportunity to raise questions or share concerns in relation to the quality of care received by their loved one. Providers should make it a priority to work more closely with bereaved families and carers and ensure that a consistent level of timely, meaningful and compassionate support and engagement is delivered and assured at every stage, from notification of the death to an investigation report and its lessons learned and actions taken"*



To conclude, Healthwatch Birmingham would like to commend the Trust for taking action in response to some of our comments on the 2016/17 Quality Accounts. It is positive to see the introduction of other methods to gather patient feedback and experiences and increase responses to patient surveys. However, the Trust has not clearly demonstrated in the Quality Accounts, how it uses feedback to develop actions and improve services nor to understand and address issues of health inequality. The use of patient experience and feedback is not evident across the Trust. It is our wish that there will be further improvements in this area in the 2018/19 Quality Account.

As per our role, Healthwatch Birmingham is running various projects to support providers in Birmingham to meet their statutory role of consulting/engaging with patients and the public. Consequently, ensuring that Trusts are using public and patient feedback to inform changes to services, improve the quality of services and understand inequality in access to services and health outcomes. We have worked with some Trusts to review their patient and public involvement process (PPI), identify areas of good PPI practice and recommend how PPI practice can be made more effective. We would welcome the opportunity to explore how we can support the Trust to improve in the year ahead.



**Andy Cave**

**CEO**

**Healthwatch Birmingham**



Healthwatch Herefordshire  
Elgar House  
Holmer Road  
Hereford  
HR4 9SF  
Tel: 01432 277 044  
info@healthwatchherefordshire.co.uk  
www.healthwatchherefordshire.co.uk



1<sup>st</sup> May 2018

### Healthwatch Comments on WMAS Quality Account 2017-18.

Thank you for the opportunity for Healthwatch Herefordshire to comment on the WMAS Quality Account 2017-18.

It is pleasing to read that the WMAS consistently meets all of the Ambulance Response Programme (ARP) standards and that the CQC rates the WMAS as “Outstanding”.

Healthwatch Herefordshire would like to add their sincere gratitude to all of the WMAS staff and volunteers for the contribution that they have made in delivering a high level of patient care to the people of the West midlands.

However we note that the category 1 response times for Herefordshire are often the worst in the whole of the West Midlands. Further, when considering the category 1 mean performance standard of 7 minutes and the 90th percentile response time of 15 minutes, these times are rarely achieved, particularly in the more rural parts of Herefordshire. Healthwatch would like to have assurance on whether this leads to any adverse impact to patients in Herefordshire.

It is also noted that the cost of the ambulance service to Hereford CCG is greater than that in other parts of the West Midlands due to longer episode times. Whilst this is of concern to Healthwatch Herefordshire it is acknowledged that it is as a result of the rural nature of Herefordshire and it is not a reflection upon either the WMAS or Herefordshire CCG.

Within Herefordshire there are, obviously, longer job cycle times and longer hospital transfer times. It is reassuring to know that the WMAS hub in Herefordshire has an extremely high percentage of Double Crewed Ambulances with a paramedic as part of the crew.

It is further pleasing to read, (page 7), “We are arguably the best performing ambulance service in the country. But we also recognize that this doesn’t mean we are perfect, we are absolutely committed to ensuring we continue to improve the services we provide”.

With the longer job cycle times in Herefordshire the research into “Pre hospital critical care for out-of-hospital cardiac arrest “, project (page 23) is of particular interest.

Also the Ambulance Quality Indicators for the Stroke Care Bundle, (page 34) states, “A stroke care bundle includes early recognition of onset of stroke symptoms and applications of the care bundle to ensure timely transfer to a specialist Stroke Centre.” And “Where a patient is eligible for thrombolysis, they should be taken to a Hyper-Acute Stroke Unit within 60 minutes”. We would like to see information about what the implications of this are for patients from rural Herefordshire?

Directors: Ian Stead, Jane Ellis & Sue Brazendale  
Registered Office: Elgar House, Holmer Road, Hereford HR4 9SF  
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It is disappointing to note that KF22, (page 39) Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months, is very high at 40%. Which seems to be higher than other ambulance Trusts. This is of concern and, surely, must be considered as a priority for improvement.

The WMAS website is very large and not always easy to navigate. “The introduction of a Patient Safety section of the Trust website, (page 59), supports the Trusts Duty of Candour requirements and allows greater openness and sharing about things that have gone wrong and what the Trust has learnt and is doing to put things right”.

Unfortunately the only web site entries are:- “Executive summaries of the recent serious incidents can be found here” Followed by, “Details to be shown here shortly”.

Further to this, (page 72), PALS upheld complaints, the table indicates that out of 322 complaints, 113 were upheld and a further 88 were partly upheld. Many of these related to response times. No public summary of these complaints seemed to be available, either on the web site or in the minutes of the Quality Governance Committee reporting to the Trust Board of Directors.

Yours Sincerely

Chris Lewandowski - Healthwatch Lead for West Midlands Ambulance & Secondary care  
Christine Price - Chief officer Healthwatch Herefordshire

Email received 21.05.2018

**Healthwatch Worcestershire's response to the Quality Account of the West Midlands Ambulance NHS Foundation Trust for the financial year 2017/18**

Healthwatch Worcestershire welcomes the opportunity to comment on the West Midlands Ambulance Service's Quality Account for 2017/18. Healthwatch Worcestershire's principal concern is that patients who live or work in Worcestershire receive safe and quality services from the West Midlands Ambulance Service.

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

Healthwatch Worcestershire has no direct evidence to suggest that the priorities of the Trust do or do not reflect the priorities of the local population. However, from Healthwatch Worcestershire's engagement in Worcestershire's A&E Delivery Board and the STP Partnership Board, both of which are committed to co-producing services with patients and the public, Healthwatch Worcestershire is concerned about the extent to which the West Midlands Ambulance Service is actively seeking to integrate its services with Worcestershire's health care system for the wider benefit of patients as opposed to appearing to solely focusing on its own performance measures.

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

Healthwatch Worcestershire welcomes the fact that although the West Midlands Ambulance Service is rated as outstanding by the Care Quality Commission the Trust still acknowledge that lessons can be learnt, and services improved. Healthwatch Worcestershire note's that the West Midlands Ambulance Service is amongst the highest performing ambulance services in all four categories of response and achieved highly in the Ambulance Quality indicators. However, as indicated above Healthwatch Worcestershire is concerned that such performance is not delivered to the detriment of the overall experience of patients in Worcestershire's health care system. Healthwatch Worcestershire suggests that the Trust should provide evidence in its Quality Account that the impact of its performance on Worcestershire's health care system has been considered together with an assessment of its impact.

As one of Healthwatch Worcestershire's Healthwatch's statutory functions as a local Healthwatch is to enable local people to monitor the quality of health care services in Worcestershire it would be useful if the Quality Account provided information about performance, patient safety and quality at a more local level. Healthwatch Worcestershire appreciates the challenges of meeting response targets in rural areas and understands that the Trust routinely fails to meet those targets in the rural areas of Worcestershire.



Healthwatch Worcestershire acknowledges that West Midlands Ambulance Service has made considerable investments and changes to its operational model to ensure that in an emergency all patients will be attended by a fully equipped Emergency Ambulance. Publication of patient safety information at local level in the Quality Account would provide assurance that patients are not experiencing harm because of response times that are outside of the target.

Healthwatch Worcestershire notes that that one of the Priorities for Improvement for 2017/18 was to increase the Friends and Family Test responses and that they are still only at 99 for the year. Therefore, the continued inclusion of this as a Priority for Improvement is welcome. Healthwatch Worcestershire also notes the low numbers of Patient Feedback Surveys received. Again, the targeted Non-Emergency Patient Transport Survey taking place in March 2018 and the efforts to obtain real time feedback from Patients using this service are to be welcomed.

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

In the section on Quality Priorities for 2018/19 there is a statement that

“In deciding our quality priorities for 2018-19 for improving patient experience, patient safety and clinical quality, we have listened to our patients, staff and other stakeholders. We have done this through engagement events, surveys, compliments, complaints and incident reporting. “

There is no other evidence that patients and the public have been involved in the production of the Quality Account.

Healthwatch Worcestershire would welcome increased opportunity for patients and the public to engage with the West Midlands Ambulance Service.

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

Healthwatch Worcestershire understands the challenges in clearly presenting the Quality Account for patients and the public given the content required by NHS England. None the less the draft Quality Account is long, technically complex and the language used is not always clearly presented for patients and the public. Historically there has been no easy read version available and Healthwatch Worcestershire suggest that the Trust should produce a summary of the Quality Account in an accessible format specifically for patients and the public.



Engaging  
Communities

Inspiring Change, Improving Outcomes



healthwatch  
Wolverhampton

3 May 2018

West Midlands Ambulance Service NHS Foundation Trust  
Quality Report 2017/18

"Healthwatch Wolverhampton is pleased to have been invited to comment on the Quality Report for the Trust. We welcome the Trust's focus on listening to its service users, their families and also its staff to ensure that it can continue to improve and sustain its service provision.

Healthwatch Wolverhampton would welcome the opportunity to work better with the trust to focus on improving patient experience.

The report format ensures that the priorities for the year ahead are identified as the ongoing programme of work. However, Healthwatch Wolverhampton are unable to validate the priorities as they have not been involved in specific stakeholder consultation around these priorities.

Healthwatch Wolverhampton looks forward to reviewing progress against the forthcoming years priorities and to reviewing outcomes measured in the 2019/20 Quality Report to be able to assess how the quality initiatives have impacted on the residents of Wolverhampton".

Kind Regards



Tracy Cresswell  
Manager Healthwatch Wolverhampton



Received 17.05.2018

Healthwatch Shropshire response to draft WMAS Quality Account 2017-18

Healthwatch Shropshire is pleased to be invited to consider and comment on the Trust's Quality Account review of 2017-18 and forward plan for 2018-19.

Healthwatch Shropshire still finds it frustrating that there is a lack of performance data based on the service supplied to Shropshire, we would have liked some insight into the local performance in rural Shropshire. Response times in rural areas are a specific concern for Shropshire residents.

We note that the staff survey identified that the effective use of patient feedback is below the national average and one of the trust's 5 bottom ranking scores. Healthwatch Shropshire would be pleased to work with the trust to improve in this area. It is again noted that the Trust website still does not have any links to Local Healthwatch despite the promise that they'd be part of the April 2016 re-design. This would provide another opportunity for the Trust to capture feedback.

When commenting on the priorities for 2017-18 set out in the 2016-17 of Quality Accounts we expressed an interest in understanding how the objectives would improve patient care and experience and how this would be quantified apart from an increase in positive feedback. We were concerned that there are no quantitative measures in the forward priorities, especially around the priority to "reduce the incident of harm" to patients. We note that this objective has changed in the 2017-18 Quality Accounts to read "reduce the risk of harm" and this has been 'achieved' however we are unsure how this success is defined.

Although the draft version of the accounts on which we have based these comments do not include the final year-end figures for Safety Incidents it is disappointing to see the significant rise in both the number of Harm Incidents and the proportion of Safety Incidents that involve harm to patients year on year. This does not appear to support the assertion that the priority has been achieved. It would be useful to have some benchmarking to number of patient contacts to help understand these figures.

We note that for the forthcoming year the reduction of risk of harm to patients during transfer has again been prioritised but again here are no quantitative indications of what success might look like.

We welcome the information about complaints, concerns and compliments. We are pleased to see that year on year compliments have increased but particularly worried at the 51.8% rise in concerns reported to PALS. Again it would be helpful if the ratio of complaints to patient numbers were benchmarked.

Healthwatch Shropshire is keen to develop its relationship with the Trust further and looks forward to supporting rural engagement across the county.

Healthwatch Shropshire, May 2018



## Statement from Overview and Scrutiny Committees

West Midlands Ambulance Service NHS Foundation Trust

### Quality Accounts 2017/18

The Health Scrutiny Panel is assured that the draft WMAS Quality Account accurately reflects local priorities and the concerns voiced by their constituents and views of partner organisations about the performance of the service against national standards.

The draft gives a balanced view of the work done to maintain high performance against national quality standards and to respond to challenges of increased pressure on the ambulance service.

The Health Scrutiny Panel consider that WMAS have continued to build on the excellent work to encourage patients, staff and the wider public to support the delivery of key performance targets and the work done to promote awareness of the Quality Account process.

The Health Scrutiny Panel considers that WMAS has demonstrated their commitment to involving patients and members of the public in the drafting of the Quality Account. WMAS invited representatives of health scrutiny panels, Healthwatch and other or across the region to an engagement event for a presentation on performance against the 2017-18 Quality Account priorities.

The meeting also provided the opportunity to review the Quality Account priorities before the draft was circulated for wider comment and is further evidence of WMAS commitment to involve representatives of external organisations in the drafting of the report.

The panel supports the areas listed as priorities for improvement in the Quality Account report.

The Health Scrutiny Panel would like details of the number of cases registered of serious incidents and outcome any of investigation between April 2017 and March 2018, which was not available at the time of publication, to include data for the two previous years.

This change will allow Councillors to have a more informed judgement about the performance of the service over time. The panel consider that this is an important measure of the quality of the service and will provide a basis by which it will be easy to compare performance trends. The information should be included in the final draft report.

Cllr Jasbir Jaspal  
Chair Health Scrutiny Panel  
City of Wolverhampton Council

18 April 2018



Email received 2 May 2018

Dear Lisa

Please see below the response from Cllr Polly Andrews, chair of the Adults and Wellbeing Scrutiny Committee:

*Thank you for the opportunity to comment on your Quality Report.*

*It is worthy of note that I am not aware of any reports of concern from the public regarding service delivery; much to the contrary, as it is felt that the crews generally do a sterling job in sometimes adverse circumstances in Herefordshire.*

*As an observation it is understood that crew tend to spend long periods of time outside the emergency department at the hospital due to delays in transfers of care within the system.*

*The adults and wellbeing scrutiny committee appreciated the opportunity to visit the ambulance hub in Hereford and the air ambulance base at Strensham, and members were grateful for the frank and honest account from staff about the service and the challenges faced. The committee has also received a formal service update from WMAS officers who attended a public committee meeting, and this was appreciated.*

*I would like to commend WMAS for their performance and would encourage a culture of continuous improvement.*

Thank you

Ruth

**Herefordshire.gov.uk**

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Email Received 3 May 2018

Good afternoon

I write further to the Draft Quality Account 2017/18 which was considered by the Town Council at their recent meeting.

The Council do have some serious concerns about the number of ambulances that may be going out of the County into Wales rather than delivering patients within Shropshire. In addition, there are concerns over the data provided and clarification is sought of statistics in respect of North Shropshire and indeed the County. There is concern that the figures are being skewed in favour of delivering services in urban areas to the detriment of rural areas. A view is expressed that perhaps rural areas are paying a price to ensure that statistics meet national standards in a more holistic manner.

On this basis, the Town Council would cordially invite somebody from West Midlands Ambulance Service to come and talk at a future meeting about the strategy and also to talk about performance statistics.

Kind Regards

**David J Preston**

**Town Clerk**

**Oswestry Town Council**



Email received 9 May 2018

Comment by Worcestershire Health Overview and Scrutiny Committee (HOSC)

The Committee welcomes receipt of the draft Quality Account and through the routine work of HOSC, and the activities of individual Members, we hope that the scrutiny process continues to add value to the development of healthcare across all health economy partners in Worcestershire.

The Committee's lead member for West Midlands Ambulance Trust finds the Quality Account to be very comprehensive and to reflect all that she has heard at the WMAS Board meetings over the last year and at the quality account event at Bromsgrove hub in March. Care should be taken to avoid acronyms so that the document is accessible to the wider public. Overall it is an excellent report.

The chairman of Worcestershire HOSC continues to be impressed by the performance of the WMAS both its leadership and all the staff-not withstanding those who have been confident to have their work presented on television.

The WMAS demonstrates that it is possible to have well run and customer focussed quality public services with budgetary constraints. The organisation demonstrates that clear leadership by managers who are experienced in the core skills and activities of the service are crucial. In addition continuity of experience and achieving career success by proven progress within an organisation are clearly important.

The WMAS Quality Account presents information in a succinct clear way, which has been evident in our Committee's dealings with them, and we have commended its approach to other local NHS organisations as an exemplar. The Service also appears to be able to make clear decisions, even if initially difficult in a timely manner.

As Chairman of HOSC, I and the committee are grateful that we have a Local NHS organisation that performs in the top decile on a national basis. We appreciate that there still areas for improvement particular response times to rural areas –however we understand the challenges faced by the service including the impact of delays in hospital handovers. We therefore look forward to further improvements to build on closer working between all partners for the benefit of all Worcestershire residents.

The Committee looks forward to continued engagement with you in the coming year.



Email received 21 May 2018

Comment by Stoke on Trent Health Overview and Scrutiny Committee (HOSC)

The committee would like to thank Pippa Wall for her presentation of the draft West Midlands Ambulance Service (WMAS) NHS Foundation Trust's Quality Account 2017/18 to the committee on 14 May 2017 and for the opportunity to comment and ask questions on the Account.

**General Comment**

The Quality Account is very well presented and has a good level of detail for the reader. The contents page clearly demonstrates the structure of the document and a statement of the vision, values and strategic objectives are all clearly identified. All the required elements for a Quality Account are present.

**Statement on Quality**

The committee noted that following the roll out in September 2017 of the Ambulance Response Programme (ARP), which introduced new performance metrics, the Trust had exceeded the national standards in all four categories and is the only ambulance service in England to consistently meet all of the new standards.

**Priorities for Improvement 2018/19**

It is pleasing to note that the Trust participated in 100% of national audits and has clearly documented within the Account, the learning from those audits to identify improvement opportunities for the Trust. Comprehensive details of the research projects undertaken by the Trust are also included.

The committee felt that an explanation, perhaps within the glossary, of the term 'End Tidal CO<sub>2</sub>' would have helped the committee to better understand the significance of the improvement made in this area from 7% to 100% in the two years from 2015 to December 2017.

The committee supported the priorities for 2018/19 to improve the patient experience; patient safety and clinical effectiveness and acknowledged that the priorities had been developed following engagement with relevant stakeholders. The committee felt that an additional column detailing how the required success would be achieved would be a useful inclusion for the reader.

The committee were alarmed to note that 40% of staff had experienced physical violence from patients, relatives or the public during the last 12 months. The committee questioned how the Trust could reduce this figure given that they had no control over the behaviour of the general public.

**Review of Performance against 2017/18 Priorities**

The review of progress of performance against the 2017/18 is well described in the document.

The committee noted that all priorities with the exception of 'Learning from Deaths' reviews had been achieved and therefore welcomed the fact that this would remain a priority for 2018/19.



## Statement from the Council of Governors

Approved at Council of Governors' Meeting on 16 May 2018

Once again, we are presented with an extensive and detailed Quality Account and it is evident a considerable amount of time and effort has been involved in its preparation which enables the reader to have a complete overview of West Midlands Ambulance Service during the 2017/18 timescale, and appreciation should be given to all those involved in the delivery of this document.

Having faced a very challenging year and an extended winter period, when we consider nearly 1.08 million incidents covered it is amazing. When in September 2017 the national roll out of the new Ambulance Response Programme with new performance metrics resulted in pressure on staff continuing to increase, WMAS exceeded the national standards at a mean average, and it comes as no surprise that the staff continue to operate to the highest standards with a Paramedic now on almost every ambulance to improve the quality of care for people on the West Midlands.

With the television documentaries shown last year, and a new series now on air, the public are far more aware of the extraordinary work undertaken by WMAS staff on a daily basis, and the fact that it is the best performing ambulance service in the country does not mean that we rest on our laurels and everyone is committed to continue to improve the services provided. This results in WMAS receiving the current registration status from the CQC of Outstanding.

Looking at the targets set and those achieved, the message continues to be that everyone involved in WMAS is dedicated to the best possible care for patients and another factor is that the Service never hesitates to take lessons from experiences and, if necessary, make changes for the better, and with the details of vision, values, strategic objectives and strategic priorities, we see that WMAS is determined to remain the best performing ambulance service in the country.

Eileen Cox, Lead Governor and Public Governor - Staffordshire



## Annex 2 - Statement of Directors' Responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust Boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2017 to 30 May 2018
  - papers relating to quality reported to the Board over the period April 2017 to 30 May 2018
  - feedback from commissioners dated 9 May 2018
  - feedback from governors dated 16 May 2018
  - feedback from local Healthwatch organisations dated April - May 2018
  - feedback from Overview and Scrutiny Committee dated April – May 2018
  - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, released in year
  - the [latest] national staff survey published March 2018
  - the Head of Internal Audit's annual opinion of the Trust's control environment dated May 2018
  - CQC inspection report dated 25 January 2017
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

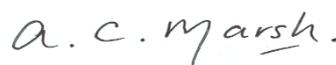
The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board



Chairman

Date: 30 May 2018



Chief Executive

Date: 30 May 2018

## Annex 3: The External Audit limited assurance report



### INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF WEST MIDLANDS AMBULANCE SERVICE NHS FOUNDATION TRUST ON THE QUALITY REPORT

We have been engaged by the Council of Governors of West Midlands Ambulance Service NHS Foundation Trust to perform an independent assurance engagement in respect of West Midlands Ambulance Service NHS Foundation Trust's Quality Report for the year ended 31 March 2018 (the 'Quality Report') and certain performance indicators contained therein.

#### Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- Category 1 (C1) – Life-threatening calls; and
- Category 2 (C2) – Emergency calls.

We refer to these national priority indicators collectively as the "indicators".

#### Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the requirements set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the requirements in NHS Improvement's "Detailed requirements for quality reports for foundation trusts 2017/18"; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and supporting guidance, and the six dimensions of data quality set out in the Detailed guidance for external assurance on quality reports.

We read the quality report and consider whether it addresses the content requirements of the *NHS foundation trust annual reporting manual* and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with [either refer back to the specified documents in the guidance, or list those documents below:

- board minutes for the period April 2017 to 23 May 2018;
- papers relating to quality reported to the board over the period April 2017 to 23 May 2018;
- feedback from commissioners, dated 09/05/2018 ;
- feedback from governors, dated 16/05/2018;
- feedback from local Healthwatch organisations, dated 01/05/2018 from Healthwatch Herefordshire, 21/05/2018 from Healthwatch Worcestershire, 03/05/2018 from Healthwatch Wolverhampton, 02/05/2018 from Healthwatch Birmingham, 30/04/2018 from Healthwatch Coventry and 17/05/2018 from Healthwatch Shropshire;



- feedback from the City of Wolverhampton Council Overview and Scrutiny Committee dated 23/04/2018, the Herefordshire Adults and Wellbeing Scrutiny Committee dated 02/05/2018, Worcestershire Health Overview and Scrutiny Committee dated 09/05/2018, Stoke on Trent Health Overview & Scrutiny Committee dated 21/05/2018 and the Oswestry Town Council dated 03/05/2018
- the trust's complaints reports published under regulation 18 of the Local Authority; Social Services and NHS Complaints Regulations 2009, released in year;
- the latest national staff survey, issued in February 2018;
- Care Quality Commission inspection, published 25/01/2017; and
- the Head of Internal Audit's annual opinion over the trust's control environment, dated May 2018.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of West Midlands Ambulance Service NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and West Midlands Ambulance Service NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

### **Assurance work performed**

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

### **Limitations**

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.



The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by West Midlands Ambulance Service NHS Foundation Trust.

**Conclusion**

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Report is not prepared in all material respects in line with the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18 and supporting guidance;
- the Quality Report is not consistent in all material respects with the requirements in NHS Improvement's "Detailed requirements for quality reports for foundation trusts 2017/18"; and
- the indicator in the Quality Report subject to limited assurance has not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual 2017/18 and supporting guidance, and the six dimensions of data quality set out in the Detailed guidance for external assurance for quality reports.

KPMG LLP

KPMG LLP  
Chartered Accountants  
One Snowhill, Birmingham

24 May 2018



## Annex 4: Glossary of Terms

### Glossary of Terms

Abbreviation	Full Description
A&E	Accident and Emergency
AFA	Ambulance Fleet Assistant
ARP	Ambulance Response Programme
AQI	Ambulance Quality Indicators
BASICs	British Association of Immediate Care Doctors
CCGs	Clinical Commission Groups
CFR	Community First Responder
CPO	Community Paramedic Officer
CPR	Cardio Pulmonary Resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CSD	Clinical Support Desk
DCA	Double Crewed Ambulance
E&U	Emergency & Urgent
EMB	Executive Management Board
EOC	Emergency Operations Centre
FAST	Face, Arm, Speech Test
GP	General Practitioner
HALO	Hospital Ambulance Liaison Officer
HART	Hazardous Area Response Team
HCAI	Healthcare Acquired Infections
HCRT	Healthcare Referral Team
IGT	Information Governance Toolkit
IM&T	Information Management and Technology
IPC	Infection Prevention and Control
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
KPIs	Key Performance Indicators
MERIT	Medical Emergency Response Incident Team
MINAP	Myocardial Infarction Audit Project
NED	Non-Executive Director
NHSP	National Health Service Pathways
NICE	National Institute for Health and Clinical Excellence
NRLS	National Reporting & Learning System
OOH	Out of Hours
PALS	Patient Advice and Liaison Service
PDR	Personal Development Review
PRF	Patient Report Form
PTS	Patient Transport Service
QIA	Quality Impact Assessment
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
ROSC	Return of Spontaneous Circulation
RRV	Rapid Response Vehicle
SI	Serious Incident
SOF	Single Oversight Framework
STEMI	ST Elevation Myocardial Infarction
STP	Sustainability and Transformational Partnerships
VAS	Voluntary Aid Services
WMAS	West Midlands Ambulance Service NHS Foundation Trust
YTD	Year to Date



## Further Information

Further information and action plans on all projects can be obtained by contacting the lead clinician named on the project.

Further information on performance for local areas is available as an Information Request from our Freedom of Information Officer or from the leads for the individual projects.

Progress reports will be available within the Trust Board papers every three months with the end of year progress being given in the Quality Report to be published in June.

If you require a copy in another language, or in a format such as large print, Braille or audio tape, please call West Midlands Ambulance Service on 01384 215 555 or write to:

West Midlands Ambulance Service NHS Foundation Trust  
Regional Headquarters  
Millennium Point  
Waterfront Business Park  
Brierley Hill  
West Midlands  
DY5 1LX

You can also find out more information by visiting our website: [www.wmas.nhs.uk](http://www.wmas.nhs.uk)

If you have any comments, feedback or complaints about the service you have received from the Trust, please contact the **Patient Advice and Liaison Service (PALS)** in the first instance; **01384 246370**.

**West Midlands Ambulance Service NHS  
Foundation Trust**

**Annual Accounts for the year ended 31 March 2018**

**Foreword to the accounts**

**West Midlands Ambulance Service NHS Foundation Trust**

These accounts, for the year ended 31 March 2018, have been prepared by West Midlands Ambulance Service NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

**Signed** *a. c. marsh.*

**Name** Anthony Marsh  
**Job title** Chief Executive Officer  
**Date** 23 May 2018

## Statement of Comprehensive Income

		2017/18	2016/17
	Note	£000	£000
Operating income from patient care activities	3	250,529	227,263
Other operating income	4	13,384	13,681
Operating expenses	6, 8	<u>(258,213)</u>	<u>(237,328)</u>
<b>Operating surplus from continuing operations</b>		<b><u>5,700</u></b>	<b><u>3,616</u></b>
Finance income	11	95	61
Finance expenses	12	(18)	(22)
PDC dividends payable		<u>(697)</u>	<u>(824)</u>
<b>Net finance costs</b>		<b><u>(620)</u></b>	<b><u>(785)</u></b>
Other (losses)/gains	13	(1)	10
Share of profit / (losses) of associates / joint arrangements		-	-
Gains / (losses) arising from transfers by absorption		-	-
Corporation tax expense		<u>-</u>	<u>-</u>
<b>Surplus for the year from continuing operations</b>		<b><u>5,079</u></b>	<b><u>2,841</u></b>
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations		<u>-</u>	<u>-</u>
<b>Surplus for the year</b>		<b><u>5,079</u></b>	<b><u>2,841</u></b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Impairments	7	-	(94)
Revaluations	17	1,270	-
Share of comprehensive income from associates and joint ventures		-	-
Other recognised gains and losses		-	-
Remeasurements of the net defined benefit pension scheme liability / asset	33	-	-
Other reserve movements		-	-
<b>May be reclassified to income and expenditure when certain conditions are met:</b>			
Fair value gains / (losses) on available-for-sale financial investments	13	-	-
Recycling gains / (losses) on available-for-sale financial investments	13	-	-
Foreign exchange gains / (losses) recognised directly in OCI	13	<u>-</u>	<u>-</u>
<b>Total comprehensive income for the period</b>		<b><u><u>6,349</u></u></b>	<b><u><u>2,747</u></u></b>

# Statement of Financial Position

		31 March 2018	31 March 2017
	Note	£000	£000
<b>Non-current assets</b>			
Intangible assets	14	627	832
Property, plant and equipment	15	38,853	36,960
Investment property		-	-
Investments in associates and joint ventures		-	-
Other investments / financial assets		-	-
Trade and other receivables	20	1,384	705
Other assets	21	-	-
<b>Total non-current assets</b>		<b>40,864</b>	<b>38,497</b>
<b>Current assets</b>			
Inventories	19	2,690	2,196
Trade and other receivables	20	23,510	22,369
Other investments / financial assets		-	-
Other assets	21	-	-
Non-current assets held for sale / assets in disposal groups	22	-	742
Cash and cash equivalents	23	40,299	29,917
<b>Total current assets</b>		<b>66,499</b>	<b>55,224</b>
<b>Current liabilities</b>			
Trade and other payables	24	(36,287)	(32,726)
Borrowings		-	-
Other financial liabilities	25	-	-
Provisions	29	(6,547)	(2,378)
Other liabilities		-	-
Liabilities in disposal groups	22	-	-
<b>Total current liabilities</b>		<b>(42,834)</b>	<b>(35,104)</b>
<b>Total assets less current liabilities</b>		<b>64,529</b>	<b>58,617</b>
<b>Non-current liabilities</b>			
Trade and other payables	24	-	-
Borrowings		-	-
Other financial liabilities	25	-	-
Provisions	29	(2,565)	(3,142)
Other liabilities		-	-
<b>Total non-current liabilities</b>		<b>(2,565)</b>	<b>(3,142)</b>
<b>Total assets employed</b>		<b>61,964</b>	<b>55,475</b>
<b>Financed by</b>			
Public dividend capital		34,085	33,945
Revaluation reserve		4,980	3,747
Available for sale investments reserve		-	-
Other reserves		5,395	5,395
Merger reserve		-	-
Income and expenditure reserve		17,504	12,388
<b>Total taxpayers' equity</b>		<b>61,964</b>	<b>55,475</b>

The notes on pages 7 to 47 form part of these accounts.

Name *a. c. marsh.*

Position Chief Executive Officer

Date **23 May 2018**

## Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital £000	Revaluation reserve £000	Available for sale investment reserve £000	Other reserves £000	Merger reserve £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' equity at 1 April 2017 - brought forward</b>	<b>33,945</b>	<b>3,747</b>	-	<b>5,395</b>	-	<b>12,388</b>	<b>55,475</b>
Surplus for the year	-	-	-	-	-	5,079	<b>5,079</b>
Transfers by absorption: transfers between reserves	-	-	-	-	-	-	-
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-	-
Other transfers between reserves	-	-	-	-	-	-	-
Impairments	-	-	-	-	-	-	-
Revaluations	-	1,270	-	-	-	-	<b>1,270</b>
Transfer to retained earnings on disposal of assets	-	(37)	-	-	-	37	-
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-	-
Fair value gains/(losses) on available-for-sale financial investments	-	-	-	-	-	-	-
Recycling gains/(losses) on available-for-sale financial investments	-	-	-	-	-	-	-
Foreign exchange gains/(losses) recognised directly in OCI	-	-	-	-	-	-	-
Other recognised gains and losses	-	-	-	-	-	-	-
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	-	-
Public dividend capital received	140	-	-	-	-	-	<b>140</b>
Public dividend capital repaid	-	-	-	-	-	-	-
Public dividend capital written off	-	-	-	-	-	-	-
Other movements in public dividend capital in year	-	-	-	-	-	-	-
Other reserve movements	-	-	-	-	-	-	-
<b>Taxpayers' equity at 31 March 2018</b>	<b>34,085</b>	<b>4,980</b>	-	<b>5,395</b>	-	<b>17,504</b>	<b>61,964</b>

## Statement of Changes in Equity for the year ended 31 March 2017

	Public dividend capital £000	Revaluation reserve £000	Available for sale investment reserve £000	Other reserves £000	Merger reserve £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' equity at 1 April 2016 - brought forward</b>	<b>33,945</b>	<b>3,903</b>	-	<b>5,395</b>	-	<b>9,485</b>	<b>52,728</b>
Surplus for the year	-	-	-	-	-	2,841	<b>2,841</b>
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	-	(94)	-	-	-	-	<b>(94)</b>
Revaluations	-	-	-	-	-	-	-
Transfer to retained earnings on disposal of assets	-	(62)	-	-	-	62	-
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-	-
Fair value gains/(losses) on available-for-sale financial investments	-	-	-	-	-	-	-
Recycling gains/(losses) on available-for-sale financial investments	-	-	-	-	-	-	-
Foreign exchange gains/(losses) recognised directly in OCI	-	-	-	-	-	-	-
Other recognised gains and losses	-	-	-	-	-	-	-
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	-	-
Public dividend capital received	-	-	-	-	-	-	-
Public dividend capital repaid	-	-	-	-	-	-	-
Public dividend capital written off	-	-	-	-	-	-	-
Other movements in public dividend capital in year	-	-	-	-	-	-	-
Other reserve movements	-	-	-	-	-	-	-
<b>Taxpayers' equity at 31 March 2017</b>	<b>33,945</b>	<b>3,747</b>	-	<b>5,395</b>	-	<b>12,388</b>	<b>55,475</b>

## **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.

### **Available-for-sale investment reserve**

This reserve comprises changes in the fair value of available-for-sale financial instruments. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure.

### **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

	2017/18	2016/17
Note	£000	£000
<b>Cash flows from operating activities</b>		
Operating surplus	5,700	3,616
<b>Non-cash income and expense:</b>		
Depreciation and amortisation	6.1 6,590	5,794
Net impairments	7 (296)	54
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	(1,667)	(4,426)
(Increase) / decrease in inventories	(494)	437
Increase in payables and other liabilities	4,443	7,805
Increase / (decrease) in provisions	3,574	(148)
Tax (paid) / received	-	-
Operating cash flows from discontinued operations	-	-
Other movements in operating cash flows	-	-
<b>Net cash generated used in operating activities</b>	<b>17,850</b>	<b>13,132</b>
<b>Cash flows from investing activities</b>		
Interest received	95	61
Purchase and sale of financial assets / investments	-	-
Purchase of intangible assets	(189)	(202)
Sales of intangible assets	-	-
Purchase of property, plant, equipment and investment property	(7,642)	(9,631)
Sales of property, plant, equipment and investment property	978	489
Receipt of cash donations to purchase capital assets	-	-
Prepayment of PFI capital contributions	-	-
Investing cash flows of discontinued operations	-	-
Cash movement from acquisitions/disposals of subsidiaries	-	-
<b>Net cash generated from / (used in) investing activities</b>	<b>(6,758)</b>	<b>(9,283)</b>
<b>Cash flows from financing activities</b>		
Public dividend capital received	140	-
Public dividend capital repaid	-	-
Movement on loans from the Department of Health and Social Care	-	-
Movement on other loans	-	-
Other capital receipts	-	-
Capital element of finance lease rental payments	-	-
Capital element of PFI, LIFT and other service concession payments	-	-
Interest paid on finance lease liabilities	-	-
Interest paid on PFI, LIFT and other service concession obligations	-	-
Other interest paid	-	-
PDC dividend paid	(850)	(813)
Financing cash flows of discontinued operations	-	-
Cash flows from (used in) other financing activities	-	-
<b>Net cash generated used in financing activities</b>	<b>(710)</b>	<b>(813)</b>
<b>Increase in cash and cash equivalents</b>	<b>10,382</b>	<b>3,036</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>	<b>29,917</b>	<b>26,881</b>
Cash and cash equivalents transferred under absorption accounting	-	-
Unrealised gains / (losses) on foreign exchange	-	-
<b>Cash and cash equivalents at 31 March</b>	<b>23.1 40,299</b>	<b>29,917</b>

## **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 2017/18 issued by the Department of Health. 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 accounts.

##### **Note 1.1.1 Accounting convention**

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

##### **Note 1.1.2 Going concern**

These accounts have been prepared on a going concern basis.

#### **Note 1.2 Income**

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of health care services.

Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

#### **Note 1.3 Expenditure on employee benefits**

##### **Short-term employee benefits**

Salaries, wages and employment-related payments, such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

##### **Pension costs**

##### **NHS Pension Scheme**

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. It is not possible for the NHS Foundation Trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employers' pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

#### **Note 1.4 Expenditure on other goods and services**

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

## **Note 1.5 Property, plant and equipment**

### **Recognition**

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has a cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- items form part of the initial equipping and setting-up cost of a new building or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

### **Measurement**

#### *Valuation*

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.

Land and buildings used for the Trust's services or for administrative purposes are stated in the Statement of Financial Position at their revalued amounts, being the fair-value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

Until 31 March 2008, the depreciated replacement cost of specialised buildings was estimated for an exact replacement of the asset in its present location. HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. HM Treasury agreed that NHS Trusts had to apply these new valuation requirements by 1 April 2010 at the latest.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Improvements to properties leased or subject to a licence agreement will be valued in line with the Trust's Tangible Assets ie Initially measured at cost with Annual Indexation and Quinquennial Professional Revaluation, where available. The asset will be depreciated over the term of the Lease or Licence notice period. Where no Professional Valuation is possible due to the Lease terms or where the cost of obtaining the valuation for small value, short term leases is not deemed to be value for money, the asset will be valued at initial cost with Annual Indexation and depreciated over the term of the lease, as this represents a fair view of the value of the asset.

Until 31 March 2008, fixtures and equipment were carried at replacement cost, as assessed by indexation and depreciation of historic cost. From 1 April 2008 indexation has ceased. The carrying value of existing assets at that date was written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

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.

An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

#### *Subsequent expenditure*

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

#### *Depreciation*

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use or reverts to the trust, respectively.

#### *Revaluation gains and losses*

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

#### *Impairments*

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential are 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 all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable ie:
  - management are committed to a plan to sell the asset;
  - an active programme has begun to find a buyer and complete the sale;
  - the asset is being actively marketed at a reasonable price;
  - the sale is expected to be completed within 12 months of the date of classification as 'held for sale'; and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

### ***Donated, government grant and other grant funded assets***

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

### ***Useful Economic lives of property, plant and equipment***

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	<b>Min life</b>	<b>Max life</b>
	<b>Years</b>	<b>Years</b>
Land	999	999
Buildings, excluding dwellings	1	50
Dwellings	-	-
Assets under construction	-	-
Plant & machinery	5	10
Transport equipment	5	10
Information technology	5	5
Furniture & fittings	5	5

Finance-leased assets (including land) are depreciated over the shorter of the useful economic life or the lease term, unless the FT expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

## **Note 1.6 Intangible assets**

### **Recognition**

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

### **Internally generated intangible assets**

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- the Trust can measure reliably the expenses attributable to the asset during development.

### **Software**

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

### **Measurement**

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. 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 under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

### **Amortisation**

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

### Useful economic life of intangible assets

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	<b>Min life Years</b>	<b>Max life Years</b>
<b>Intangible assets - internally generated</b>		
Information technology	5	5
Development expenditure	5	5
Other	5	5
<b>Intangible assets - purchased</b>		
Software	5	5
Licences & trademarks	5	5
Patents	5	5
Other	5	5
Goodwill	5	5

### Note 1.7 Revenue - government and other grants

Government grants are grants from Government bodies other than income from commissioners or NHS trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

### Note 1.8 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. Partially completed contracts for patient services are not accounted for as work-in-progress.

### 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 instruments and financial liabilities

#### Financial assets

Financial assets are recognised when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value.

Financial assets are classified into the following categories: financial assets at fair value through profit and loss; held to maturity investments; available for sale financial assets, and loans and receivables. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

All of the Trust's financial assets are classified as loans and receivables

## **Loans and receivables**

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

The Foundation Trust's loans and receivables comprise cash and cash equivalents, NHS debtors, accrued income and other debtors

Loans and receivables are recognised initially at fair value, net of transaction costs, and are subsequently measured at amortised cost, using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the initial fair value of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

## **Impairment of financial assets**

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. 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 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.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through expenditure to the extent that the carrying amount of the receivable at the date the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

## **Financial liabilities**

Financial liabilities are recognised in the Statement of Financial Position when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Loans from the Department of Health are recognised at historical cost. Otherwise, financial liabilities are initially recognised at fair value.

The Foundation Trust's financial liabilities comprise payables through contract and long term provisions

## **Other financial liabilities**

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from the Department of Health, which are carried at historical cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

## **Note 1.12 Provisions**

The NHS Foundation Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount, for which it is probable that there will be a future outflow of cash or other resources, and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

### **Clinical negligence costs**

NHS Resolution operates a risk pooling scheme under which the West Midlands NHS Foundation Trust pays an annual contribution to the NNHs Resolution, which, in return, settles all clinical negligence claims. Although the NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS Foundation Trust. The total value of clinical negligence provisions carried by the NHS Resolution on behalf of the NHS Foundation Trust is disclosed at note 29.2 but is not recognised in the NHS Foundation Trust's accounts.

### **Non-clinical risk pooling**

The West Midlands Ambulance Service NHS Foundation 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 the NHS Litigation Authority 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 30 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 30, 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.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the NHS Foundation 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 NHS Foundation Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

### **Note 1.15 Value added tax**

Most of the activities of the NHS Foundation 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 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 (other than financial instruments measured at “fair value through income and expenditure”) 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 1.17 Third party assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Foundation Trust has no beneficial interest in them. However, they are disclosed in a note 23.2 to the accounts in accordance with the requirements of HM Treasury’s FReM.

### **Note 1.18 Losses and special payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS Foundation Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However, the losses and special payments note 36 is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

### **Note 1.19 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 1.20 Transfers of functions from other NHS bodies**

For functions that have been transferred to the Trust from another NHS body, the assets and liabilities transferred are recognised in the accounts as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain corresponding to the net assets transferred is recognised within income, but not within operating activities.

For property plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity’s accounts are preserved on recognition in the Trust’s accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

**Note 1.21 Early adoption of standards, amendments and interpretations**

No new accounting standards or revisions to existing standards have been early adopted in 2017/18

**Note 1.22 Standards, amendments and interpretations in issue but not yet effective or adopted**

IFRS 9 Financial Instruments - Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted

IFRS 14 Regulatory Deferral Account - Not yet EU endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DH group bodies.

IFRS 15 Revenue from Contracts with Customers -- Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted

IFRS 16 Leases - Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

IFRS 17 Insurance Contracts - Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

IFRIC 22 Foreign Currency Transactions and Advance Consideration - Application required for accounting periods beginning on or after 1 January 2018.

IFRIC 23 Uncertainty over Income Tax Treatments - Application required for accounting periods beginning on or after 1 January 2019.

### **Note 1.23 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 1.23.1 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 NHS Foundation 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 2014/15 and as such a formal valuation was undertaken in that year. The Trust revalues its Land and Buildings assets every 5 years.

The Trust's Make Ready Hubs are valued as specialised assets in line with IFRS15. This estimation technique is not universally valid across all the Trust's owned Make Ready hubs and it will be applied only to those hubs which have been constructed from a single building covering offices, staff changing facilities, vehicle garaging, vehicle maintenance and cleaning facilities. Thus sites such as Hereford and Dudley, which do not match these criteria, will continue to be valued on a market basis.

There has been a long-standing commitment by the Trust to replace front-line vehicles after five years. The Trust depreciates front-line vehicles over 5 years.

The Trust reviews all lease contracts to determine whether they are operating or finance leases.

Information provided by the NHS Resolution has been used to determine provisions required for potential employer liability claims and disclosure of Clinical Negligence liability.

The NHS Pensions agency has provided information with regard to disclosure and calculation of the Trust's liability for ill health retirements.

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

Income has been deferred where expenditure will take place during the year ending 31 March 2019.

#### **Note 1.23.2 Key sources of estimation uncertainty**

There is uncertainty around the future direction of commercial property prices. The Trust adopted a formal revaluation during 2014/15 and then intends to revalue every 5 years in line with IFRS 15. Between valuations, and due to the state of the current commercial property sector, the Trust has adjusted the values of its Land and Buildings assets by applying indexation provided by a company of professional valuers.

## Note 2 Operating Segments

Segments are identified where services have separate management and contractual arrangements even if it forms part of overall NHS Healthcare provision if the combined income from an area of service is 10% or more of the total Trust income.

Income for E&U Services is received from the West Midlands Clinical Commissioning Groups. Income from this source accounts for 82% of the total Trust income.

Income for Non Emergency Patient Transport Services is received from CCGs, FTs and NHS Trusts. There are no individual PTS customers where income exceeds 10% of the overall Trust income

	<b>E&amp;U Services</b>	<b>PTS Services</b>	<b>Other</b>	<b>Total</b>
	<b>2017/18</b>	<b>2017/18</b>	<b>2017/18</b>	<b>2017/18</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Income	<b>214,492</b>	<b>33,943</b>	<b>15,573</b>	<b>264,008</b>
Common costs	<b>(212,806)</b>	<b>(33,564)</b>	<b>(12,559)</b>	<b>(258,929)</b>
Segment surplus/(deficit)	<b>1,686</b>	<b>379</b>	<b>3,014</b>	<b>5,079</b>
Total Assets employed	<b>0</b>	<b>0</b>	<b>61,964</b>	<b>61,964</b>

Income is directly attributed to segments. Direct and indirect costs are allocated directly to E&U and PTS and overhead costs are apportioned on various usage basis.

All income and expenditure and asset values reported in the segments are included within the overall Trust Statement of Comprehensive Income and Statement of Financial Position. The balance between the totals in the segmental report and the overall reported Trust balances relate to the supply of other services which do not meet the criteria to have an individual segment.

There are no differences in methods of valuation of assets within the segmental reports and the overall Trust reported assets

There has not been any change in the methods of measuring or reporting the segmental figures from the previous year,

**Note 3 Operating income from patient care activities**

<b>Note 3.1 Income from patient care activities (by nature)</b>	<b>2017/18</b>	<b>2016/17</b>
	<b>£000</b>	<b>£000</b>
<b>Ambulance services</b>		
E & U income	214,492	197,843
Non Emergency Patient Transport income	33,943	27,692
Other income	2,094	1,728
<b>Total income from activities</b>	<b>250,529</b>	<b>227,263</b>

**Note 3.2 Income from patient care activities (by source)**

<b>Income from patient care activities received from:</b>	<b>2017/18</b>	<b>2016/17</b>
	<b>£000</b>	<b>£000</b>
NHS England	1,471	951
Clinical commissioning groups	241,862	211,548
Department of Health and Social Care	-	-
Other NHS providers	6,071	13,812
NHS other	255	-
Local authorities	-	1
Non-NHS: private patients	-	-
Non-NHS: overseas patients (chargeable to patient)	-	-
NHS injury scheme	848	935
Non NHS: other	22	16
<b>Total income from activities</b>	<b>250,529</b>	<b>227,263</b>
<b>Of which:</b>		
Related to continuing operations	250,529	227,263
Related to discontinued operations	-	-

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

	<b>2017/18</b>	<b>2016/17</b>
	<b>£000</b>	<b>£000</b>
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**

	<b>2017/18</b>	<b>2016/17</b>
	<b>£000</b>	<b>£000</b>
Research and development	375	251
Education and training	7,175	6,171
Receipt of capital grants and donations	-	-
Charitable and other contributions to expenditure	-	-
Non-patient care services to other bodies	584	762
Support from the Department of Health and Social Care for mergers	-	-
Sustainability and transformation fund income	3,483	2,219
Rental revenue from operating leases	-	-
Rental revenue from finance leases	-	-
Income in respect of staff costs where accounted on gross basis	1,498	1,433
Other income	269	2,845
<b>Total other operating income</b>	<b>13,384</b>	<b>13,681</b>
<b>Of which:</b>		
Related to continuing operations	13,384	13,681
Related to discontinued operations	-	-

**Note 4.1 Income from activities arising from commissioner requested services**

Under the terms of its provider licence, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	<b>2017/18</b>	<b>2016/17</b>
	<b>£000</b>	<b>£000</b>
Income from services designated as commissioner requested services	248,435	225,535
Income from services not designated as commissioner requested services	15,478	15,409
<b>Total</b>	<b>263,913</b>	<b>240,944</b>

**Note 4.2 Profits and losses on disposal of property, plant and equipment**

A profit was made of the sale of Stoke Ambulance Station, as detailed below. This station was replaced with a new build replacement station with no effect to commissioner requested services

	<b>£000</b>
Net Book Value	773
Income	881
Profit	108

**Note 5 Fees and charges**

	2017/18	2016/17
	£000	£000
Income	-	-
Full cost	-	-
<b>Surplus / (deficit)</b>	<b>-</b>	<b>-</b>

**Note 6.1 Operating expenses**

	2017/18	2016/17
	£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	178,425	166,485
Remuneration of non-executive directors	130	131
Supplies and services - clinical (excluding drugs costs)	7,003	6,781
Supplies and services - general	2,453	2,356
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	777	749
Inventories written down	-	-
Consultancy costs	84	67
Establishment	4,736	5,342
Premises	8,426	7,288
Transport (including patient travel)	17,743	15,757
Depreciation on property, plant and equipment	6,297	5,524
Amortisation on intangible assets	293	270
Net impairments	(296)	54
Increase in provision for impairment of receivables	381	58
Increase/(decrease) in other provisions	-	-
Change in provisions discount rate	-	108
Audit fees payable to the external auditor		
audit services- statutory audit	53	40
other auditor remuneration (external auditor only)	9	9
Internal audit costs	737	182
Clinical negligence	1,865	1,437
Legal fees	364	411
Insurance	1,818	1,716
Research and development	320	-
Education and training	7,383	4,609
Rentals under operating leases	15,802	13,766
Early retirements	-	-
Redundancy	-	2,205
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT) on IFRS basis	-	-
Charges to operating expenditure for off-SoFP IFRIC 12 schemes	-	-
Car parking & security	-	-
Hospitality	33	46
Losses, ex gratia & special payments	23	11
Grossing up consortium arrangements	-	-
Other services, eg external payroll	-	-
Other	3,354	1,926
<b>Total</b>	<b>258,213</b>	<b>237,328</b>
<b>Of which:</b>		
Related to continuing operations	258,213	237,328
Related to discontinued operations	-	-

Other auditor remuneration (external auditor only) relates to the assurance work for the Quality Report 2017/18

Other expenditure relates to leased vehicle dilapidations and potential charges for incidents assigned as miscellaneous

**Note 6.2 Other auditor remuneration**

There was no other auditor remuneration in the year 2017/18 or 2016/17.

**Note 7 Impairment of assets**

	<b>2017/18</b>	<b>2016/17</b>
	<b>£000</b>	<b>£000</b>
<b>Net impairments charged to operating surplus / deficit resulting from:</b>		
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	(296)	54
Other	-	-
<b>Total net impairments charged to operating surplus / deficit</b>	<b>(296)</b>	<b>54</b>
Impairments charged to the revaluation reserve	-	94
<b>Total net impairments</b>	<b>(296)</b>	<b>148</b>

The impairment of assets is due to a increase in the indices used in the 2017/18 indexation process.

**Note 8 Employee benefits**

	<b>2017/18</b>	<b>2016/17</b>
	<b>Total</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>
Salaries and wages	148,437	135,881
Social security costs	13,766	13,395
Apprenticeship levy	732	-
Employer's contributions to NHS pensions	18,189	16,760
Pension cost - other	-	-
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	-	2,205
Temporary staff (including agency)	0	449
<b>Total gross staff costs</b>	<b>181,124</b>	<b>168,690</b>
Recoveries in respect of seconded staff	-	-
<b>Total staff costs</b>	<b>181,124</b>	<b>168,690</b>
<b>Of which</b>		
Costs capitalised as part of assets	-	-

**Note 8.1 Retirements due to ill-health**

During 2017/18 there were 5 early retirements from the trust agreed on the grounds of ill-health (6 in the year ended 31 March 2017). The estimated additional pension liabilities of these ill-health retirements is £461k (£197k in 2016/17).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

## **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](http://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 2018, is based on valuation data as at 31 March 2017, updated to 31 March 2018 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 last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this ‘employer cost cap’ assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

## Note 10 Operating leases

### Note 10.1 West Midlands Ambulance Service NHS Foundation Trust as a lessor

This note discloses income generated in operating lease agreements where West Midlands Ambulance Service NHS Foundation Trust is the lessor.

	2017/18 £000	2016/17 £000
<b>Operating lease revenue</b>		
Minimum lease receipts	-	-
Contingent rent	-	-
Other	-	-
<b>Total</b>	<u>-</u>	<u>-</u>
	<b>31 March 2018 £000</b>	<b>31 March 2017 £000</b>
<b>Future minimum lease receipts due:</b>		
- not later than one year;	-	-
- later than one year and not later than five years;	-	-
- later than five years.	-	-
<b>Total</b>	<u>-</u>	<u>-</u>

### Note 10.2 West Midlands Ambulance Service NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where West Midlands Ambulance Service NHS Foundation Trust is the lessee.

	2017/18 £000	2016/17 £000
<b>Operating lease expense</b>		
Minimum lease payments	15,802	13,766
Contingent rents	-	-
Less sublease payments received	-	-
<b>Total</b>	<u>15,802</u>	<u>13,766</u>
	<b>31 March 2018 £000</b>	<b>31 March 2017 £000</b>
<b>Future minimum lease payments due:</b>		
- not later than one year;	14,592	13,288
- later than one year and not later than five years;	33,204	29,916
- later than five years.	9,984	11,463
<b>Total</b>	<u>57,780</u>	<u>54,667</u>
Future minimum sublease payments to be received	-	-

### Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2017/18	2016/17
	£000	£000
Interest on bank accounts	95	61
Interest on impaired financial assets	-	-
Interest income on finance leases	-	-
Interest on other investments / financial assets	-	-
Other finance income	-	-
<b>Total</b>	<b>95</b>	<b>61</b>

### Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2017/18	2016/17
	£000	£000
<b>Interest expense:</b>		
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	-	-
<b>Total interest expense</b>	<b>-</b>	<b>-</b>
Unwinding of discount on provisions	18	22
Other finance costs	-	-
<b>Total finance costs</b>	<b>18</b>	<b>22</b>

### Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2017/18	2016/17
	£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)

	2017/18	2016/17
	£000	£000
Gains on disposal of assets	166	161
Losses on disposal of assets	(167)	(151)
<b>Total (losses)/gains on disposal of assets</b>	<b>(1)</b>	<b>10</b>
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 available-for-sale financial investments	-	-
<b>Total other gains / (losses)</b>	<b>(1)</b>	<b>10</b>

**Note 14.1 Intangible assets - 2017/18**

	Software licences	Development expenditure	Intangible assets under construction	Total
	£000	£000	£000	£000
<b>Valuation / gross cost at 1 April 2017 - brought forward</b>	<b>919</b>	<b>919</b>	<b>113</b>	<b>1,951</b>
Transfers by absorption	-	-	-	-
Additions	91	98	-	189
Impairments	-	-	-	-
Reversals of impairments	-	-	-	-
Revaluations	-	-	-	-
Reclassifications	12	-	(113)	(101)
Transfers to/ from assets held for sale	-	-	-	-
Disposals / derecognition	-	(277)	-	(277)
<b>Gross cost at 31 March 2018</b>	<b>1,022</b>	<b>740</b>	<b>-</b>	<b>1,762</b>
<b>Amortisation at 1 April 2017 - brought forward</b>	<b>395</b>	<b>724</b>	<b>-</b>	<b>1,119</b>
Transfers by absorption	-	-	-	-
Provided during the year	157	136	-	293
Impairments	-	-	-	-
Reversals of impairments	-	-	-	-
Revaluations	-	-	-	-
Reclassifications	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-
Disposals / derecognition	-	(277)	-	(277)
<b>Amortisation at 31 March 2018</b>	<b>552</b>	<b>583</b>	<b>-</b>	<b>1,135</b>
<b>Net book value at 31 March 2018</b>	<b>470</b>	<b>157</b>	<b>-</b>	<b>627</b>
<b>Net book value at 1 April 2017</b>	<b>524</b>	<b>195</b>	<b>113</b>	<b>832</b>

**Note 14.2 Intangible assets - 2016/17**

	Software licences £000	Development expenditure £000	Intangible assets under construction £000	Total £000
<b>Valuation / gross cost at 1 April 2016 - as previously stated</b>	<b>976</b>	<b>1,075</b>	<b>1,281</b>	<b>3,332</b>
Transfers by absorption	-	-	-	-
Additions	180	-	22	<b>202</b>
Impairments	-	-	-	-
Reversals of impairments	-	-	-	-
Revaluations	-	-	-	-
Reclassifications	6	60	(1,190)	<b>(1,124)</b>
Transfers to/ from assets held for sale	-	-	-	-
Disposals / derecognition	(243)	(216)	-	<b>(459)</b>
<b>Valuation / gross cost at 31 March 2017</b>	<b>919</b>	<b>919</b>	<b>113</b>	<b>1,951</b>
<b>Amortisation at 1 April 2016 - as previously stated</b>	<b>486</b>	<b>823</b>	-	<b>1,309</b>
Transfers by absorption	-	-	-	-
Provided during the year	<b>152</b>	<b>118</b>	-	<b>270</b>
Impairments	-	-	-	-
Reversals of impairments	-	-	-	-
Revaluations	-	-	-	-
Reclassifications	-	-	-	-
Transfers to/ from assets held for sale	-	-	-	-
Disposals / derecognition	(243)	(217)	-	<b>(460)</b>
<b>Amortisation at 31 March 2017</b>	<b>395</b>	<b>724</b>	-	<b>1,119</b>
<b>Net book value at 31 March 2017</b>	<b>524</b>	<b>195</b>	<b>113</b>	<b>832</b>
<b>Net book value at 1 April 2016</b>	<b>490</b>	<b>252</b>	<b>1,281</b>	<b>2,023</b>

**Note 15.1 Property, plant and equipment - 2017/18**

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation/gross cost at 1 April 2017 - brought forward</b>	<b>3,209</b>	<b>14,905</b>	<b>4,837</b>	<b>7,757</b>	<b>11,768</b>	<b>13,638</b>	<b>887</b>	<b>57,001</b>
Transfers by absorption	-	-	-	-	-	-	-	-
Additions	-	1,543	354	635	2,935	1,238	55	<b>6,760</b>
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	147	149	-	-	-	-	-	<b>296</b>
Revaluations	135	1,134	1	-	-	-	-	<b>1,270</b>
Reclassifications	670	3,822	(4,831)	246	-	158	36	<b>101</b>
Transfers to/ from assets held for sale	-	(29)	-	-	-	-	-	<b>(29)</b>
Disposals / derecognition	-	(537)	(3)	(433)	(1,943)	(2,193)	-	<b>(5,109)</b>
<b>Valuation/gross cost at 31 March 2018</b>	<b>4,161</b>	<b>20,987</b>	<b>358</b>	<b>8,205</b>	<b>12,760</b>	<b>12,841</b>	<b>978</b>	<b>60,290</b>
<b>Accumulated depreciation at 1 April 2017 - brought forward</b>	-	<b>2,688</b>	-	<b>3,511</b>	<b>6,202</b>	<b>7,042</b>	<b>598</b>	<b>20,041</b>
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	-	<b>975</b>	-	<b>1,088</b>	<b>1,617</b>	<b>2,440</b>	<b>177</b>	<b>6,297</b>
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	(494)	-	(387)	(1,905)	(2,115)	-	<b>(4,901)</b>
<b>Accumulated depreciation at 31 March 2018</b>	-	<b>3,169</b>	-	<b>4,212</b>	<b>5,914</b>	<b>7,367</b>	<b>775</b>	<b>21,437</b>
<b>Net book value at 31 March 2018</b>	<b>4,161</b>	<b>17,818</b>	<b>358</b>	<b>3,993</b>	<b>6,846</b>	<b>5,474</b>	<b>203</b>	<b>38,853</b>
<b>Net book value at 1 April 2017</b>	<b>3,209</b>	<b>12,217</b>	<b>4,837</b>	<b>4,246</b>	<b>5,566</b>	<b>6,596</b>	<b>289</b>	<b>36,960</b>

**Note 15.2 Property, plant and equipment - 2016/17**

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation / gross cost at 1 April 2016 - restated</b>	<b>3,685</b>	<b>14,727</b>	<b>3,028</b>	<b>8,331</b>	<b>12,693</b>	<b>10,749</b>	<b>827</b>	<b>54,040</b>
Transfers by absorption	-	-	-	-	-	-	-	-
Additions	-	874	4,922	455	181	1,996	60	<b>8,488</b>
Impairments	(22)	(83)	(43)	-	-	-	-	<b>(148)</b>
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	-	154	(3,070)	286	505	3,249	-	<b>1,124</b>
Transfers to / from assets held for sale	(454)	(342)	-	-	-	-	-	<b>(796)</b>
Disposals / derecognition	-	(425)	-	(1,315)	(1,611)	(2,356)	-	<b>(5,707)</b>
<b>Valuation/gross cost at 31 March 2017</b>	<b>3,209</b>	<b>14,905</b>	<b>4,837</b>	<b>7,757</b>	<b>11,768</b>	<b>13,638</b>	<b>887</b>	<b>57,001</b>
<b>Accumulated depreciation at 1 April 2016 - restated</b>	<b>-</b>	<b>2,229</b>	<b>-</b>	<b>3,796</b>	<b>5,940</b>	<b>7,594</b>	<b>444</b>	<b>20,003</b>
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	-	<b>845</b>	-	<b>1,019</b>	<b>1,807</b>	<b>1,699</b>	<b>154</b>	<b>5,524</b>
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-
Transfers to/ from assets held for sale	-	(47)	-	-	-	-	-	<b>(47)</b>
Disposals/ derecognition	-	(339)	-	(1,304)	(1,545)	(2,251)	-	<b>(5,439)</b>
<b>Accumulated depreciation at 31 March 2017</b>	<b>-</b>	<b>2,688</b>	<b>-</b>	<b>3,511</b>	<b>6,202</b>	<b>7,042</b>	<b>598</b>	<b>20,041</b>
<b>Net book value at 31 March 2017</b>	<b>3,209</b>	<b>12,217</b>	<b>4,837</b>	<b>4,246</b>	<b>5,566</b>	<b>6,596</b>	<b>289</b>	<b>36,960</b>
<b>Net book value at 1 April 2016</b>	<b>3,685</b>	<b>12,498</b>	<b>3,028</b>	<b>4,535</b>	<b>6,753</b>	<b>3,155</b>	<b>383</b>	<b>34,037</b>

**Note 15.3 Property, plant and equipment financing - 2017/18**

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Net book value at 31 March 2018</b>								
Owned - purchased	4,161	17,818	358	3,993	6,842	5,474	203	<b>38,849</b>
Finance leased	-	-	-	-	-	-	-	-
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	-
PFI residual interests	-	-	-	-	-	-	-	-
Owned - government granted	-	-	-	-	-	-	-	-
Owned - donated	-	-	-	-	4	-	-	<b>4</b>
<b>NBV total at 31 March 2018</b>	<b>4,161</b>	<b>17,818</b>	<b>358</b>	<b>3,993</b>	<b>6,846</b>	<b>5,474</b>	<b>203</b>	<b>38,853</b>

**Note 15.4 Property, plant and equipment financing - 2016/17**

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Net book value at 31 March 2017</b>								
Owned - purchased	3,209	12,217	4,837	4,246	5,566	6,596	289	<b>36,960</b>
Finance leased	-	-	-	-	-	-	-	-
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	-
PFI residual interests	-	-	-	-	-	-	-	-
Owned - government granted	-	-	-	-	-	-	-	-
Owned - donated	-	-	-	-	-	-	-	-
<b>NBV total at 31 March 2017</b>	<b>3,209</b>	<b>12,217</b>	<b>4,837</b>	<b>4,246</b>	<b>5,566</b>	<b>6,596</b>	<b>289</b>	<b>36,960</b>

#### Note 16 Donations of property, plant and equipment

A decommissioned service motorcycle was donated to the Trust jointly by the West Midlands Ambulance Service Charitable Fund and by the West Midlands Ambulance Service Benevolent Fund. The value of the motorcycle was £4k and will be used the Trust for ceremonial duties.

#### Note 17 Revaluations of property, plant and equipment

	2017/18	2016/17
	£000	£000
<b>At start of period</b>	<b>3747</b>	<b>3903</b>
Transfers by absorption	0	0
Impairments	-	(94)
Revaluations	1270	0
of economic benefits	0	0
Transfers to other reserves	0	0
Asset disposals	(37)	(62)
Fair Value gains/(losses) on Available-for-sale financial investments	0	0
Recycling gains/(losses) on Available-for-sale financial investments and joint ventures	0	0
Other recognised gains and losses	0	0
Other reserve movements	0	0
<b>Revaluation reserve at 31 March</b>	<b>4980</b>	<b>3747</b>

#### Note 18 Disclosure of interests in other entities

The Trust held no interests in other entities at 31 March 2018 or 31 March 2017.

#### Note 19 Inventories

	<b>31 March 2018 £000</b>	<b>31 March 2017 £000</b>
Drugs	208	215
Work In progress	-	-
Consumables	2,482	1,981
Energy	-	-
Other	-	-
<b>Total inventories</b>	<b><u>2,690</u></b>	<b><u>2,196</u></b>
<b>of which:</b>		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £16,731k (2016/17: £15,076k). Write-down of inventories recognised as expenses for the year were £0k (2016/17: £0k).

**Note 20.1 Trade receivables and other receivables**

	<b>31 March 2018 £000</b>	<b>31 March 2017 £000</b>
<b>Current</b>		
Trade receivables	10,508	9,606
Capital receivables (including accrued capital related income)	-	-
Accrued income	-	-
Provision for impaired receivables	(967)	(597)
Deposits and advances	-	-
Prepayments (non-PFI)	12,370	10,412
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	-	-
Finance lease receivables	-	-
PDC dividend receivable	304	151
VAT receivable	532	511
Corporation and other taxes receivable	-	-
Other receivables	763	2,286
<b>Total current trade and other receivables</b>	<b><u>23,510</u></b>	<b><u>22,369</u></b>
<b>Non-current</b>		
Trade receivables	-	-
Capital receivables (including accrued capital related income)	-	-
Accrued income	-	-
Provision for impaired receivables	-	-
Deposits and advances	-	-
Prepayments (non-PFI)	-	-
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	-	-
Finance lease receivables	-	-
VAT receivable	-	-
Corporation and other taxes receivable	-	-
Other receivables	1,384	705
<b>Total non-current trade and other receivables</b>	<b><u>1,384</u></b>	<b><u>705</u></b>
<b>Of which receivables from NHS and DHSC group bodies:</b>		
Current	9,901	9,707
Non-current	-	-

**Note 20.2 Provision for impairment of receivables**

	2017/18	2016/17
	£000	£000
<b>At 1 April - restated</b>	<b>597</b>	<b>556</b>
Transfers by absorption	-	-
Increase in provision	381	58
Amounts utilised	(11)	(17)
Unused amounts reversed	-	-
<b>At 31 March</b>	<b>967</b>	<b>597</b>

The provision for impairment of receivables is based on 30% of the value of Non NHS debts outstanding over 3 months old. The provision also includes a provision of 22.84% (22.94% 31 March 2017) for doubtful recovery of the income from the NHS Injury Recovery Scheme, which amounts to £493k.

**Note 20.3 Credit quality of financial assets**

	31 March 2018		31 March 2017	
	Trade and other receivables	Investments & Other financial assets	Trade and other receivables	Investments & Other financial assets
	£000	£000	£000	£000
<b>Ageing of impaired financial assets</b>				
0 - 30 days	-	-	-	-
30-60 Days	-	-	-	-
60-90 days	-	-	-	-
90- 180 days	762	-	519	-
Over 180 days	205	-	78	-
<b>Total</b>	<b>967</b>	<b>-</b>	<b>597</b>	<b>-</b>
<b>Ageing of non-impaired financial assets past their due date</b>				
0 - 30 days	4,545	-	4,434	-
30-60 Days	1,796	-	1,607	-
60-90 days	124	-	776	-
90- 180 days	-	-	-	-
Over 180 days	-	-	-	-
<b>Total</b>	<b>6,465</b>	<b>-</b>	<b>6,817</b>	<b>-</b>

## Note 21 Other assets

The Trust had no other assets in either the current or previous accounting periods.

## Note 22 Non-current assets held for sale and assets in disposal groups

	2017/18 £000	2016/17 £000
<b>NBV of non-current assets for sale and assets in disposal groups at 1 April - restated</b>	<b>742</b>	<b>205</b>
Transfers by absorption	-	-
Assets classified as available for sale in the year	29	749
Assets sold in year	(771)	(212)
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 disposal by sale	-	-
<b>NBV of non-current assets for sale and assets in disposal groups at 31 March</b>	<b>-</b>	<b>742</b>

## Note 22.1 Liabilities in disposal groups

	31 March 2018 £000	31 March 2017 £000
<b>Categorised as:</b>		
Provisions	-	-
Trade and other payables	-	-
Other	-	-
<b>Total</b>	<u>-</u>	<u>-</u>

## Note 23.1 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.

	2017/18 £000	2016/17 £000
<b>At 1 April (restated)</b>	<u>29,917</u>	<u>26,881</u>
Transfers by absorption	-	-
Net change in year	<u>10,382</u>	<u>3,036</u>
<b>At 31 March</b>	<b>40,299</b>	<b>29,917</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	29	3
Cash with the Government Banking Service	40,270	29,914
Deposits with the National Loan Fund	-	-
Other current investments	-	-
<b>Total cash and cash equivalents as in SoFP</b>	<u>40,299</u>	<u>29,917</u>
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
<b>Total cash and cash equivalents as in SoCF</b>	<u>40,299</u>	<u>29,917</u>

## Note 23.2 Third party assets held by the trust

There were no third party assets or patients money held by the West Midlands Ambulance Service NHS Foundation Trust in either the current or previous accounting periods.

**Note 24.1 Trade and other payables**

	<b>31 March 2018 £000</b>	<b>31 March 2017 £000</b>
<b>Current</b>		
Trade payables	2,286	4,039
Capital payables	878	1,760
Accruals	26,569	21,002
Receipts in advance (including payments on account)	-	10
Social security costs	4,044	3,639
VAT payables	-	-
Other taxes payable	-	-
PDC dividend payable	-	-
Accrued interest on loans	-	-
Other payables	2,510	2,276
<b>Total current trade and other payables</b>	<b><u>36,287</u></b>	<b><u>32,726</u></b>
<b>Non-current</b>		
Trade payables	-	-
Capital payables	-	-
Accruals	-	-
Receipts in advance (including payments on account)	-	-
VAT payables	-	-
Other taxes payable	-	-
Other payables	-	-
<b>Total non-current trade and other payables</b>	<b><u>-</u></b>	<b><u>-</u></b>
<b>Of which payables from NHS and DHSC group bodies:</b>		
Current	821	2,020
Non-current	-	-

**Note 24.2 Early retirements in NHS payables above**

There were no early retirement payments in the above.

**Note 25 Other financial liabilities**

The Trust had no current or non-current other financial liabilities in either the current or previous accounting periods.

**Note 26 Other liabilities**

The Trust had no current or non-current other liabilities in either the current or previous accounting periods.

**Note 27 Borrowings**

The Trust had no current or non-current borrowings in either the current or previous accounting periods.

**Note 28 Finance leases**

The Trust had no finance leases in either the current or previous accounting periods.

**Note 29.1 Provisions for liabilities and charges analysis**

	<b>Pensions - early departure</b>				
	<b>costs</b>	<b>Legal claims</b>	<b>Redundancy</b>	<b>Other</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>At 1 April 2017</b>	<b>244</b>	<b>3,594</b>	<b>-</b>	<b>1,682</b>	<b>5,520</b>
Transfers by absorption	-	-	-	-	-
Change in the discount rate	-	-	-	-	-
Arising during the year	40	137	-	5,289	<b>5,466</b>
Utilised during the year	(45)	(409)	-	(1,120)	<b>(1,574)</b>
Reclassified to liabilities held in disposal groups	-	-	-	-	-
Reversed unused	-	(318)	-	-	<b>(318)</b>
Unwinding of discount	-	18	-	-	<b>18</b>
<b>At 31 March 2018</b>	<b>239</b>	<b>3,022</b>	<b>-</b>	<b>5,851</b>	<b>9,112</b>
<b>Expected timing of cash flows:</b>					
- not later than one year;	44	652	-	5,851	<b>6,547</b>
- later than one year and not later than five years;	195	1,121	-	-	<b>1,316</b>
- later than five years.	-	1,249	-	-	<b>1,249</b>
<b>Total</b>	<b>239</b>	<b>3,022</b>	<b>-</b>	<b>5,851</b>	<b>9,112</b>

Pensions relating to staff represent the value of Pre:1995 early retirement cases capitalised as a prior year adjustment in 2002-03.

Other legal claims represent outstanding employer's liability and injury benefit cases.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the Treasury's discount rate of 1% in real terms (2016/17 - 1%).

## Note 29.2 Clinical negligence liabilities

At 31 March 2018, £22,630k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of West Midlands Ambulance Service NHS Foundation Trust (31 March 2017: £21,816k).

## Note 30 Contingent assets and liabilities

	31 March 2018 £000	31 March 2017 £000
<b>Value of contingent liabilities</b>		
NHS Resolution legal claims	-	-
Employment tribunal and other employee related litigation	-	-
Redundancy	-	-
Other	(143)	(206)
<b>Gross value of contingent liabilities</b>	<b>(143)</b>	<b>(206)</b>
Amounts recoverable against liabilities	-	-
<b>Net value of contingent liabilities</b>	<b>(143)</b>	<b>(206)</b>
<b>Net value of contingent assets</b>	-	-

Contingent Liabilities represent outstanding employers liability legal claims, as notified by the NHS Resolution which, at this stage, are not deemed certain enough to include within the provision for liabilities and charges (note 29). The value of the uncertainty of the liability is determined by the NHS Resolution according to the nature and details of each individual case.

## Note 31 Contractual capital commitments

	31 March 2018 £000	31 March 2017 £000
Property, plant and equipment	-	750
Intangible assets	-	-
<b>Total</b>	<b>-</b>	<b>750</b>

## Note 32 Other financial commitments

The Trust had no other financial commitments in either the current or previous accounting periods.

## Note 33 Defined benefit pension schemes

The Trust had no defined benefit pension schemes in either the current or previous accounting periods.

## Note 34 On-SoFP PFI, LIFT or other service concession arrangements

The Trust had no PFI or LIFT arrangements in either the current or previous accounting periods.

## **Note 35 Financial instruments**

### **Note 35.1 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 Foundation Trust has with Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the West Midlands Ambulance Service Foundation 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 West Midlands Ambulance Service Foundation 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 West Midlands Ambulance Service Foundation Trust in undertaking its activities.

The West Midlands Ambulance Service 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 Foundation Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The West Midlands Ambulance Service Foundation Trust has no overseas operations. The West Midlands Ambulance Service Foundation Trust therefore has low exposure to currency rate fluctuations.

#### **Interest rate risk**

The West Midlands Ambulance Service 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 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 2018 are in receivables from customers, as disclosed in 'Trade and Other Receivables' (Note 20).

#### **Liquidity risk**

The West Midlands Ambulance Service Foundation Trust's operating costs are incurred under contracts with Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. The West Midlands Ambulance Service Foundation Trust funds its capital expenditure from funds generated from operations, which is acknowledged by the Commissioners. The Foundation Trust is not, therefore, exposed to significant liquidity risks.

### Note 35.2 Carrying values of financial assets

	Assets at fair value		Held to maturity £000	Available-for-sale £000	Total book value £000
	Loans and receivables £000	through the I&E £000			
	<b>Assets as per SoFP as at 31 March 2018</b>				
Embedded derivatives	-	-	-	-	-
Trade and other receivables excluding non financial assets	22,793	-	-	-	22,793
Other investments / financial assets	-	-	-	-	-
Cash and cash equivalents at bank and in hand	40,299	-	-	-	40,299
<b>Total at 31 March 2018</b>	<b>63,092</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>63,092</b>

	Assets at fair value		Held to maturity £000	Available-for-sale £000	Total book value £000
	Loans and receivables £000	through the I&E £000			
	<b>Assets as per SoFP as at 31 March 2017</b>				
Embedded derivatives	-	-	-	-	-
Trade and other receivables excluding non financial assets	16,440	-	-	-	16,440
Other investments / financial assets	-	-	-	-	-
Cash and cash equivalents at bank and in hand	29,917	-	-	-	29,917
<b>Total at 31 March 2017</b>	<b>46,357</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>46,357</b>

### Note 35.3 Carrying value of financial liabilities

	Liabilities at fair value		Total book value £000
	Other financial liabilities £000	through the I&E £000	
	<b>Liabilities as per SoFP as at 31 March 2018</b>		
Embedded derivatives	-	-	-
Borrowings excluding finance lease and PFI liabilities	-	-	-
Obligations under finance leases	-	-	-
Obligations under PFI, LIFT and other service concession contracts	-	-	-
Trade and other payables excluding non financial liabilities	36,286	-	36,286
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
<b>Total at 31 March 2018</b>	<b>36,286</b>	<b>-</b>	<b>36,286</b>

	<b>Other financial liabilities £000</b>	<b>Liabilities at fair value through the I&amp;E £000</b>	<b>Total book value £000</b>
<b>Liabilities as per SoFP as at 31 March 2017</b>			
Embedded derivatives	-	-	-
Borrowings excluding finance lease and PFI liabilities	-	-	-
Obligations under finance leases	-	-	-
Obligations under PFI, LIFT and other service concession contracts	-	-	-
Trade and other payables excluding non financial liabilities	29,796	-	<b>29,796</b>
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
<b>Total at 31 March 2017</b>	<b>29,796</b>	<b>-</b>	<b>29,796</b>

#### **Note 35.4 Fair values of financial assets and liabilities**

Book value (carrying value) is a reasonable approximation of fair value.

#### **Note 35.5 Maturity of financial liabilities**

	<b>31 March 2018 £000</b>	<b>31 March 2017 £000</b>
In one year or less	36,286	29,796
In more than one year but not more than two years	-	-
In more than two years but not more than five years	-	-
In more than five years	-	-
<b>Total</b>	<b>36,286</b>	<b>29,796</b>

**Note 36 Losses and special payments**

	2017/18		2016/17	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
<b>Losses</b>				
Cash losses	-	-	-	-
Fruitless payments	-	-	-	-
Bad debts and claims abandoned	-	-	-	-
Stores losses and damage to property	102	118	15	27
<b>Total losses</b>	<b>102</b>	<b>118</b>	<b>15</b>	<b>27</b>
<b>Special payments</b>				
Compensation under court order or legally binding arbitration award	-	-	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments	-	-	-	-
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
<b>Total special payments</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total losses and special payments</b>	<b>102</b>	<b>118</b>	<b>15</b>	<b>27</b>
Compensation payments received		-		-

**Note 37 Gifts**

There were no gifts over £300k either as a total or individually for 2017/18 or 2016/17.

**Note 38 Transfers by absorption**

There were no transfers by absorption in the year by the trust for 2017/18 (nil, 2016/17)

**Note 39 Prior period adjustments**

There were no prior period adjustments in the year by the trust for 2017/18 (nil, 2016/17)

**Note 40 Events after the reporting date**

There were no events of note after the current or previous reporting period ends.

## Note 41 Related parties

West Midlands Ambulance Service NHS Foundation Trust is a body corporate authorised by Monitor under section 35 of 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 NHS Foundation Trust.

All the Board members of West Midlands Ambulance Service NHS Foundation Trust are trustees of the West Midlands Ambulance Service Charitable Fund.

During the period West Midlands Ambulance Service NHS Foundation Trust has had a number of transactions with the independent Midland Air Ambulance Charity. These transactions are listed below:

Supply of staff - £682,350

	Receivables		Payables	
	31 March 2018 £000	31 March 2017 £000	31 March 2018 £000	31 March 2017 £000
Department of Health	55	151	0	0
Public Health England	2	6	0	0
NHS England & CCGs	5,129	5,133	310	1,730
Health Education England	370	1,827	0	0
NHS Trusts	1,628	863	283	164
Foundation Trusts	209	1,705	208	87
DH NDPBs	0	5	0	0
Special Health Authorities	101	17	16	39
Other DH bodies	0	0	3	0
Local Government	17	50	58	0
Other Whole of Government bodies	532	511	4,044	3,639
<b>Total</b>	<b>8,043</b>	<b>10,268</b>	<b>4,922</b>	<b>5,659</b>

	Income		Expenditure	
	2017/18 £000	2016/17 £000	2017/18 £000	2016/17 £000
Department of Health	202	12	4	4
Public Health England	9	11	0	0
NHS England & CCGs	244,985	216,699	2	0
Health Education England	4,735	5,352	0	0
NHS Trusts	4,475	5,052	872	529
Foundation Trusts	1,772	9,594	353	459
Special Health Authorities	315	128	2,088	1,701
DH NDPBs	0	42	246	166
Other DH bodies	0	0	0	23
Local Government	74	172	684	980
Other Whole of Government bodies	245	83	32,687	30,156
<b>Total</b>	<b>256,812</b>	<b>237,145</b>	<b>36,936</b>	<b>34,018</b>

## Note 41 Related parties

The Department of Health is regarded as a related party. During the period West Midlands Ambulance Service 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:

	Expenses £000	Income £000	Debtor £000	Creditor £000
Birmingham Cross City CCG	0	30,904	0	19
Birmingham South CCG	0	8,552	260	0
Cannock Chase CCG	0	5,028	173	0
Coventry & Rugby CCG	0	17,312	94	0
Dudley CCG	0	11,644	0	26
Eastern Cheshire CCG	0	808	138	0
East Staffordshire CCG	0	3,909	26	0
Herefordshire CCG	0	8,316	97	0
North Staffordshire CCG	0	6,783	32	0
Redditch & Bromsgrove CCG	0	8,483	196	0
Sandwell & West Birmingham CCG	0	23,542	671	0
Shropshire CCG	0	12,361	79	0
Solihull CCG	0	7,925	193	0
Southern Cheshire CCG	0	770	0	52
South East Staffordshire CCG	0	8,415	390	0
South Warwickshire CCG	1	10,294	227	1
South Worcestershire CCG	0	13,397	860	0
Staffordshire & Surrounds CCG	0	6,118	37	0
Stoke CCG	0	11,231	42	0
Telford & Wrekin CCG	0	6,479	234	0
Vale Royal CCG	0	481	0	67
Walsall CCG	0	11,358	379	0
Warrington CCG	0	886	62	0
Warwickshire North CCG	0	7,962	305	0
Western Cheshire CCG	0	1,171	78	0
Wirrall CCG	0	1,514	154	0
Wolverhampton CCG	0	11,151	0	145
Wyre Forest CCG	0	4,764	247	0
Coventry & Warwickshire Partnership NHS Trust	0	311	86	0
Dudley & Walsall Mental Health NHS Trust	102	0	0	0
East of England Ambulance Service NHS Trust	0	3	1	5
East Midlands Ambulance Service NHS Trust	345	24	0	179
London Ambulance Service NHS Trust	0	5	33	0
North Staffs Combined NHS Trust	0	334	0	0
North West Ambulance Service NHS Trust	0	1	40	27
Royal Wolverhampton Hospitals NHS Trust	231	198	28	17
Staffs & Stoke Partnership NHS Trust	0	380	4	0
University Hospitals Coventry and Warwickshire NHS Trust	47	274	30	4
University Hospitals of North Midlands NHS Trust	95	2,240	1,056	24
Walsall Healthcare NHS Trust	20	626	324	1
Yorkshire Ambulance Service NHS Trust	2	7	19	11

	<b>Expenses</b>	<b>Income</b>	<b>Debtor</b>	<b>Creditor</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Birmingham & Solihull Mental Health NHS FT	0	120	0	0
Birmingham Community Health NHS FT	10	11	5	0
Black Country Partnership NHS Foundation Trust	122	389	27	10
Gloucestershire Hospitals NHS Foundation Trust	0	21	5	0
Heart of England NHS Foundation Trust	99	408	73	18
North East Ambulance Service NHS FT	5	0	0	0
South Central Ambulance Service NHS FT	0	0	0	0
South East Coast Ambulance Service NHS FT	0	0	0	29
South Staffordshire and Shropshire Healthcare NHS Foundation Trust	0	110	9	0
South Warwickshire NHS Foundation Trust	0	321	67	0
South Western Ambulance Service NHS FT	0	2	0	23
The Dudley Group NHS Foundation Trust	0	36	15	0
University Hospitals Birmingham NHS FT	55	342	2	37

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



# Independent auditor's report

## to the Council of Governors of West Midlands Ambulance Service NHS Foundation Trust

### REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

#### 1. Our opinion is unmodified

We have audited the financial statements of West Midlands Ambulance Service NHS Foundation Trust ("the Trust") for the year ended 31 March 2018 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity, Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

#### In our opinion:

- the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2018 and of its income and expenditure for the year then ended; and
- the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2017/18 and the Department of Health and Social Care Group Accounting Manual 2017/18.

#### 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.

#### Overview

**Materiality:** £4.2m (2017: £4.0m)  
financial statements  
as a whole 1.7% (2017: 1.7%) of total  
forecast revenue

#### Risks of material misstatement vs 2017

<b>Recurring risks</b>	NHS and non-NHS income	◀▶
	Land and buildings	◀▶

## 2. Key audit matters: our assessment of risks of material misstatement

Key audit matters are those matters that, in our professional judgment, were of most significance in the audit of the financial statements and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by us, including those which had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team.

We summarise below, the key audit matters, in decreasing order of audit significance, in arriving at our audit opinion above together with our key audit procedures to address those matters and our findings from those procedures in order that the Trust's governors as a body may better understand the process by which we arrived at our audit opinion.

These matters were addressed, and our findings are based on procedures undertaken, in the context of, and solely for the purpose of, our audit of the financial statements as a whole, and in forming our opinion thereon, and consequently are incidental to that opinion, and we do not provide a separate opinion on these matters.

	The risk	Our response
<p><b>NHS and non- NHS income</b></p> <p>Income from activities: (£250.5 million; 2016-17: £227.3 million)</p> <p>Other operating income (£13.4 million, 2016-17: £13.7 million)</p> <p><i>Refer to page 10 Audit Committee Report, page F7 (accounting policy) and page F19 (financial disclosures)</i></p>	<p><b>Subjective estimate</b></p> <p>There are opportunities for the directors to apply bias to the amounts recognised to influence overall financial performance.</p> <p>The Trust has participated in the NHS agreement of balances exercise. It receives third party confirmations from its commissioners, but may record different values within its own financial statements.</p> <p>In 2017-18, the Trust reported total income of £263.9m (2016-17, £240.9m). Of this, £241.8m (2016-17: £211.5m) relates to contracts with NHS commissioners. This represents 91.6% of total income (2016-17: 88.2%). The remaining £28.4m (2016-17: £24.8m) was from contracts with NHS foundation trusts, NHS trusts and other NHS and non-NHS organisations. Operating income from patient care activities for 2016-17 was £250.5m (2016-17 £227.3m) and £13.4m (2016-17 £13.7m) for other operating income.</p>	<p>Our procedures included:</p> <p><b>Tests of detail</b></p> <ul style="list-style-type: none"> <li>— We agreed through testing a sample of invoices that the Trust had issued invoice amounts during the year in line with the contracts signed by NHS commissioners;</li> <li>— We critically assessed the outcome of the agreement of balances exercise with other NHS bodies. Where there were mismatches over £210 thousand, we identified the reasons and challenged the assumptions in the Trust's assessment of the level of income they were entitled to receive and obtained evidence to support the Trust's reported income figure;</li> <li>— We assessed the basis upon which any provisions for debt have been made, including testing of the completeness and accuracy of the Trust's aged receivables analysis; and</li> <li>— We undertook testing across 2017-18 and April 2018 to identify any income balances recorded in the incorrect period.</li> </ul> <p><b>Our findings:</b></p> <p>We found the resulting estimates to be mildly cautious.</p>

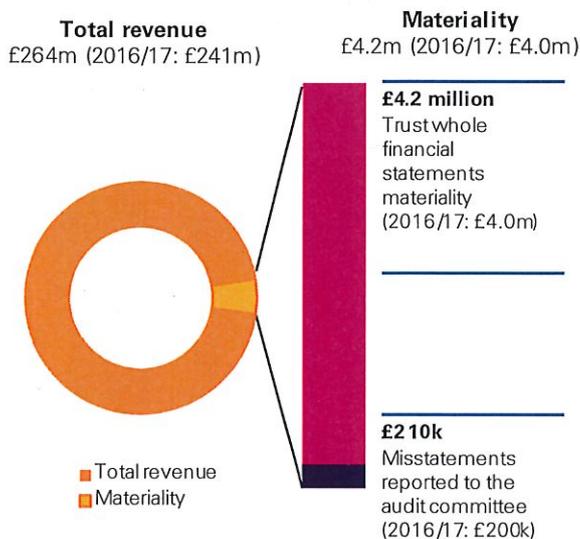
	The risk	Our response
<p><b>Land and buildings</b></p> <p>Land and Buildings: (£38.8 million; 2016-17: £37.0 million)</p> <p><i>Refer to page 9 (Audit Committee Report), page F8 (accounting policy) and page F29 (financial disclosures).</i></p>	<p><b>Subjective valuation</b></p> <p>The Trust is responsible for ensuring the valuation of their land and buildings is updated each year, and for conducting impairment reviews that confirm the condition of these assets.</p> <p>The Trust engaged an independent provider to supply indices for 2017-18 to adjust its land and building values to current market values. In addition, the Trust engaged property consultants to provide a valuation for the Stoke Hub which was brought into use during the year.</p> <p>The asset valuation and impairment review processes both require specialist technical knowledge and given the value of the estate therefore present a higher level of risk to the audit.</p>	<p>Our procedures included:</p> <ul style="list-style-type: none"> <li>— <b>Assessing the indices provider:</b> We critically assessed the competence, capability, objectivity and independence of the Trust's external indices provider considering the terms of engagement of, and the instructions issued to, the indices provider for consistency with the Trust's accounting policies for the valuation of property, plant and equipment;</li> <li>— <b>Recalculating the indexation:</b> We agreed the indexation rate used in the fixed asset register to the underlying data provided by the index provider. We recalculated the corresponding transaction with the revaluation reserve, and the reversal of impairment recognised in the Statement of Comprehensive Income;</li> <li>— <b>Assessing the valuer:</b> We critically assessed the competence, capability, objectivity and independence of the Trust's valuer considering the terms of engagement of, and the instructions issued to, the valuer for consistency with the Trust's accounting policies for the valuation of property, plant and equipment. We considered these arrangements to be appropriate in order to provide the valuation used;</li> <li>— <b>Test of detail:</b> For Stoke Hub we agreed the information provided by the Trust to the valuer to financial and property records. We agreed the valuation methodology used by the valuer was in accordance with the GAM, and obtained confirmations that the Trust correctly applied the results of the valuation to the fixed asset register; and</li> <li>— <b>Test of detail:</b> We agreed a sample of asset additions and disposals to the supporting evidence from the Trust, and assessed whether these had been appropriately capitalised in the correct period and with the most appropriate classification.</li> </ul> <p><b>Our findings:</b></p> <p>We found the resulting valuation of land and buildings to be balanced.</p>

### 3. Our application of materiality

Materiality for the Trust's financial statements as a whole was set at £4.2 million (2016/17: £4.0 million), determined with reference to a benchmark of total revenue (of which it represents approximately 1.74% (2016/17: 1.66%)). We consider operating income to be more stable than a surplus or deficit-related benchmark.

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £210,000 (2016/17: £200,000), in addition to other identified misstatements that warranted reporting on qualitative grounds.

Our audit of the Trust was undertaken to the materiality level specified above and was all performed at the Trust's office in Brierley Hill.



### 4. We have nothing to report on going concern

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least twelve months from the date of approval of the financial statements. We have nothing to report in these respects.

### 5. We have nothing to report on the other information in the Annual Report

The directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements

#### Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2017/18.

#### Corporate governance disclosures

We are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's position and performance, business model and strategy; or
- the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or
- the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

### 6. Respective responsibilities

#### Accounting Officer's responsibilities

As explained more fully in the statement set out on page A91, the Accounting Officer is responsible for: the preparation of financial statements that give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

#### Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities)

## REPORT ON OTHER LEGAL AND REGULATORY MATTERS

### **We have nothing to report on the statutory reporting matters**

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.
- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

### **We have nothing to report in respect of our work on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources**

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

We have nothing to report in this respect.

### **Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources**

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

### **Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources**

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

The significant risks identified during our risk assessment are set out overleaf together with the findings from the work we carried out on each area.

Significant Risk	Description	Work carried out and judgements
<p><b>Financial sustainability</b></p>	<p>The Trust's financial position remains strong despite the significant financial challenge in the sector. In its month 6 submission to NHSI, the Trust reported an adjusted financial performance surplus of £4.45 million, including STF income, meeting the in-year control total of £4.37 million. This is a positive result given the sector context and the respective position of many other trusts, 65% of trusts reported a deficit at month 6.</p> <p>The Trust expected to continue to meet its control total by the year-end, with a forecasted surplus of £2.25 million.</p>	<p>We performed work to assess the Trust's financial sustainability. This included the identification of any significant one-off items included within the reported headline result. In 2017-18 the Trust have received Sustainability and Transformation Fund income of £3.5m.</p> <p>In 2017-18, the Trust reported:</p> <ul style="list-style-type: none"> <li>• A surplus of £4.8m for 2017-18 which meets the NHSI required Control Total, and exceeds the Trust's plan by £2.5m;</li> <li>• CIPs – the Trust reported delivery of £4.0m of CIPs for 2017-18 against a plan of £3.9m;</li> <li>• The Capital programme of £6.9m for 2017-18 was met;</li> <li>• Cash remains strong - £40.3m at March 2018 compared to £29.9m at March 2017.</li> </ul> <p>Through our work, we conclude that in addition to efficiencies achieved over and above those expected, additional STF monies have contributed to the positive financial outturn.</p> <p>The future finances, whilst continuing to be strong, are predicated on achieving the performance levels estimated.</p> <p>We concluded that the Trust had adequate arrangements in place for planning finances effectively to achieve its strategic objectives and maintain its statutory functions.</p>
<p><b>Work with local health economy partners in the Sustainability and Transformation Plans (STP)</b></p>	<p>We are required to assess the adequacy of arrangements with partners and third parties as a key criteria for delivering value for money. STPs were announced in the NHS planning guidance published in December 2015 and in response, NHS organisations have developed 'place-based plans' for the future of health and social care services in their area. The final 44 plans were assessed by NHSE and given ratings from Category 1 – outstanding to Category 4 - needs most improvement.</p> <p>The Trust participates in 3 core STP footprint areas scoring from Category 2: Advanced (Birmingham &amp; Solihull, and Herefordshire &amp; Worcestershire) to Category 3: Making progress (The Black Country). You will expected to continue to work closely with your partners to achieve the scale of transformation agreed and ensure there is rigour, governance and accountability across the system.</p>	<p>We have considered the extent of the Trust's collaboration in these plans and their future delivery. As part of this we have considered the Board's discussions of its STPs, governance and their impact on the Trust's future financial plan.</p> <p>The Trust has a different provider perspective to the key players involved in STPs to date, and multiple involvement across STPs. It continues to keep abreast of developments in order to inform its future plans and actions. It has created formal structures and reporting mechanisms to help bring STP issues to the Board for discussion.</p> <p>We concluded that the Trust had adequate arrangements in place for working with key partners in the delivery of the STP.</p>

Significant Risk	Description	Work carried out and judgements
<p><b>Reporting of operational performance against revised national standards</b></p>	<p>The Ambulance Response Programme (ARP) received approval in 2017 and has changed the national standards which ambulance trusts report on. WMAS participated in the pilot of this scheme in 2016-17 and has reported strong performance. Further trusts have been implementing the standards over the latter parts of 2017.</p> <p>The change in reporting has required the structure and information in the operational part of the Trust's Information Pack to be amended.</p>	<p>We have considered the key reports to the Board and its committees, the minutes for the meeting, and discussed with officers how actions arising have been recorded, dealt with, and reported on.</p> <p>The Board is ultimately responsible for performance delivery. In support of this, the Resources Committee received monthly Integrated performance report (IPR) and a Monthly Performance Pack.</p> <p>In addition, the Quality Governance Committee receives and reviews recommendations from the Medical Director on the performance against relevant quality and clinical KPI's and seeks assurance that adverse variances are acted upon to meet all defined standards and targets.</p> <p>Each clinical indicator has an explanation of the indicator in lay terms, what is reported, comparator explanations, a narrative against performance, trends for the performance and key actual figures.</p> <p>From minutes, we found positive discussions on the activity reported.</p> <p>We concluded that the Trust had adequate arrangements in place for informed decision making with respect to operational performance.</p>

## **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 NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.



**Andrew Bostock**  
**for and on behalf of KPMG LLP (Statutory Auditor)**

*Chartered Accountants*  
One Snowhill, Snow Hill Queensway, Birmingham, B4 6GH  
24 May 2018



