West Midlands Ambulance Service
University NHS Foundation Trust

Annual Report and Accounts
1 April 2023 – 31 March 2024

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1st April 2023 — 31st March 2024

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Contents

A Message from the Chairman

This year, I would like to concentrate my remarks on the work the Trust has been doing to support staff. In the last 12 months there have been two important reports published looking at the culture of ambulance services and to be honest, they make uncomfortable reading. In some respects they came as no surprise as this is an area that we recognised needed considerable work some years ago. However, although we recognised this, the reports reaffirmed just how important this work is if we are to provide the support, compassion and care that our staff need to be able to work to the highest standards, treating patients and saving lives.

As a Trust, we launched a new cultural statement at the beginning of 2023, which had been put together by staff after a series of workshops. However, we wanted to take that forward and see whether we were making progress, so last summer the Organisational Development Team also spoke to a wide range of staff to find out more about what individuals thought about our culture, retention themes and linked in other issues such as the staff survey and speaking up. As a result, a group of senior managers and directors reviewed in detail the anonymised responses and have created an action plan on how to take these comments forward. This includes looking at how the Board could be more accessible; improvements in internal communications; looking at ways managers could focus on providing more support to staff; and what more can be done to assist managers to enable them to provide that support. We intend to run a further review over the summer to see whether the work has been successful.

Allied to this work, the Trust has been investing heavily in our Freedom to Speak Up (FTSU) programme. We invited the National Guardian, Jayne Chidgey-Clark, to come and speak to the Board where were able to brief her on the work that we were doing. One of the steps we have taken is to appoint a second FTSU Guardian, Lucy Butler, as well as increase the number of FTSU ambassadors on every site and highlight anonymised cases where we have been able to make a difference.

In March the Trust Board received an update highlighting a sharp rise in the number of concerns made through the FTSU process. I absolutely welcome the progress that has been made in relation to FTSU and it is pleasing to see the rise, as this demonstrates that staff have an increasing confidence in the process which is welcome. While we would always hope that staff don't have a need to raise concerns, it is reassuring that they are confident to do so when such situations do arise.

Another area that has been an important step forward for the Trust was the launch of our sixth staff network. For some years we have had groups that support areas such as diversity and inclusion; LGBTQ staff; disability and carers; women; and staff with links to the military. Our sixth group is there to support external and internal students, apprentices and other learners, of which we have around 1,000 at any one time working with us. The group has joint chairs, one a student at one of our partner universities and the other an internal student paramedic. I am confident that this group will bring real benefits to all of our learners.

As you will read in the Chief Executive's reports, our staff face challenges both at work from the likes of hospital handover delays, but also externally from rises in the cost of living. Over the last year we have invested heavily in trying to support staff to get through these difficult times. A tremendously successful part of that work has been the Health and Wellbeing Roadshows that have visited all of our sites. The events are supported by the Trust's Health and Wellbeing champions, Staff Advice and Liaison Service, Freedom to Speak Up Champions and our union reps. Colleagues can take part in fitness challenges and have the opportunity to take part in wellness checks, 30-minute menopause training courses as well as enjoying refreshments and time with each other.

We have an award-winning Staff Advice and Liaison Service (SALS) which offers peer to peer support to colleagues. Recently, the group welcomed 18 new advisors onto their team. They will join the on-call team that receives calls 24/7 and offers local support to staff members in their time of need. SALS also offers immediate post incident defusing in support of managers undertaking this role. They can also provide structured Social, Emotional, Educational Support meetings for staff involved as a group in a critical incident a few days later.

The Trust continues to train more staff as Mental Health First Aiders. The course, which has been undertaken by hundreds of staff, covers many topics including learning more about how to have the confidence to step in, reassure and support someone in a mental health crisis, gaining an in-depth understanding of mental health concerns and illnesses, developing skills such as non-judgmental listening and techniques for self-care which can be really important in a role such as this.

With a workforce that is over 50% female, many will understand periods are part of life. A few months ago containers with free sanitary products were installed in all Trust female toilets.

Given how challenging the current situation is, the Trust is always looking for new ways to support staff. During the year, the Trust enhanced the chaplaincy team with Imam Mohammad Asad (Muslim faith) and Satnaam Kaur (Sikh faith) joining the team. Stephen Bentham also joins us as the new Christian Chaplain as a replacement for Vanetta Griffiths who has stood down after many years of providing support to literally hundreds of staff. We hope to enhance the team further with representatives of both the Jewish and Hindu faiths soon. It doesn't matter which faith staff identify with or indeed if they have no faith, the team will be there to support them.

One of the highlights of my year is the annual awards ceremonies for both staff and volunteers. If ever there was a time to have your faith in humanity renewed, this is it. We continue to see hundreds of members of the public contact us each month to say 'thank you'. Reading these messages is deeply humbling and is quite remarkable when you consider how tough the last two years have been for the Trust. I would like to share just some of the messages and the extraordinary actions of our staff:

- The quick-thinking actions of an ambulance crew saved the life of an expecting mum who lost more than two litres of blood when she suffered a placental abruption at home. Alex Gilmore and Gracie Clarke were responded after a frantic 999-call

from dad, Shal Bhatia, as pregnant Pavandeep was losing a large amount of blood. Thankfully Pavandeep and their son Shayen are both healthy after recovering.

- Sometimes luck is on your side and certainly was for Robert Lockley and his wife Ameii-Lee. Robert was able to flag down Dudley Paramedics Anna Lisowska and Marius Faraji as they passed, just after Ameii-Lee had given birth in their car and their baby wasn't breathing! A baby not breathing is something that every paramedic dreads. Thankfully baby Chelsea is alive and well and mum Ameii-Lee made a full recovery after haemorrhaging herself at the scene.

- After being trapped under two tonnes of metal, Costel Radu was left with life-threatening injuries. Less than three months after the incident, Costel, his wife Micky and their two young children spent an afternoon at Sandwell Hub, meeting the ambulance crew, operations manager, Hazardous Area Response Team and MERIT Trauma staff, who worked to save his life.

Staff are the very beating heart of our organisation. For most of us, by the age of 60 we are thinking of retiring. However, for Margaret Turner who works in our Non-Emergency Patient Transport Service, celebrated her sixth decade in the job! Margaret started her career just before her 21st birthday with the Birmingham Fire & Ambulance Service, which became the Birmingham Metropolitan Ambulance Service. She joined the original West Midlands Ambulance Service in 1984. She continues working for the Service as a Liaison Assistant at Good Hope Hospital. Despite 60 years of work behind her, Margaret has no plans to retire yet, as she 'gets bored at home'!

Thinking of staff, I wanted to highlight some tremendous news. As many of you will know, our staff kindly agree to appear on television so that the public can get an idea of what life is like in our service. Series 10 of 999: On the Frontline recently aired on Channel 4 and the viewing figures show that the programme is more popular than ever. In the final episode over 1,000,000 people watched the staff from Stoke, Stafford and Willenhall helping patients. Thank you to all of the staff who took part and the managers who helped get the programme on air.

I would like to finish by noting three changes to our Trust Board. After almost 40 years in the NHS, our Director of Nursing, Mark Docherty took a well-earned retirement. He has been replaced by Caron Eyre, who has over 30 years of experience in nursing. Caron has spent her entire career in the West Midlands working as an adult and children's nurse and a nurse tutor. She is also Chair of the Association of British Paediatric Nurses. I am passionate about patient safety, quality improvements and the benefits of a positive patient experience.

We also said goodbye to Non-Executive Director, Wendy Farrington-Chadd who has served on the Trust Board for seven years, most recently as Vice Chair and Chair of the Audit Committee. Wendy joined the service after becoming a patient! Wendy has made a remarkable contribution to the Trust, always taking a keen interest in staff and constantly reinforced the importance of doing the right thing for patients no matter how difficult it was. Wendy's replacement is Suzanne Banks CBE. A career in nursing saw her retire from the role of Chief Nurse at Sherwood Forest Hospitals NHS Foundation Trust in 2019 following a career of 38 years. She currently works at a national level in

the NHS supporting menopause care in the workplace and providing coaching and leadership development for senior nurses. I am sure you would agree that both appointments will ensure we continue to have a strong and patient focused Trust Board.

Finally, I would like to formally pay tribute to the work of our staff and volunteers; their efforts cannot be underestimated. Their dedication to saving lives and helping people in their hour of need is second to none and I thank each and every one of you for what you have done over the last 12 months.

Although I have focused on our workforce in this year's message, it goes without saying that the whole raison d'etre for our organisation and our entire team is to help our patients and the wider population of the West Midlands at their time of need. Be assured that we will always do our absolute utmost to respond to the needs of the population whether this is through providing patient transport, telephone clinical advice, face to face clinical advice without needing to attend hospital, or emergency treatment and onward conveyance to hospital.

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

Chief Executive Review 2023-24

Each year when I come to write this review, I think I must come up with a new way to start. Simply saying that this last year has been the hardest of my near 40 years in the NHS doesn't seem sufficient to sum up what has been a truly challenged year. While we were able to bring in a balanced budget, as you will read elsewhere in this Annual Review, it was only through taking some incredibly difficult decisions. Add to that the continued issue of hospital handover delays and it really was a tough one!

However, I want to start my review with two external reviews of our service. Last year we had two visits from the Care Quality Commission, who published their report in February. While we are disappointed that our rating dropped from 'Outstanding' to 'Good', we remain outstanding for being caring and the most successful ambulance service in the country. In addition, our Emergency Operations Centres (EOC) were rated outstanding, the only service in the country that has achieved that. A key theme of the report is the impact that hospital handover delays have on our service. Pleasingly, the report notes that we have been "*working hard to improve the culture, so people and staff could raise concerns without fear. WMAS had improved staff wellbeing and freedom to speak up guardian services. Also, staff understood the emotional impact the situation had on people's wellbeing and on those close to them, particularly when the service was experiencing delays. They were well trained and responded in a professional way to help people receive the care they needed.*"

As a result, the Trust has been given a Section 12 Notice which requires us to improve our response performance. Pretty much, whichever department our employees work in, handover delays will be having an impact on their role. It's not just the staff who face hours outside A&E Departments or control room staff left with hundreds of outstanding patients on their dispatch queue or increasingly angry callers. It is Vehicle Preparation Operatives who are being asked to prepare more vehicles more quickly than ever before; mechanics who have less time to service ambulances; HR advisors dealing with health and wellbeing issues; patient safety staff having to investigate more Serious Incidents; the toll goes on and on.

As a result, the Trust Board has taken a decision to seek the support of each Integrated Care Board (ICB) to reduce handover delays at their respective hospitals and if they are unable to do so, then to find the mitigating cost to allow us to recruit additional paramedics to reach waiting patients before it is too late. Although a huge amount of work has been taking place to find solutions, the Notice now places additional pressure on the whole of the NHS to find a solution. During 2023-24, the Trust lost in excess of 250,000 hours of ambulance time; time that crews could have been treating patients, never mind the tens of thousands of additional calls that EOC staff have had to take from patients and their loved ones asking where their ambulance is.

We simply cannot carry on like this; we have to break the cycle. To do this, the Trust is proposing to recruit around an additional 300 paramedics and increase the ambulance fleet by 20 over the coming year, over and above what had already been planned. Doing so will mitigate the delays in responding to patients and allow staff to finish on time. The last thing I want is any of that £20m – we wouldn't need it if we were able to free up our ambulances. The figures are really clear; when delays reduce our performance improves and we see fewer incidents of harm being reported for patients where we simply have not got there quickly enough. We must not allow handover delays to become the norm.

The other area where we have been inspected is in our Education and Training Department. The visit from Ofsted inspectors took place in February, with the regulator announcing that we had retained our 'Good' rating. Throughout the four-day inspection inspectors interviewed a wide range of staff and were clearly impressed by what they found. I am extremely proud of the team for the incredible work they do every day, in training the next generation of paramedics.

Support for staff is a key part of the work of the Trust so I was delighted when we passed through the 50% mark for the number of operational staff who are now mentors. Courses have been running at five partner universities and all BSc student paramedics undertake mentorship training as part of their course. We know just how valued and important this role is during the training phase of the student paramedic course and beyond on an ongoing basis. As a University NHS Foundation Trust, learning is such a key part of what we do, so the fact that we have so many mentors is clearly fantastic news. Well done to you all.

While there are undoubtedly significant challenges facing the Trust, we are making good progress in other areas. As an organisation, we have had an ambition to have a paramedic on every vehicle for some years. As a Trust, we achieve that in over 99.5% of occasions. Having a paramedic attend means fewer patients end up going to A&E and more care can be given at the time. This was put into stark contrast by an independent investigation which found that in some services, around a third of Category 1 cases did not get a paramedic response to the patient. In comparison, 99.6% did in the West Midlands. Similarly, for Category 2 calls, one service sent a paramedic to only 64% of cases, compared to 98.7% in the West Midlands. While the value of paramedics is clear, I do not want to understate just how important our Community First Responders, Emergency Care Assistants, student paramedics and ambulance technicians are to the care of patients too. Having a blended workforce undoubtedly brings benefits to patients. We will continue to do everything possible to get a paramedic to every case because we firmly believe that it is the right thing to do.

One of the ways that we intend to do this is through a new partnership with Birmingham Newman University. Newman have 44% of their students from an ethnic minority background, and 40% of their students are mature learners. Expanding our reach and providing opportunities for these communities is something that is important for our workforce to become even more reflective of the community we serve. It's an exciting development that will offer many opportunities for people to join the paramedic profession, making this the seventh University the Trust has partnered with since 2018.

While we continue to make progress in the clinical care we provide, I did want to draw attention to one development, the introduction of five state-of-the-art maternity mannequins which can simulate a birth. Each one can be integrated with the Trust's Zoll X Series monitors which allows real-time monitoring of blood pressure and blood oxygen levels amongst other features. The mannequins are incredible pieces of equipment that will undoubtedly help improve the confidence and competency of our staff when attending obstetric emergencies. This is the latest in a series of improvements we have made in this area following the death of newborn baby Kate Stanton-Davies in March 2009. Following this tragic incident, WMAS undertook a full review of the maternity care it provides, which included significant consultation with Kate's parents, Rhiannon Davies MBE and Richard Stanton MBE. As well as the introduction of the mannequins, we have also introduced Maternity Champions on each of our hubs.

Patient Safety is another area where we have made significant strides over the last year. The Patient Safety Team has welcomed eight new Learning Leads who will enable the transition from the Serious Incident Framework (SIF) to the new Patient Safety Incident Response Framework (PSIRF). The new staff will allow us to focus more on staff, patient, and family engagement, be more proactive towards patient safety incidents and overall improve patient care.

Sadly, verbal and physical violence towards our staff remains all too common. All of our operational staff get conflict resolution training, there are CCTV cameras in the ambulance and staff now have access to body worn cameras too. Over the last year, we have seen the value of the cameras, particularly with a number of perpetrators pleading guilty as soon as they realised there was footage available. In addition, a report by the Association of Ambulance Chief Executives has shown that WMAS leads the way in the support provided to staff who are unfortunate enough to be involved in a violent attack. Even one attack is one too many, never mind the 7,600 that we had within the last six years. Sadly, the number rose again last year to 1,848 and ambulance staff remain twice as likely as the national average to be the recipient of violence while working. We will continue to do everything we can to help staff and bring perpetrators to justice.

This year, we were able to order 85 new ambulances. Sixty of them will replace vehicles that have reached five years old, but 25 will increase the fleet size which will ensure we have more resilience and mitigate situations such as hospital handover delays. The Trust continues to have the youngest and most efficient fleet in the country. The average age of our fleet is 2.24 years, compared to other services whose average was seven years, with the oldest ambulance in frontline operations 14 years old! Staff tell me regularly how important it is that we have good quality vehicles that don't break down. We know that once a vehicle is past five years, it is far more likely to have issues that could make it unavailable for frontline operations. We want to make sure that staff always have the most modern, safest and least polluting ambulances as possible. It is the right thing for staff, for patients and the environment.

The Trust remains the only ambulance service that has electric vehicles in every service line and we intend to increase the number of both emergency ambulances and officer response vehicles in the coming year. It is part of our commitment to reducing the carbon impact of the NHS. The Trust has invested heavily in reducing our footprint with modern buildings and the most efficient vehicles available. For the most recent period, we saw an 11.61% reduction on the previous year.

Thankfully we have not had to deal with a terrorist incident in the West Midlands for many years. However, in the times we live, it is something that we take extremely seriously. As a result, we continue to test our response to such incidents as often as possible. Recently we have undertaken exercises at locations as diverse as a football ground and a railway tunnel. We have also introduced a new way of dealing with mass casualty events, known as ten second triage and hot P1 loading which comes from learning from the Manchester Arena bombing. These exercises are a valuable opportunity to work alongside colleagues from other emergency services and partner agencies to test what we would do if ever the worst was to happen.

While physical injuries are always a risk, it is not just this area where the Trust has been investing heavily. Whether it is Malware, Phishing, Spoofing or a Trojan Horse, all present a real risk to the IT security of our Trust. We have all seen the impact cyber security

breaches can have on businesses, so it is essential that we are all aware of the dangers and do all we can to reduce the risk. Running parallel to that, the IT and Digital team have been working behind the scenes to introduce security updates. A recent assessment by NHS England showed WMAS had the highest score of any NHS organisation with over 1000 devices. It follows a huge effort by the IM&T Department to update and upgrade computers within the organisation.

At the end of the day, saving lives is what we are here for. During the year we have launched two initiatives which aim to do just that. The Trust has started using the GoodSam app with more than 300 off duty staff signing up to respond to carry out 'hands only cardiopulmonary resuscitation (CPR)' until on-duty crews can get to the scene to take over. Currently, we are averaging around one activation a day and have already had two ROSCs (Return Of Spontaneous Circulation), where a patient has started breathing for themselves again.

The second area is a groundbreaking campaign involving some of the country's top sports stars. The Trust has teamed up with the Rugby Football Union to create a video encouraging members of the public to learn CPR. The video was played to 80,000 fans on the big screens at Twickenham during the Gallagher Premiership Rugby Union final between Saracens and Sale. Now the team has created a second video with some of the top cricketers in the country with the video due to be shown before England matches and at all 18 county cricket grounds throughout the entirety of the season. I would like to thank CFRs Steve Hart, Jon Essex, Simon Rhodes and Paul Telfer for their incredible contributions in making the video. Sadly, Paul passed away recently following a short illness and it is a great shame he was not there to see the reaction to his work.

I also want to pay tribute to Naomi Rees Issett and her inspirational work in and around the Rugby area. Tragically, her 18-year old son, Jamie Rees, died after suffering cardiac arrest in the early hours of New Years Day 2022. Due to handover delays it took the Trust nearly half an hour to get there and a defib at a nearby school was locked up. Since then, Naomi has run a magnificent campaign to get more defibs in local communities. She initially tried to get 20, but recently unveiled the 150th! Naomi has twice spoken to our Board about what happened and the learning that has come from the incident.

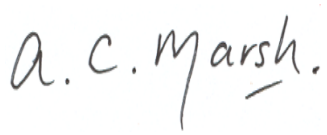
The Trust continues to support another life saving campaign, the Daniel Baird Foundation. Daniel died after being stabbed just once in an attack in Birmingham. His mother Lynne, who received an MBE for her work, has been campaigning for life-saving bleed kits to be rolled out across Britain. The Trust helped Lynne to design the kits; there is one on each of our emergency hubs next to the defibrillator that is also available to the public should they be needed. In total, there are now over 15,000 deployed across England. A recent example reaffirmed just how important this work is. A young man was stabbed in Birmingham and our control room directed a member of the public to get a kit. In the end, specialist police officers deployed a kit they carry, but had they not been available, the kit was there and would have made the difference in the same way that the police one did.

Listening to stories of courage, bravery and heroism is always a real pleasure particularly when it involves our staff and volunteers. It was therefore particularly pleasing to host the Annual Awards ceremonies last summer. Awards included Long Service, Chief Officer Commendations, Student Paramedic of the Year, Mentor Awards, Apprenticeship Awards, Community Initiative and Partnership Awards; Community First Responder Long Service Awards and the CFR of the Year. To have the chance to recognise the extraordinary efforts of our staff, volunteers and members of the public is extremely

important. We heard so many fantastic stories of people going above and beyond and all for the same reason: to provide the very best levels of care to our patients.

With flags flying, tea flowing, bunting waving and cupcakes aplenty, there was no doubt WMAS staff got stuck into celebrating the Coronation of King Charles III. We were very fortunate to have several members of staff attend events in London, representing the Trust in various capacities. One was at Westminster Abbey for the service; two staff joined 20 other ambulance staff to represent the ambulance service as part of the 200 Uniformed Civilian Services, who street lined the processional route. Four staff attended Coronation Garden Parties at Buckingham Palace as well.

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



Anthony C. Marsh
Chief Executive Officer

Performance Report 2023-24

Overview of Performance

This section includes a Summary of the Trust's Performance in 2023-24 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 2023-24

At the end of a year, it is traditional to try and sum up the highs and lows of the previous 12 months. Highs and lows would seem very apt for a year that saw some improvements in areas like hospital handover delays, if only short term, but equally, the measures we have put in place have allowed us to make some progress in our most challenged areas.

After the year that 2022-23 was, we all hoped that we would never see anything similar again, and it is true that last year wasn't as bad, but the progress was nothing like what we had been promised. As a Trust, we were given assurances that delays outside A&E would reduce by 25%; in the end they fell by just 3% - progress, but not at the level that anyone had hoped for.

Despite this, we were able to make substantial improvements in our performance. Our Category 2 Mean dropped from 48-minutes 12-seconds to 36-minutes 3-seconds, a 25% improvement. Equally, our call handling improved too with the number of 999 calls that waited over two-minutes to be answered dropping by 67%. Whilst this is progress, the Category 2 performance is still well above the level we used to see routinely prior to the pandemic. Similarly, we would not want to see any 999 call waiting over two minutes to be answered.

In 2019-20, the year before the COVID-19 pandemic, we lost 87,646 hours of ambulance time due to handover delays. In 2022-23, that ballooned to 261,838 hours; last year it was 254,085. As a result, we saw more serious incidents where harm came to patients simply because we did not get to them quickly enough. The maximum time a patient waited to be handed over during the last 12 months was still 24 hours, but it is down from over 32 hours the previous year.

I cannot understate the impact these delays have had on both patients and staff. Our ability to get to patients quickly has been severely impacted. The reality is that we don't get to heart attack and stroke patients as quickly as we should. It also pains me to see cases of elderly patients who have had a fall, waiting hours on the floor, sometimes outside in all kinds of weather. It is truly heartbreaking.

As the recent Care Quality Commission inspection report into our Trust highlighted*: "Ambulances were queuing for hours at A&E departments due to handover delays, which impacted on people's care and wellbeing. This resulted in longer response times, it also had a negative effect on staff, who were doing their best to provide safe care and treatment to people."*

Since January when we hit the peak of handover delays at 35,000 hours lost in a single month, the situation has improved. This has been reflected in the improvements in our response times, the Category 2 mean in March sitting at a little over 33 minutes and the Category 3 mean at just under three hours, but these are still nowhere near good enough. We are still failing people who need our help.

We will continue to lobby for the changes that are needed to ensure our performance returns to the levels we used to see week in, week out. It is something we all need to strive for as it will save lives.

Despite what is a very concerning picture, there are some positives. The fact that there are some is down to the outstanding work of our staff and volunteers, right across this Trust, who do an amazing job providing the best care possible for our patients.

We continue to have the best 999 call answering performance in the country. The data from BT shows that we have the smallest number of occasions when it has taken more than two minutes to answer a 999 call. Last year we had 1,200 of them, down from 3,700 the previous year. To put that into context, nationally there were over 200,000 such cases. What is even more remarkable is the fact that the teams in our control rooms at Stafford and Brierley Hill took over 200,000 calls for other services amongst the 1.8 million 999 calls they took.

You will recall that the Trust Board took the extraordinary step in 2022 of raising the Risk Rating to 25 – the highest possible – for two areas: the level of hospital handover delays and the time it takes for us to respond, both of which result in harm to patients. While I am pleased that we reduced that in the early summer, delays sadly got worse and we once again moved the rating back to 25 in November.

At a time when we need to work harder than ever to meet the challenges we face data shows that the average number of patients an ambulance crew sees during a shift remains at just three. At one point, crews were seeing on average almost eight patients per 12 hour shift. Sadly, we also know that some crews end up seeing only one patient because they have taken their first patient to hospital and have then not moved due to the delays handing over.

The Trust continues to do all it can to assist the wider health economy by finding new and innovative ways to treat patients without the need to convey them to an emergency department. We continue to take less than 50% of our patients to an emergency department. The work of our Clinical Validation Team, which is made up of experienced paramedics and nurses, means that around 18% of patients are dealt with over the phone; the best in the country. Their work is supported by having a paramedic on every vehicle; this allows us to treat many more patients at the scene of the incident. Where they might need additional care, our staff are able to access a wide range of alternative appropriate pathways, whether through access to GPs, community services or directing the patient to Same Day Emergency Care (SDEC) pathways at hospital, bypassing A&E. We all know

that hospitals are under tremendous pressure so everything that we can do to manage patients through other specialist services in hospitals or in the community, will help.

While it is absolutely the right thing to do to reduce the number of patients being taken to Emergency Departments, we have to make sure that the right patients are being referred to alternative care pathways or being dealt with over the phone only by following the appropriate clinical guidelines. We are monitoring the clinical data very closely and there are some patterns that are emerging which suggest that we need to carry on refining the process so that each patient gets what is best for them.

It is hard to imagine just how difficult and frustrating the last few years have been for staff. We have been able to triangulate the impact on them through the results in our staff survey, the answers we get from colleagues since we rolled out the Winningtemp staff employee engagement platform and through the work of our Health & Wellbeing team, Staff Advice and Liaison Service and the conversations our managers have with staff. We absolutely recognise the impact these delays have on the health and wellbeing of our staff as they do all they can to cope with these very difficult situations. It is why we have invested heavily in ensuring there is 24-hour support for staff on all of our hubs as well as improvements in the wellbeing support available such as employing three mental wellbeing practitioners as well as dedicated peer to peer and online support. In addition, the Human Resources team continues to update the Health & Wellbeing website which brings together in one place all of the support that is available to staff.

While the staff on the frontline, those in our control rooms and the hundreds who provide non-emergency services are the face that most people know us for, there is also a small army of people who support them. These are the people who enable those staff to carry out their vital roles. I am thinking of our mechanics, those that prepare our ambulances and our education and training department, but also the key corporate functions who make sure the organisation works effectively, safely and efficiently such as those in Finance, IT, Workforce, Organisational Development, Audit, Recruitment, Supplies and Distribution and Press & Communications etc. They may not be as high profile, but they play a vital role nonetheless. It is particularly notable given many of the corporate staff continue to work from home or in a hybrid manner.

The finances of the NHS often hit the national headlines and this year has been no different. We face one of the toughest financial climates I have ever seen in my near 40 years in the NHS. This results in difficult decisions, but as an organisation we are committed to ensuring we utilise our resources effectively and will continue to invest the maximum amount in our frontline services. We will face each challenge head on and make the necessary changes to provide the highest standard of clinical care to our patients. With these commitments we will continue to strive to perform at the highest levels possible whilst also achieving our required Financial Control Total, thereby meeting all of our required financial duties.

If I can conclude by thanking the staff within this Trust and also the volunteers who support us. Not only the community first responders who give up their time to support their local communities but also those that support organisations such as the two air ambulance charities and emergency doctors who respond to some of our most seriously ill and injured patients. Their work cannot be underestimated.

Over and over again, the dedication and commitment of our staff and volunteers shines through and makes us the organisation we are. Please accept my grateful thanks for all that you do. There is no question that your work, whichever part of the organisation you are in, helps to save lives and that is something we should all be immensely proud of. Thank you to you all.

Anthony C. Marsh
Chief Executive Officer

About the Trust

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

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

The Trust has a budget of over £400 million per annum. It employs over 7000 staff and operates from 15 operational hubs together with other bases across the region. The maximum age of the operational fleet continues to be no more than five years old. In total the Trust utilises over 1000 vehicles including ambulances, non-emergency ambulances and specialist resources such as major incident.

In total there are two Emergency Operations Centre sites that operate within WMAS These are based at Brierley Hill and at Stafford. A workforce of around 1,000 staff work across the 2 sites and manage calls, clinical support, alternative pathway usage, dispatch and hospital handover delays for the Trust.

The EOC processes and manages almost 5,000 emergency and urgent and non-urgent calls a day, this equates to approximately 1.8 million calls per year. It prides itself on answering calls quickly to help and support patients and service users without delay. During the year the Trust has supported other ambulance services with answering over 200,000 of their 999 calls.

The Clinical Validation team are now an established part of the operating model where they are supporting call assessors and undertaking clinical triage of lower acuity cases that can be referred into alternative pathways, meaning that ambulances can be dispatch to patients with the greatest need. Throughout the year the team have managed to direct 18% of the emergency incidents to alternative pathways.

The Trust is supported by a network of volunteers. More than 500 people from all walks of life give up their time to become Community First Responders (CFRs). CFRs are always backed up at the incident location by ambulance service clinicians, but there is considerable evidence that their early intervention in life critical emergency situations saves lives; there are many people in our communities alive today because of the work of these volunteers. The CFRs also provide training in their communities on the use of AEDs and CPR, this reached over 50,000 members of the public this last year.

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

Geographical Area and Population

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

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

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

Services Provided

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

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

This is the best known part of the Trust and deals with the emergency and urgent calls. This service is directed from the three Integrated Emergency & Urgent Care Centres (IEUCs) two of which are at Brierley Hill near Dudley, and the third located in Stafford which answer and assess 999 calls. Dispatch will then send the most appropriate ambulance response to the patient, or the call will be handled by the Clinical Validation Team (CVT) who will look to provide an alternative pathway to meet the needs of the patient without the need to respond or attend the Emergency Department. Where necessary, patients will be assessed by a paramedic lead ambulance crew who will then make decisions on the best course of action. This can include home treatment, referral to alternative pathways such as a GP or walk in centre or, in 45% of occasions the patient will be conveyed to an Emergency Department or other NHS facility such as an Urgent Care Centre or Minor Injuries Unit for further assessment and treatment.

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

The Trust operates eight NEPTS contracts within the West Midlands and Cheshire, working operationally from 12 bases and 4 control rooms that deal with just under 1 million patient journeys per annum. They transfer and transport eligible patients to hospital appointments, transfer between hospital sites, deal with routine admissions, discharges and for continuing

treatments such as renal dialysis and oncology. Complex journeys continue to grow, including bariatric, high dependency and End of Life journeys.

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

This is a small but vitally important section of the organisation which deals with the Trust's planning and response to significant and major incidents within the region as well as providing support for large gatherings/events such as football matches and festivals. It also ensures the Trust learns from incidents, exercising and public enquiries such as the Manchester Arena Incident to ensure we are constantly improving the care we provide. The department arranges ongoing training and exercising for staff/commanders, ensuring the Trust understands and acts upon intelligence and identified risk to respond appropriately in the event of a significant/major incident to keep the public safe and saves as many lives as possible.

- **Commercial Call Centre**

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

- **Healthcare Logistics**

The Healthcare Logistics service provides a wide range of services for mainly NHS customers, in Staffordshire and Stoke-on-Trent including clinical waste and mail collection, medical forms and supplies deliveries, specimen collections, and staff transport services.

- **Audit Services**

During this financial year, the Internal Audit provision to the Trust has been outsourced to KPMG LLP, with the contracts relating to services previously provided to other organisations coming to an end.

Vision and Values

Our Vision

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

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

Our Values

Excellence

A high performing organisation with professional, engaged, empowered and valued staff who learn from each other to be the best we can together in order to deliver the best possible care and outcomes for our patients and service users. Cutting edge and innovative using the best evidence

Integrity

We all do the right thing for our staff, volunteers and students, our patients and service users, the organisation and the system with candour.

Compassion

We believe that showing genuine concern about the needs of others through our actions fosters appreciation and tolerance, leading to a sense of safety in the workplace.

Inclusivity

We treat everyone with dignity, respect, fairness and integrity, valuing difference.

Accountability

We are committed to upholding our values and behaviours and holding others to account for them.

Culture Statement and Values and Behaviours Framework

On 10th March 2023 the Trust's organisational values were reviewed and refreshed by our staff, and a Culture Statement was added together with a behavioural framework for everyone, including leaders.

Our Culture

Values and Behaviours

EXCELLENCE	INTEGRITY	COMPASSION	INCLUSIVITY	ACCOUNTABILITY
A high performing organisation with professional, engaged, empowered and valued staff who learn from each other to be the best we can together in order to deliver the best possible care and outcomes for our patients and service users. Cutting edge and innovative using the best evidence.	We all do the right thing for our staff, volunteers and students, our patients and service users, the organisation and the system with candour.	We believe that showing genuine concern about the needs of others through our actions fosters appreciation and tolerance, leading to a sense of safety in the workplace.	We treat everyone with dignity, respect, fairness and integrity, valuing difference.	We are committed to upholding our values and behaviours and holding others to account for them.
Behaviours for all: • Professional and ethical • Learning • Communicating clearly using the best method • Striving for excellence and improvement • Effective intra- and inter-teamwork	Behaviours for all: • Transparent • Honest • Respectful	Behaviours for all: • Kind • Empathetic • Supportive • Non-judgmental • Appreciative	Behaviours for all: • Curious about difference • Respecting boundaries • Ally for under-represented groups	Behaviours for all: • Accountable for own behaviours, and for holding others to account
Behaviours for leaders: • Coaching approach to vital conversations • Using the right leadership style for the situation • Providing opportunities for our staff to develop and progress • Setting a clear direction and focus	Behaviours for leaders: • Decisions are communicated in a timely, transparent and honest way • Listening in order to understand	Behaviours for leaders: • Decisions and actions are taken with empathy and genuine concern for the individual • Providing organisational psychological safety • Paying attention to the health and well-being of staff	Behaviours for leaders: • Tackling inequalities • Progressing diversity	Behaviours for leaders: • Accountable for organisational culture • Modelling the values and behaviours in actions and decisions • Leading the way in holding to account for the right behaviours • Corporate social responsibility • Environmental sustainability

Keys Issues and Risks

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

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

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

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

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

The Committees of the Board of Directors have responsibility for providing assurance in respect of the effectiveness of those controls. The effectiveness of the Trust's governance structures continues to be tested via Internal and External Audit. There are experienced and appropriately qualified staff to lead, support and advise staff at all levels across the organisation with the identification and management of risk.

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

All members of staff have an important role to play in identifying, assessing and managing risk and the Trust encourages a culture of openness. 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. This is captured with the risk appetite statement and referred to as first line of defence.

Board Assurance Framework and High Risk Panel Review

In 2023, following both internal and external (Good Governance Institute) discussions, it was agreed that a revised BAF was developed. This included a new risk template allowing greater clarity and a more appropriate and direct recording of strategic risks to allow for a focused discussion at Board. This process will enable greater assurance and reflect the Trust Risk Appetite.

Significant improvement work has taken place to ensure that the process was fully understood, offered clarity and improved the assurance to the Board. A robust action plan was used to manage the improvement and ensure that assurance continued for operational risks which do not appear on the updated BAF documentation, but that support the strategic risks.
Risks rated with a score of 16 and above on the Trust Risk Register are subject to a new regular review process to ensure proactive identification and mitigating action can be addressed much earlier.

Directors' Conclusion on the Assessment of Going Concern

At the meeting of the Trust's Audit Committee on the 12 March 2024 a detailed discussion took place on the application of the Going Concern Concept to the Trust. Taking account of the recommendation of the Audit Committee, and after considering the current financial and operational position of the Trust, the Directors at the meeting of the Board of Directors held on 27 March 2024 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 2023-24.

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**:

New measures implemented from September 2017 under the Ambulance Response Programme (ARP) defined each response standard and the detail of the reporting requirements. These response standards were brought into being incrementally across the country from September 2017 in shadow-form and reported centrally, with the new performance standards becoming live from April 2018 onwards.

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

The Trust reports that in 2023/24, with continued extensive handover times at many of our major hospitals, the Trust was unable to achieve all of its performance standards at a mean average, and 90th centile.

Call Category Description	National Standards		Achievement April 2023 to March 2024
Life Threatening - Time critical life-threatening event needing immediate intervention and/or resuscitation.	Category 1 Mean	7 minutes	8 Minutes 15 Seconds
	Category 1 90th Percentile	15 minutes	14 Minutes 30 Seconds
Emergency - Potentially serious conditions that may require rapid assessment, urgent on-scene intervention and/or urgent transport.	Category 2 Mean	18 minutes	36 Minutes 03 Seconds
	Category 2 90th Percentile	40 minutes	80 Minutes 48 Seconds
Urgent - Urgent problem (not immediately life-threatening) that needs treatment to relieve suffering.	Category 3 90th Percentile	120 minutes	428 Minutes 59 Seconds

Non Urgent - Problems that are not urgent but need assessment.	999 Category 4 90th Percentile	180 minutes	495 minutes, 15 seconds

Ambulance Quality Indicators

National Audits

Ambulance Services are not included in the formal National Clinical Audit programme, however, during 2023-24 the Trust participated in the following National Ambulance Clinical Quality Indicators Audits:

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

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

   Audit Element

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

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

   Audit Element

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

2. **Care of Stroke Patients**

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

   Audit Element

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

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

3. Care of Patients in Cardiac Arrest

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

Audit Element

Percentage of patients with out of hospital cardiac arrest who have return of spontaneous circulation on arrival at hospital and patients that survive to hospital discharge and a care bundle for treatment given post return of spontaneous circulation.

The reports of the National AQIs were reviewed by the Trust in 2020-2021 and the following actions are intended to improve the quality of healthcare provided for patients:

- Communications including compliance with indicators through the Trust "Weekly Briefing" and "Clinical Times"
- Awareness campaign to reduce 999 on scene times.
- Development and review of individual staff performance from the Electronic Patient Record.

Local Audits

The below details the local clinical audit programme and two examples of clinical audits that were completed during 2022-2023:

Drug Administration	**PGD Administration**
	Administration of Morphine Audit
	Administration of Adrenaline 1:1000
	Administration of Naloxone
	Pre Hospital Thrombolysis
	Administration of Activated Charcoal
	Administration of Co-amoxiclav
	Administration of Salbutamol MDI
Current NICE Clinical Audits	Management of Deliberate Self Harm Patients
Locally Identified Concerns	Management of Paediatric Pain
	Management of Head Injury
	Maternity Management
	Post Intubation Documentation Audit
	Post-partum haemorrhage (PPH) management
	Falls >=65 discharged at scene
	Management of Paediatric Pain
National Ambulance Indicators	Cardiac Arrest - Return of Spontaneous Circulation (Overall)
	Cardiac Arrest - Return of Spontaneous Circulation (Comparator)

	Cardiac Arrest - Survival to discharge (Overall)
	Cardiac Arrest - Survival to discharge (Comparator)
	Post-ROSC Care Bundle
	STEMI Care Bundle
	Stroke Care Bundle
	Sepsis Care Bundle
	Further information on National Indicators: EPR AQI Guidance

Non-Emergency Patient Transport Services

The Trust currently operates 8 PTS contracts across the West Midlands and Cheshire. Each contract has its own set of operational performance/quality targets and thresholds for achievement. In total there are 69 operational KPIs, these include a set of standard measures in relation to punctuality both on inward and outward journeys and transfers/discharges, ensuring patients arrive for appointments promptly and are also collected in a timely manner. 2023/24 has seen operational pressures across PTS with higher mobilities of patients, thus reducing capacity and workforce challenges.

Data Quality Policy

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

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

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

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

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

Performance Achievement

This section shows the achievements during 2023/24 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.

2023-24 was one of the most challenging years, following the recovery period from the pandemic, and the ever-increasing demand and financial pressures facing the NHS. Throughout the year the Trust answered no fewer than 1.78 million emergency calls, including 210,979 from other services.

Whilst social distancing is no longer a requirement, the Trust continues to remain vigilant with regard to its practices following the pandemic to ensure that patients and staff and their families remain protected from the spread of infection.

With such pressure, careful resource and contingency planning, along with our highly successful command and control model, the Trust has worked tirelessly to priorities calls and reach every patient in a timely manner, however the national performance targets were unattainable with the volume of resources being delayed at hospitals. The table below shows the performance standards achievement for 2022-23 compared to 2023-24:

999 Category	Performance Standard	Achievement (WMAS) 2022-23	Achievement (WMAS) 2023-24
Category 1	7 Minutes mean response time	8 Minutes 24 Seconds	8 Minutes 15 Seconds
	15 Minutes 90th Percentile response time	14 Minutes 44 Seconds	14 Minutes 30 Seconds
Category 2	18 minutes mean response time	48 Minutes 12 Seconds	36 Minutes 03 Seconds
	40 minutes 90th Percentile response time	110 Minutes 46 Seconds	80 Minutes 48 Seconds
Category 3	120 minutes 90th Percentile response time	189 Minutes 17 Seconds	428 Minutes 59 Seconds
Category 4	180 minutes 90th Percentile response time	215 Minutes 45 Seconds	495 Minutes 15 Seconds

WMAS conveyance levels have remained among the lowest in the country, with 51.70% of patients being conveyed to an Emergency Department. This is underpinned by increased collaborative initiatives, utilisation of all tools available including access

to patient's medical history via primary care records, making best use of alternative pathways where available and providing self-care advice.

Clinical Performance

The Quality Account is a yearly report that highlights the Trust's progress against quality initiatives and improvements made over the previous year. The achievements against clinical performance targets and objectives are detailed within the Quality Account.

NHS England collate and monitor information relating to the national Ambulance Quality Indicators, incorporating both system indicators and clinical outcomes, the results of which are published on their website:

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

Business Plan Objectives

The Trust's Strategic Plan was updated and approved in May 2021, centred around five strategic objectives.

The delivery of these is monitored through the implementation plans of a suite of enabling strategies including:

- Clinical Strategy
- Quality Strategy
- Communications and Engagement Strategy
- Risk Management Strategy
- Security Strategy
- Sustainability Strategy
- Commissioning Strategy
- Freedom To Speak Up Strategy
- Equality, Diversity and Inclusion Strategy
- IT, Data and Digital Strategy
- Procurement Strategy
- Commercial Services Strategy
- Fleet Strategy
- Estates Strategy
- Operations Strategy
- Finance Strategy
- People Strategy
- Volunteering Strategy

The delivery of these strategies is monitored on a quarterly basis and reported through the Trust's assurance committees. It is planned that the above strategies will be streamlined as they become due for renewal. This will provide a more concise set of documents and a simplified monitoring process.

Many of the departments responsible for the work plans produce departmental annual reports and these will be available on the Trust's website, once approved.

Financial Performance

In 2023-24 the Trust's total income for patient care activities was £401.2m, derived from the following sources:

Service area	**£m**	**%**
E&U services	327.6	82.0
Non-Emergency Patient Transport	50.5	13.0
Other income sources including £13.1m Additional Employer's Pension Contributions centrally paid by NHS England for all NHS Providers.	23.1	5.0
All income	401.2	**100.0**

As shown above, over 80% of the Trust's patient care income is secured for the provision of E&U services which are commissioned by 6 Integrated Care Systems (ICS's) (Birmingham, Black Country, Staffordshire, Coventry & Warwickshire, Shropshire, and Hereford and Worcester).

The Trust's key financial deliverables are set down in the table below.

A break-even position had been forecast at the start of the financial year but as shown in the table below the Trust achieved an operating surplus of £2,068k for the year.

Achievement against key financial targets, 2023/24			
	Target	**Outturn**	**Notes**
Delivery of a surplus operating budget/Control Total	£0	£2068k surplus	Trust achieved a surplus of £2068k against a planned break-even position
Delivery of cost improvement programme	£12.7m	£17.2m	The Trust has over delivered against its CIP target in 2023/24, however £8.8m of the savings were achieved non-recurrently.
Capital programme	£16.5m	£16.4m	Capital expenditure was marginally underspent for the 2023/24 financial year.

The Trust met all of its financial targets in 2023/24. This was a significant achievement, against a backdrop of increased service delivery pressures across the NHS including significant handover delays.

The Trust delivered financial efficiencies of £17.2m, which was £4.5m in excess of its target for the year.

The Trust's total expenditure for the year was £401m of which paramedic and other salary and employment costs totalled £297m (74%). Non pay expenditure including costs of operating the ambulance fleet, totalled £104m (26%).

The capital budget for the year was £16.5m. This was used to purchase £12.2m (74%) of ambulance and other fleet replacement. The balance of £4.3m, being used to purchase medical equipment, essential IT equipment, and to carry out minor upgrades on ambulance stations and other premises.

In addition to asset purchases, the Trust leased additional/replacement fleet and equipment, having a total right-of-use asset value of £4.5m

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 both the number 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 fully achieved the public sector payments targets in 2023-24.

The Trust's performance is summarised in the table below:

Invoices			
	Total number of invoices	**Number paid within 30 days**	**% paid within 30 days**
	27,540	26,203	95.1%
Non NHS	26,296	25,077	95.1%
NHS	1,244	1,196	96.1%
	Total value of invoices £'000	**Value paid within 30 days £'000**	**% paid within 30 days**
	207,505	201,318	97.0%
Non NHS	185,136	179,282	96.8%
NHS	22,369	22,036	98.5%

2024/25 Financial Planning

The Trust is planning for a deficit of £1.36m in 2024/25.

The Trust is hosted within Black Country Integrated Care System which has submitted a collective planned deficit of £120m for 2024/25. The system has been, and continues to be, extremely challenged financially. Acute hospital sector finances are the main pressure area, and as such attract a significant proportion of additional growth resources allocated to the system this year.

For WMAS, achieving the planned deficit of £1.36m will represent a significant challenge. Notably, it will require an agreement to be reached with Integrated Care Boards (ICB) served by the Trust, to provide an additional £10m income to offset the adverse impacts of increasing levels of hospital handover delays. These delays increase the Trust costs and degrade its ability to achieve critical response time performance standards. The Trusts financial plan also requires the identification and delivery of cost efficiency savings of £19.696m (4.86%); a level of efficiency which represents a very big ask.

In addition to its emergency services, the Trust's non-emergency patient transport services continue to operate under pressures of increased demand and very tight funding settlements with commissioning ICBs.
Within this context, the Board of Directors agreed the financial plan at the March 2024 Board that carries a high level of risk.

The opening budget for 2024/25 approved by the Board is as follows: -

Financial Plan 2024-25		**Plan Full Year £000s**
	Operating Income	
(+)	Patient Care	393,132
(+)	Other	11,433
	Total	**404,565**
	Operating Costs	
(-)	Employee	-301,882
(-)	Other	-103,081
	Total	**-404,963**

	Operating Surplus / (deficit)	
	Non-Operating Income Costs	
(+)	Finance Income	1,563
(-)	Finance Charges	-757
(-)	PDC Dividend	-1,768
(+/-)	Other Gains / (Losses)	0
	Net Financing Income / (Cost)	**-962**
	Surplus / Deficit	**-1,360**

Capital

During 2024/25 the Trust plans to spend capital resources of £12.246m to replace/upgrade fleet and other critical assets and to utilise a further 12.263 (right-of-use asset value under IFRS16 accounting standard) of lease finance, also to replace older ambulance fleet and major incident vehicles.

The Trust and the Environment

West Midlands Ambulance Service University NHS Foundation Trust is committed to the ongoing protection of the environment through the development of a sustainable strategy. Sustainability is often defined as meeting the needs of today without compromising the needs of tomorrow.

A sustainable health and care system is achieved by delivering high quality care and improved public health without exhausting natural resources or causing severe ecological damage.

The Trust's Green Plan 2022-26, sets out the Trust's commitment to ensure governance and management arrangements are in place to deliver both the Trust's statutory responsibilities for sustainability and to achieve the target set by the NHS of reducing its carbon footprint set out in "Delivering a Net ZERO National Health Service (published October 2020).

WMAS have led the way in the ambulance service implementing a large amount of change to our operation which has led to significant reductions in our direct and indirect carbon footprint, including:

- Implementing the Make Ready Model – reducing the estate portfolio by Commissioning new build sites compliant with the exacting requirements in the BREEAM standards.
- Changing our lighting on sites to LED lighting reducing a significant amount of electricity usage.
- Delivering a fleet replacement programme with no front-line operational vehicles over 5 years old – WMAS now operate the most modern ambulance fleet in the country which are compliant to the latest euro emission standards.

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

The Trust has implemented travel plans, car sharing and cycle shelters to encourage staff to consider the environment before travelling and work continues to reduce waste and encourage recycling, moving to a paperless work environment where possible – working with a partner we have developed a sustainability app that is helping us to monitor our progress working towards the emission reduction targets set out in Delivering a Net Zero National Health Service.

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 UK Health Security Agency (formerly Public Health England), Integrated Care Systems and the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) to identify and address them. Through regular engagement and education, the Trust will work to improve accessibility and, where necessary, the quality of services for population groups to assist in reducing these inequalities. The Trust has action plans in place which are working towards creating a workforce which is representative of the population that WMAS serves.

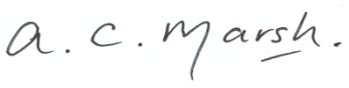
Forward Look 2024-25

The Trust has agreed a deficit plan of £1.4m for 2024/25 which forms part of the overall Black Country Integrated Care System plan. As part of this, there is a requirement to deliver a 4% recurrent Cost Improvement Programme which the Trust is progressing to ensure we continue to deliver value and provide the maximum level of patient care for the resources we receive.

There is also ongoing an ongoing discussion with NHS England and the West Midlands ICBs with regard to the financial impact of resourcing the frontline staffing to ensure that performance targets are met and/or improved, and that response to patients is maximised.

A capital plan has been finalised comprising of £13.6m operational capital and a £12.8m requirement to be funded via leasing and accounted for under IFRS16. The majority of this funding is committed to the Trust Fleet replacement programme with orders placed and vehicles due to be delivered in Q3 and Q4.

The Trust's Standing Financial Instructions and Scheme of Delegation were updated to ensure that appropriate oversight and assurance was maintained, whilst improving the flow of approvals of the Trust's business. These updated documents were approved by Audit Committee and the Board of Directors in January 2024. These statutory documents will remain in force throughout the next financial year.

Signed 

Position: Chief Executive Date: 17 June 2024

Accountability Report 2023-24

Directors' Report

Introduction

This Directors' report has been prepared in accordance with relevant guidance, in particular the requirement adopted by NHSE from Sections 415, 416 and 418 of the Companies Act 2006 (section 415(4) and (5) and section 418(5) and (6) do not apply to NHS foundation trusts) as inserted by Statutory Instrument 2013 (1970) and Regulation 10 and schedule 7 of the of the Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2008 ('the Regulations').

The Board of Directors serving during 2023-24 (1 April 2023 to 31 March 2024)

Voting Members of the Board of Directors

Position	**Name**
Chairman	Professor Ian Cumming
Deputy Chairman	Wendy Farrington-Chadd (to 31.1.24)
Chief Executive Officer	Anthony Marsh
Non-Executive Director	Alexandra Hopkins
Non-Executive Director	Mohammed Fessal
Non-Executive Director	Narinder Kaur Kooner
Non-Executive Director	Mushtaq Khan
Non-Executive Director	Julie Jasper
Director of Finance	Karen Rutter (from 1.5.23)
Interim Director of Finance	Paul Jarvis (to 30.4.23)
Medical Director	Dr Alison Walker (absent wef 1.6.2023)
Interim Medical Director	Dr Richard Steyn (interim voting Director from 1.6.23 to 31.3.24)
Interim Director of Nursing	Mark Docherty (from 5.6.23 to 22.8.23)
Director of Nursing	Caron Eyre (from 23.8.23)
Director of Performance and Improvement	Nathan Hudson (from 1.8.23)
Director of People	Carla Beechey (from 1.12.23)
Interim Organisational Assurance and Clinical Director	Diane Scott (20.3.23 to 5.6.23) (from 6.6.23 Interim Organisational Assurance Director)

Non-Voting Members of the Board of Directors

Communications Director	Murray MacGregor
Strategy and Engagement Director	Vivek Khashu
Integrated Emergency and Urgent Care and Performance Director	Jeremy Brown (to 31.8.23)
Emergency Services Operations Delivery Director	Nathan Hudson (to 31.7.23)
Non-Emergency Services Operations Delivery and Improvement	Michelle Brotherton (to 31.8.23)
Paramedic Practice & Patient Safety Director	Nick Henry
People Director	Carla Beechey (to 30.11.23)

The Board and its committees have mostly continued to be convened by electronic means through Microsoft Teams software. However, following the move to post-pandemic ways of working, the Trust has adopted a hybrid approach to allow members of the Board and Committees attending the meeting. As allowed for within Standing Orders members may still attend meetings by means of Microsoft Teams Software. All Board papers and the minutes of each meeting are available on the Trust's website.

The Trust maintains a Register of Interests for the Board of Directors and the Council of Governors that is open to the public. To assist directors and governors in completing the declarations for the register of interests they are provided with the "NHS Guidance on Managing Conflicts of Interest in the NHS" published by the NHSE.

Governance and Leadership

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

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

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

- The Care Quality Commission (CQC) is the independent regulator of health and social care services, they register, inspect and monitor providers of health services including NHS Foundation Trusts, and enforce action where necessary.
- NHS England (NHSE) through its NHS provider licence regulates providers of NHS services. It sets out the conditions that providers of healthcare services for the purposes of the NHS in England must meet to help ensure that the health sector works for the benefit of patients, now and in the future. The Trust is a licenced provider and is compliant with the conditions of the licence. The NHS Provider licence has been reviewed and the revised licence came into force for licenced providers with effect from 1 April 2023. The Licensee now has a legal duty to co-operate with other providers of NHS services; and other NHS bodies, including any Integrated Care Board of which it is a partner.

  As a licensed provider, the Board of Directors, as part of the NHS system must have regard to the triple aim of the NHS. The triple aim refers to the aim of achieving:
  a) better health and wellbeing of the people of England (by reducing inequalities with respect to health and wellbeing)
  b) better quality of health care services for the purposes of the NHS (by reducing inequalities with respect to the benefits obtained by individuals from those services)

c) more sustainable and efficient use of resources by NHS bodies, and "duty relating to the triple aim" means, in relation to an NHS trust, its duty under section 26A of the 2006 Act, and in relation to an NHS foundation trust, its duty under section 63A of the 2006 Act.

Governance in the context of this report is the system by which the Trust is directed and controlled. The Board of Directors is responsible for overseeing the governance of the Trust. This includes setting the Trust's Strategic Objectives and providing the leadership to put those Objectives into effect. The Governance Framework enables the Board of Directors to supervise the management of the Trust. It is to be distinguished from the day-to-day operational management of the Trust by full-time executives.

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

The Annual Governance Statement sets out the means by which the Trust manages risk and how it is entrenched in the governance of the Trust. The Annual Governance Statement sets out clear responsibilities for quality of patient care.

During the period of this report, the Trust engaged the Good Governance Improvement (previously Institute) (GGI) to undertake an external Well Led Review of the Trust, which resulted in a focus for the Board development sessions on:

- Understand board governance and what makes it work.
- Working together as a unitary board.
- Preparing for the CQC well-led inspection.
- Preparing developing as a high performing board.

Quality Governance

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

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

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

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

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

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

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

The Trust's Medical Director and Nursing Director have advised the Board on clinical issues. The Trust has also created and appointed a Paramedic Patient Safety Director with responsibility for the following:

- Patient Safety
- Learning from deaths
- Clinical and serious incident investigations
- Duty of Candour
- Professional Paramedic practice

The Trust also has a Non-Executive Director with clinical experience who Chairs the Quality Governance Committee and works closely with the Executive leads.

Systems and Processes

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

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

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

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

The approved copy of the Minutes of each meeting are submitted for review to each meeting of the Board of Directors and are available on the Trust's website.

The Quality Governance Committee has established Groups with appropriate Terms of Reference which report back to the Committee. This includes:

- Professional Standards Group
- Learning Review Group
- Health, Safety, Risk and Environment Group

Risk Management

Risk is managed as detailed in the Annual Governance Statement.

Significant Risks to achieving the Trust's Strategic Objectives are reviewed regularly by the Board of Directors through the Board Assurance Framework. In addition, the risks are also presented to the Executive Management Board, The Trust Board and its Committees.

Remuneration Report

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

Remuneration, Terms of Service and Nominations Committee Membership

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

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

The Chair conducts the Chief Executive's appraisal and appraises the Non Executive Directors within a framework agreed by the Council of Governors and NHSE. The Chief Executive appraises the other Executive Directors. In determining whether to pay an annual bonus to the CEO the Committee takes account of the Chief Executive's performance against personal and corporate objectives to ensure performance conditions are met. When determining remuneration, the Committee is sensitive to overall financial pressures, pay and employment conditions elsewhere in the Trust, other NHS Foundation Trusts and comparable organisations both regionally and nationally.

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

During the year ended 31 March 2024 the members of the Committee were: Professor Ian Cumming (Chairman), The Chief Executive (who was not in attendance when discussing his remuneration) and the Non-Executive Directors - Wendy Farrington-Chadd (to 31.1.24), Mushtaq Khan, Narinder Kooner, Julie Jasper, Alexandra Hopkins and Mohammed Fessal. During 2023/24 the Remuneration and Nominations Committee met on the following occasions: 10 May 2023, 31 May 2023, 26 July 2023, 29 November 2023 and 27 March 2024.

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

None of the Trust's Executive Directors received a performance related element to their pay in 2023-24 with the exception of the Chief Executive Officer.

Senior Managers' Pay

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

The Remuneration and Nominations Committee considers the pay and benefits of all Executive Directors on the VSM pay framework. The Chief Executive Officer considers the performance of each Executive Director against the specific strategic objectives set for them for the year, and the Chairman further considers under grandparent rights, the achievements of each Director. There is no Performance Related Pay (PRP) process utilised by the Trust for Senior Managers or Executive Directors. Pay uplifts are based on the recommendations of the Senior Salaries Review Body (SSRB) 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. Any Award is non-pensionable.

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

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

The Remuneration and Nominations Committee have determined the outcome of this performance review for 2022/23, and a payment has been agreed.

Non-Executive Directors

The Non-Executive Directors have had their remuneration reviewed in line with the Senior Salaries Review Body (SSRB) recommendations.

Directors' Salaries and Allowances (subject to audit)

Name and title	April 2023 - March 2024						April 2022 - March 2023					
	Salary (bands of £5,000) £'000	Expense Payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000) £'000	Long Term Performance pay and bonuses (bands of £5,000) £'000	All Pension related benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000	Salary (bands of £5,000) £'000	Expense Payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000) £'000	Long Term Performance pay and bonuses (bands of £5,000) £'000	All Pension related benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000
Mr A C Marsh, Chief Executive	225-230	0	15-20	0	0	240-245	215-220	0	15-20	0	25.0-27.5	260-265
Mrs Karen Rutter[1] Director of Finance (from 1.5.23)	125-130	0	0	0	697.5-700	820-825	40-45	-	-	-	-	40-45
Mr Paul Jarvis Interim Director of Finance (to 30.4.23)	5-10	0	0	0	7.5-10	15-20	65-70	0	0	0	110.0-112.5	180-185
Dr Alison Walker, Medical Director	145-150	0	0	0	0	145-150	135-140	0	0	0	0	135-140
Dr Richard Steyn Interim Medical Director (From 1.6.23)	80-85	0	0	0	0	80-85	-	-	-	-	-	-
Mrs Caron Eyre Director of Nursing (from 23.8.23)	30-35	0	0	0	0-2.5	30-35	-	-	-	-	-	-
Mr Mark Docherty Director of Nursing and Clinical Commissioning (from 5.6.23 to 22.8.23)	5-10	6	0	0	0	5-10	125-130	9	0	0	30.0-32.5	160.-165
Mr Nathan Hudson Director of Performance and Improvement (from 1.8.23)	50-55	0	0	0	87.5-90	135-140	-	-	-	-	-	-
Mrs Carla Beechey[1] Director of People (from 1.12.23)	20-25	54	0	0	0	25-30	-	-	-	-	-	-
Professor Ian Cumming Chairman	60-65	0	0	0	0	60-65	55-60	0	0	0	0	55-60
Mrs Alexandra Hopkins Non-Executive Director	15-20	0	0	0	0	15-20	0	0	0	0	0	0
Mrs Wendy Farrington-Chadd, Non-Executive Director (to 31.1.24)	10-15	0	0	0	0	10-15	15-20	0	0	0	0	15-20
Mrs Julie Jasper, Non-Executive Director	15-20	0	0	0	0	15-20	5-10	0	0	0	0	5-10
Mrs Narinder Kooner, Non-Executive Director	15-20	0	0	0	0	15-20	10-15	0	0	0	0	10-15
Mr Mushtaq Ahmed-Khan, Non-Executive Director	15-20	0	0	0	0	15-20	10-15	0	0	0	0	10-15
Mr Mohammed Fessal, Non-Executive Director	15-20	0	0	0	0	15-20	10-15	0	0	0	0	10-15

[1]Pension figures provided by the NHS Pensions Agency with further clarification on accuracy to be provided.
The pension value for the CEO, Director of People and the Director of Nursing and Clinical Commissioning has been disclosed as nil because the calculation resulted in a negative value.

- This note relates only to those senior managers with a voting right on the Trust's Board of Directors. The expense payments are for lease cars.
- The clinical element of the remuneration of Dr A Walker as Medical Director and Dr R Steyn as Interim Medical Director was £0.

Directors' Pensions- Cash Equivalent Transfer Value (subject to audit)

Name and title	Real increase in pension at age 60 (bands of £2,500) £'000	Real increase in pension lump sum at aged 60 (bands of £2,500) £'000	Total accrued pension at age 60 at 31 March 2024 (bands of £5,000) £'000	Lump sum at pension age 60 related to accrued pension at 31 March 2024 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 1 April 2023 £'000	Real increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 31 March 2024 £'000	Employer's contribution to stakeholder pension To nearest £'000
Mr A C Marsh, Chief Executive	0	0	0	0	1289	0	0	0
Mr Paul Jarvis Interim Director of Finance (to 30.4.23)	0	0-2.5	45-50	120-125	895	0	1158	0
Mrs Karen Rutter[1] Director of Finance (from 1.5.23)	27.5-30	77.5-80	40-45	110-115	212	672	984	0
Nathan Hudson, Director of Performance and Improvement (from 1.8.23)	2.5-5	5-7.5	45-50	120-125	848	54	1043	0
Caron Eyre Director of Nursing (from 23.8.23)	0-2.5	0	0-5	0	0	0	2	0
Dr Alison Walker[2] Medical Director	-	-	-	-	-	-	-	-
Dr Richard Steyn[2], Interim Medical Director (from 1.6.23)	-	-	-	-	-	-	-	-
Carla Beechey[1] Director of People (from 1.12.23)	0	0	50-55	0	815	0	759	0
Mr M Docherty, Director of Nursing and Clinical Commissioning (5.6.23 to 22.8.23)	0	0	45-50	135-140	1342	0	12	0

[1]Pension figures provided by the NHS Pensions Agency with further clarification on accuracy to be provided.
[2]The pension entitlement for Dr Alison Walker and Dr Richard Steyn is not available due to secondment arrangements.
The pension value for the CEO, Director of People and the Director of Nursing and Clinical Commissioning has been disclosed as nil because the calculation resulted in a negative value.

Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2024. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 CETV figures.

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 2020.

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

Pension Related Benefits of Single Total Remuneration

The Large and Medium-sized Companies and Groups Regulations require that the Trust includes the value of pension related benefits in the table of Salaries and Allowances. This figure includes those benefits accruing to a director from membership of the NHS Pensions Scheme. Accrued pension benefit balances represent the annual increase in pension entitlement at the end of the financial year and the rate payable at the start of the year.

Name and title	All Pension related benefits 2023/24	All Pension related benefits 2022/23
	£'000	£'000
Mr A C Marsh, Chief Executive	0	27.21
Mrs Karen Rutter[1], Director of Finance (from 1.5.23)	698.41	-
Mr Paul Jarvis, Interim Director of Finance (to 30.4.23)	8.22	111.08
Mrs Caron Eyre, Director of Nursing (from 23.8.23)	1.44	-
Mr Nathan Hudson, Director of Performance and Improvement (from 1.8.23)	87.96	-
Dr Alison Walker[2], Medical Director	-	-
Dr Richard Steyn[2], Interim Medical Director (from 1.6.23)	-	-
Carla Beechey[1], Director of People (from 1.12.23)	0	
Mr M Docherty, Director of Nursing and Clinical Commissioning (5.6.23 to 22.8.23)	0	32.27

[1]Pension figures provided by the NHS Pensions Agency with further clarification on accuracy to be provided.
[2]The pension entitlement for Dr Alison Walker and Dr Richard Steyn is not available due to secondment arrangements.
The pension value for the CEO, Director of People and the Director of Nursing and Clinical Commissioning has been disclosed as nil because the calculation resulted in a negative value.

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 2023 to March 2024	Period April 2022 to March 2023
Governors	Number of Governors in Office in the period	22	17
	Number of Governors receiving expenses in the period	8	4
	Sum of expenses paid to Governors in the period	£2.6 (£'00)	£0.7 (£'00)
Directors	Number of Directors in office in the period	16	12
	Number of Directors receiving expenses	5	4
	Sum of expenses paid to Directors in the period	£5.1 (£'00)	£3.2 (£'00)

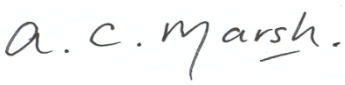
Fair Pay (subject to audit)

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of total remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded remuneration of the highest paid director / member in the organisation in the financial year 2023-24 was £275,000-£280,000 (2022-23, £265,000-£270,000). This is a change between years of 3.64%. The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

	25th percentile	**Median**	**75th percentile**
2023-24			
Total remuneration (£)	£30,438	£36,881	£49,474
Salary component of total remuneration (£)	£22,816	£28,407	£37,350
Pay ratio information	9.1:1	7.5:1	5.6:1
2022-23			
Total remuneration (£)	£26,622	£34,587	£46,631
Salary component of total remuneration (£)	£20,270	£27,055	£41,659
Pay ratio information	10.1:1	7.7:1	5.7:1

In 2023-24, zero (2022-23, zero) employees received remuneration in excess of the highest paid director / member. Remuneration ranged from £20,576-£275,747 (2022-23 £18,576-£208,745). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full-time equivalent number of employees) between years is 6.29%. Total remuneration includes salary, non-consolidated performance-related pay, benefits-in kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Signed 

Position Chief Executive

Date 17 June 2024

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 2024

	FTE		Total FTE	Headcount		Total Headcount
Job Role	**Female**	**Male**		**Female**	**Male**	
Directors (excluding NEDs)	2.40	5.00	7.40	4.00	5.00	9.00
Senior Managers	6.00	8.00	14.00	6.00	8.00	14.00
Employees (excluding Directors and Senior Managers)	3272.11	3147.05	6419.17	3620	3376	6996
Grand Total	**3280.51**	**3160.05**	**6440.57**	**3630**	**3389**	**7019**

Breakdown of Staff - by Contract type as at 31 March 2024

	FTE				Headcount			
Job Role	**Bank**	**Fixed Term Temp**	**Permanent**	**Total**	**Bank**	**Fixed Term Temp**	**Permanent**	**Total**
Directors (excluding NEDs)	0.00	0.00	7.40	7.40	1	0	8	9
Senior Managers	0.00	1.00	13.00	14.00	0	1	13	14
Employees (excluding Directors and Senior Managers)	0.00	49.14	6370.02	6419.17	41	56	6899	6996
Grand Total	**0.00**	**50.14**	**6390.42**	**6440.57**	**42**	**57**	**6920**	**7019**

Sickness Absence Data

West Midlands Ambulance Service	% Sickness Absence Rate (FTE) *(Excluding Covid)*
April 2023	3.95
May 2023	3.98
June 2023	4.18
July 2023	4.25
August 2023	4.31
September 2023	4.43
October 2023	4.36
November 2023	4.64
December 2023	5.63
January 2024	5.45
February 2024	4.92
March 2024	4.54
Average for the Year: 1 Apr 2023 to 31 Mar 2024	**4.56**

The 2023/24 (FReM) (Government Financial Reporting Manual) 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 2023 to December 2023	Average FTE of Staff	Total Days Lost (FTE)	Average Working Days Lost (FTE) per FTE
	6323	65,286	10.3

Analysis of Staff Costs (subject to audit)

Staff costs

	Permanent	Other	2023/24 Total	2022/23 Total
	£000	£000	£000	£000
Salaries and wages	240,875	249	**241,124**	**263,141**
Social security costs	24,529	-	**24,529**	**26,891**
Apprenticeship levy	1,274	-	**1,274**	**1,353**
Employer's contributions to NHS pensions	43,089	-	**43,089**	**44,476**
Pension cost - other	-	-	**-**	**-**
Other post-employment benefits	-	-	**-**	**-**
Other employment benefits	-	-	**-**	**-**
Termination benefits	-	-	**-**	**-**
Temporary staff	-	0	**0**	**0**
Total gross staff costs	**309,767**	**249**	**310,016**	**335,861**
Recoveries in respect of seconded staff	-	-	**-**	**-**
Total staff costs	**309,767**	**249**	**310,016**	**335,861**
Of which				
Costs capitalised as part of assets	-	-	**-**	**-**

Average number of employees (WTE basis) (subject to audit)

	Permanent	Other	2023/24 Total	
	Number	Number	Number	
Medical and dental	4	-	**4**	**9**
Ambulance staff	2,532	-	**2,532**	**2,524**
Administration and estates	585	-	**585**	**602**
Healthcare assistants and other support staff	3,118	-	**3,118**	**3,339**
Nursing, midwifery and health visiting staff	48	-	**48**	**116**
Nursing, midwifery and health visiting learners	-	-	**-**	**-**
Scientific, therapeutic and technical staff	3	-	**3**	**29**
Healthcare science staff	-	-	**-**	**-**
Social care staff	-	-	**-**	**-**
Other	-	-	**-**	**-**
Total average numbers	**6,290**	**-**	**6,290**	**6,619**
Of which:				
Number of employees (WTE) engaged on capital projects	-	-	**-**	-

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

Trade Union Facility Time 2022-23

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

The facility time data for **West Midlands Ambulance Service University NHS Foundation Trust**, for the period **1 April 2022 to 31 March 2023, the latest data available,** is shown below.

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

Number of employees who were relevant union officials during the relevant period	*FTE employee number*
75	*68.51*

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

Percentage of time	*Number of employees*
0%	*36*
1-50%	*36*
51%-99%	*2*
100%	*1*

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

Measure	*Data*
Total cost of facility time	*£163,248*
Total pay bill	*£335,861,000*
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	*0.05%*

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

Time spent on paid TU activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid TU activities by TU representatives during the relevant period ÷ total paid facility time hours) x 100	*49.00%*

The figures have been calculated using the standard methodologies used in the Trade Union (Facility Time Publication Requirements) Regulations 2017.

Weekly Briefing

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

Staff Experience and Engagement

The National NHS Staff Survey is one of the largest workforce surveys in the world and has been conducted since 2003. It is a survey that asks NHS staff in England about their experiences of working for their NHS organisations. It provides essential information to employers and national stakeholders about improvements required in the NHS. Since 2021 the survey questionnaire has been re-developed to align with the People Promise in the 2020/21 People Plan. In support of this, the results of the NHS Staff Survey are measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes sub-scores, which feed into the People Promise elements and themes.

People Promise Elements	Sub-Scores
We are compassionate and inclusive	Compassionate culture Compassionate leadership Diversity and equality Inclusion
We are recognised and rewarded	No sub-score
We each have a voice that counts	Autonomy and control Raising concerns
We are safe and healthy	Health and safety climate Burnout Negative experiences
We are always learning	Development Appraisals
We work flexibly	Support for work-life balance Flexible working
We are a team	Team working Line Management
Themes	**Sub-Scores**
Staff Engagement	Motivation Involvement Advocacy
Morale	Thinking about leaving Work pressure Stressors

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. For example, the Burnout sub-score, a higher score (closer to 10) means a lower proportion of staff are

experiencing burnout from their work. These scores are created by scoring questions linked to these areas of experience and grouping these results together. WMAS results are benchmarked against the Ambulance Trusts benchmarking group average, the best scoring organisation and the worst scoring organisation.

The 2023 NHS Staff Survey fieldwork was open for 10 weeks at WMAS, from 20th September to 24th November 2023. It was administered by Picker Europe Ltd and was conducted as a census. For the last seven years WMAS has been running the survey electronically for ease of access to all staff. A unique link to the survey questionnaire is sent by email to each individual member of staff. The completed questionnaire is then submitted securely and anonymously to the contractor for processing.

6746 staff were invited to take part in the 2023 staff survey and 2661 staff returned a completed survey compared to 2768 in 2022.

There was a decrease in the number of BAME staff responding to the survey on this occasion. 147 BAME staff returned the questionnaire in 2023, compared to 179 in the 2022 staff survey. The overall response rate for WMAS is 40% compared to 39% in the 2022 survey. WMAS has the lowest response rate out of the 10 Ambulance Trusts in England.

The average response rate for all Ambulance Trusts (including Isle of Wight) is 52% compared to 50% in 2022.

A number of actions were taken before and during the survey to encourage staff to take part and share their views:

1. Announcements through the weekly briefing staff newsletter prior to the survey launch.
2. Publication of “You said, We did” poster and information about how the staff survey results are used in the Trust.
3. 15 minutes protected paid time was offered to all staff to complete the survey questionnaire.
4. Localities organised walk-in sessions at different sites to answer any questions from staff and to encourage them to complete the survey.
5. Staff were encouraged to complete the survey on their iPads while waiting for their flu jabs.
6. Staff survey pull up banners were displayed at different Trust events such as health and wellbeing, FTSU, Culture Day, to raise awareness about the staff survey.
7. Weekly results from Picker Europe were posted on the information screens at all locations and in the Weekly Briefing to provide clarity and show progress.
8. Posters and information about confidentiality were sent to all managers to be shared with staff at all sites.
9. Weekly emails were sent to managers to remind them to keep encouraging their staff to complete their survey questionnaire.
10. A banner was featured on the intranet home page as a constant reminder for staff to complete their survey.
11. All email signatures were assigned a staff survey tag.

12. Prize incentives were offered to encourage staff participation. Thirty lifestyle vouchers worth £50 each were allocated to participants in the survey, following three draws carried out by Picker. The winners remained anonymous to the Trust, but they were given the opportunity to share their identity and experience if they wanted to.
13. Videos and articles of winners of the prize draws who came forward were published on Treble 9 intranet page and the weekly briefing staff newsletter.

Results of the 2023 Staff Survey

Overall, there is a significant improvement in the positive responses compared to 2022 results. A total of 118 questions were asked in the 2023 survey, of these, 113 can be compared to 2022 and 100 can be positively scored. However, when compared to other Ambulance Trusts, WMAS scored significantly worse. The highest number of positive responses were received from the Administrative and Clerical (82%), Nursing and Midwifery (76%) and Students (54%) staff groups. The lowest number of positive responses were received from Allied Health Professionals, Additional Clinical Services and Estates and Ancillary staff groups.

Top 5 Scores

The table below shows the top 5 scores for WMAS compared to the average score for Ambulance Trusts that used Picker as their contractor.

Top 5 scores vs Organisation Average	WMAS	Picker Average
q23a. Received appraisal in the past 12 months	92%	76%
q3h. Have adequate materials, supplies and equipment to do my work	67%	58%
q13d. Last experience of physical violence reported	82%	76%
q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	67%	61%
q3i. Enough staff at organisation to do my job properly	35%	29%

Most Improved Scores

The following are the areas where WMAS scored better than 2022.

Most improved scores	WMAS 2023	WMAS 2022
q7b. Team members often meet to discuss the team's effectiveness	32%	24%
q4c. Satisfied with level of pay	28%	21%
q31b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work	60%	53%
q6c. Achieve a good balance between work and home life	43%	37%
q5c. Relationships at work are unstrained	40%	35%

Bottom 5 scores

The table below shows the bottom 5 scores for WMAS when compared to other Ambulance Trusts that used Picker as their contractor.

Bottom 5 scores vs Picker Average	WMAS	Picker Average
q11e. Not felt pressure from manager to come to work when not feeling well enough	54%	69%
q6d. Can approach immediate manager to talk openly about flexible working	50%	61%
q9d. Immediate manager takes a positive interest in my health & well-being	53%	63%
q9b. Immediate manager gives clear feedback on my work	46%	56%
q25a. Care of patients/service users is organisation's top priority	52%	61%

Most Declined Scores

The following are areas where WMAS scores have most deteriorated compared to 2022.

Most declined scores	WMAS 2023	WMAS 2022
q14a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	46%	49%
q14c. Not experienced harassment, bullying or abuse from other colleagues	79%	81%
q3b. Feel trusted to do my job	78%	79%
q14b. Not experienced harassment, bullying or abuse from managers	82%	83%
q5b. Have a choice in deciding how to do my work	38%	39%

Advocacy Results

A significant improvement was noted for the advocacy questions as shown below.

	2023	2022
q25c. Would recommend organisation as a place to work	44%	42%
q25d. If friend/relative needed treatment would be happy with standard of care provided by organisation	55%	51%
q25a. Care of patients/service users is organisation's top priority	52%	52%

Experience of unwanted behaviour of sexual nature

For the first time in 2023 two additional questions were included in the staff survey questionnaire relating to unwanted behaviour of a sexual nature. The table below shows the positive responses for the questions.

		Picker Average 2023	WMAS 2023
q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	77.3%	74.5%
q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	91.4%	91.5%

Experience of physical violence and bullying and harassment

762 respondents (35%) have said that they have experienced physical violence from members of the public. 37 respondents (1%) said that they have experienced physical violence from Managers. 49 respondents (2%) said that they have experienced physical violence from colleagues. 577 respondents (73%) said that themselves or a colleague reported the experiences of physical violence.

From patients/service users, their relatives, or members of the public - 762
From Managers - 37
From Colleagues - 49
577 respondents have reported their experience of physical violence, or a colleague reported it

1422 respondents (53%) reported that they have experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public. 477 respondents (19%) said that they have experienced harassment, bullying or abuse from managers and 556 (22%) reported that they experienced bullying and harassment from colleagues. 734 respondents (45%) reported their experience of bullying and harassment.

From patients/service users, their relatives, or members of the public - 1422
From Managers - 477
From Colleagues - 556
Last experience of harassment/bullying/abuse was reported - 734.

People Promise Elements and Themes: Scores Overview

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	6.56	5.10	5.89	-	4.87	5.16	5.95	5.79	5.57
Best result	7.39	6.03	6.87	-	5.47	6.15	6.85	6.84	6.46
Average result	6.90	5.39	5.99	-	4.87	5.32	6.22	6.03	5.57
Worst result	6.46	5.02	5.60	-	4.20	4.77	5.69	5.75	5.27
Responses	2658	2651	2648	-	2462	2646	2658	2660	2659

(Note: Your Org= WMAS, the scores show the best, worst and average results among all Ambulance Trusts).

It is to be noted that the scores for "We are safe and healthy" have not been reported this year due to a data quality issue that was identified close to the publication date. A statement from the National Staff Survey Coordination Centre (NSSCC) explains that there is a higher-than-expected rate of missing data for Q13a-d in the survey. The initial investigation shows that the rates of missing data are higher for a specific group of respondents: those accessing Picker's online survey from an iPhone. It appears that there has been an issue with how this question appeared on screen for some – but not all – iPhone users. The precise cause of this issue is still under investigation. The NSSCC has provided reassurance that no other staff accessing the survey by any other means were impacted; nor have any other questions been impacted by this issue. The NSSCC has stated that for most organisations, the impact of this is likely to be limited – but the risk increases in direct proportion to the level of missing data associated with phone responses. The NSSCC therefore recommends treating the existing results for Q13a-d with caution, particularly if the rate of potentially affected responses is high (e.g. above 10%). It is estimated that approximately 17% (444 responses) of all respondents at WMAS may not have provided an answer to Q13a-d because of this issue. The NSSCC and NHS England are reviewing options on how to present results impacted by this issue. They are aiming to produce results at an organisational and aggregated level at the earliest opportunity, and they will provide a direct update on this as soon as possible.

The table below presents the results of significance testing conducted on the theme scores calculated in both 2022 and 2023 for WMAS.

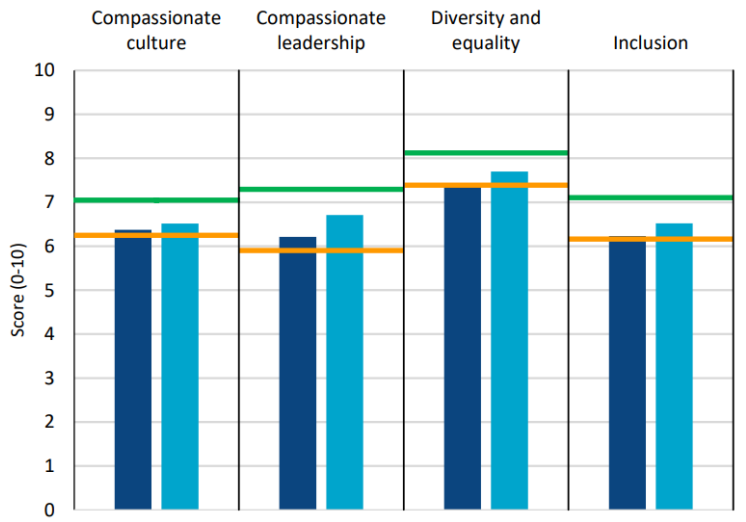
People Promise elements	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?
We are compassionate and inclusive	6.39	2764	6.56	2658	Significantly higher
We are recognised and rewarded	4.80	2762	5.10	2651	Significantly higher
We each have a voice that counts	5.76	2756	5.89	2648	Significantly higher
We are safe and healthy	5.38	2759	-	-	-
We are always learning	4.64	2638	4.87	2462	Significantly higher
We work flexibly	4.74	2758	5.16	2646	Significantly higher
We are a team	5.71	2761	5.95	2658	Significantly higher
Themes					
Staff Engagement	5.62	2767	5.79	2660	Significantly higher
Morale	5.37	2766	5.57	2659	Significantly higher

WMAS People Promise results compared to other Ambulance Trusts

Rank by response rate	Trust	Trust Response rates 2023	"We are compassionate and inclusive"	"We are recognised and rewarded"	"We each have a voice that counts"	"We are safe and healthy"	"We are always learning"	"We work flexibly"	"We are a team"	"Staff engagement"	"Morale"
1	London Ambulance Service	68.4%	6.9	5.4	6.1	4.5	5.0	5.6	6.5	6.1	5.5
2	South East Coast Ambulance Service	59.6%	6.7	5.3	5.8	4.4	4.7	5.2	6.2	5.9	5.6
3	South Western Ambulance Service	55.5%	6.8	5.2	5.9	4.3	4.9	5	6	6.0	5.4
4	North East Ambulance Service	53.0%	6.6	5.0	5.6	4.7	4.6	4.8	5.8	5.8	5.4
5	South Central Ambulance Service	52.3%	7.0	5.5	6.0	4.5	5.0	5.3	6.5	6.0	5.4
6	East of England Ambulance Service	51.8%	6.5	5.0	5.6	4.3	4.2	5.5	5.7	5.8	5.3
7	Yorkshire Ambulance Service	50.5%	7.0	5.4	6.1	4.5	5.1	5.5	6.3	6.2	5.7
8	Isle of Wight Ambulance Service	48.7%	7.4	6.0	6.9	5.1	5.5	6.2	6.9	6.8	6.5
9	North West Ambulance Service	47.9%	6.9	5.5	6.0	4.6	5.1	5.2	6.2	6.2	5.7
10	East Midlands Ambulance Service	43.1%	6.9	5.5	6.1	4.5	4.8	5.6	6.2	6.2	5.6
11	West Midlands Ambulance Service	39.7%	6.6	5.1	5.9	4.3	4.9	5.2	5.9	5.8	5.6

We are compassionate and inclusive

WMAS overall score for this element is below average when compared with other Ambulance Trusts for the last three years.



	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Your org	6.37	6.21	7.41	6.23
Best result	7.05	7.29	8.12	7.10
Average result	6.51	6.71	7.70	6.52
Worst result	6.25	5.90	7.39	6.16
Responses	2656	2658	2657	2655

Although the WMAS overall score for this element is below average compared to other Ambulance Trusts, the internal improvement over the last three years, is very significant; showing that we are moving in the right direction.

We are recognised and rewarded

There are no sub scores for this element. Whilst the internal results are very positive; WMAS scores are significantly below average when compared to other Ambulance Trusts.

	2021	2022	2023
WMAS	4.89	4.80	5.10
Best Result	5.66	5.61	6.03
Average Result	5.09	5.07	5.39
Worst Result	4.45	4.69	5.02
Responses	2985	2762	2651

We are safe and healthy

Some positive results were observed for this element, especially in the reporting of physical violence and bullying and harassment. It is noteworthy that quite a lot of time and effort has been invested into promoting safety around speaking up and raising concerns. *(Note: 2023 results for "We are safe and healthy" have not been reported due to an issue with the data)*

Staff Engagement

The staff engagement score is calculated on 9 key questions in the staff survey relating to Advocacy, Motivation, and Involvement. The maximum possible score is 10 (all respondents answer most positively) and the lowest possible score is 0 (all respondents answer most negatively). A considerable improvement is noted in the positive responses over the last three years. Overall, Central Functions sector has returned the most positive responses in the survey. The staff in this group generally work in 'real' teams with one line manager in most cases. Central Functions staff are also mostly non-patient facing.

Workforce Race Equality Standard (WRES)

WRES results are based on a series of indicators, of which 5, 6, 7 and 8 are drawn from the NHS Staff Survey. The following results were recorded :

- A higher percentage of white staff than BAME staff said that they have experienced bullying and harassment from the public. The same is reflected in the average response rates for all Ambulance Trusts.

- A higher percentage of BAME staff than white staff have said that they have experienced bullying and harassment from other staff. This is reflected on the average results as well.

- A significantly higher percentage of white staff than BAME staff believe that the Trust provides equal opportunities for career progression. The same is reflected in the average results for all Ambulance Trusts.

- A significantly higher percentage of BAME staff than white staff have said they have experienced discrimination from managers and other staff. The same is reflected in the average results for all Ambulance Trusts.

Workforce Disability Equality Standard (WDES)

WDES results are based on a series of indicators drawn from the NHS Staff Survey.

A significantly higher proportion of staff with a Long Term Condition (LTC) or illness at WMAS than staff without a LTC, have said that they have experienced bullying and harassment from patients and their relatives in the last five years. Whilst it is reassuring that a significant decrease is noted in the response rate for WMAS for staff with LTC when compared to 2022; a significant increase is noted for staff without a LTC or illness from 2022 to 2023. Looking at the average response rates across all Ambulance Trusts, it is noted that staff with a LTC are more likely to experience bullying and harassment from patients and their relatives than staff without a LTC or illness. It must be noted however, that the average figures for Ambulance Trusts show a sharp decrease from 2022 to 2023 for both groups of staff.

The following results for staff with a LTC were recorded:-

- A higher percentage of staff with a LTC or illness at WMAS than those without have said that they have experienced bullying and harassment from managers and other colleagues over the last five years.
- WMAS staff with a Long Term Condition (LTC) or illness are less likely to report experiences of bullying and harassment than those without.
- WMAS staff with a LTC or illness are less likely to believe that the Trust provides equal opportunity for career progression than staff without a LTC.
- A significantly higher proportion of staff with a LTC or illness at WMAS have said that they have felt pressured by their manager to come to work despite being unwell compared to staff without a LTC.
- Fewer staff at WMAS with a LTC or illness are satisfied with the extent to which the organisation values their work compared to staff without a LTC.
- Compared to the average figures for all Ambulance Trusts, fewer staff with a LTC or illness at WMAS have said that the employer has made reasonable adjustments to enable them to carry out their work. Although improvement is noted from 2022 to 2023.
- Overall, WMAS staff with a LTC or illness are less engaged than staff without a LTC. The same is also true on average for all other Ambulance Trusts. An improvement in the scores is noted from 2022 to 2023.

Future priorities and targets:

Statement of key priority areas

Priorities are decided locally with relevant staff in each locality through Listening into Action groups and staff meetings. The Staff Survey Response Action Group(SSRAG) meets regularly to interrogate the results and make recommendations for organisation-wide actions. Three key priorities have been agreed by the SSRAG and the Executive Membership Board to focus on following the 2023 Staff Survey Results.

PRIORITY 1 – WE HAVE A VOICE THAT COUNTS

Demonstrate how we listen to staff by providing regular feedback and promoting what actions are taken to address concerns and act upon suggestions made by staff.

a) Communicate positive stories from staff through Weekly Briefing, video interviews with colleagues from various localities and other platforms such as Trust Facebook page, Staff Side website, One Lan Screens .
b) Hold Listening into Action sessions locally to gain staff views on what they want include in the Local Action Plans
c) Share relevant information with staff, from various pillar committees (e.g. People Committee), through weekly briefing articles in view of keeping staff informed about all the various actions that are put in place by the organisation based on their feedback and in order to ensure that they have a positive experience of working for WMAS.
d) Create more awareness for staff to understand the ER54 reporting and feedback process. Promotion on various platforms such as WB, OneLAN, Trust media pages, Staff Side Website, Notice Boards.
e) Keep encouraging staff to come forward with ideas, suggestions, and speak up about concerns through the appropriate channels e.g. more promotion for AIM, ER54, FTSU, etc. and getting staff to share their positive experiences when they have used these channels.
f) Use Listening into Action sessions to encourage staff to share positive experiences and new ideas about what they would like to see on the Local Action Plans.
g) Use local suggestions boxes. Use simple MS Forms for staff to make suggestions for local improvements especially in localities where face to face meetings is not always possible.

PRIORITY 2 – WE ARE SAFE AND HEALTHY

a) Keep encouraging staff to report incidences of physical violence so that appropriate actions can be taken and provide feedback of the outcomes.

b) Align our actions with the national campaign #WorkWithoutFear, developed by NHSE and AACE for violence prevention and reduction against NHS Staff, and implement learnings and good practice.
c) Increase the usage of body worn cameras by staff so that evidence can be collected, and incidents can be prosecuted appropriately.

d) Create more awareness about the importance of reporting incidents of physical violence through various communications portals.
e) Investigate if miscommunication may be a contributing factor to staff feeling bullied and provide educational support on how these situations may be diffused/avoided.
f) Encourage more staff to attend development sessions such as decider skills training and personal impact sessions. Also link to Suzy Lamplugh Trust Bystander training.
g) Provide clear information to staff through Induction, mandatory training, etc. about what constitutes bullying and harassment and the difference with being managed effectively.
h) Launch of the WRES Equality Charter to emphasize the expected behaviours from all staff and the Trust's commitment to zero tolerance for bullying and harassment.
i) Investigate the reasons provided for work-related stress and assess any correlation with the reports of bullying and harassment and physical violence.
j) Investigate whether there is a correlation with staff also being immobile in ambulances and sitting in one position for prolonged waiting times due to hospital delays. Similarly, corporate staff working remotely may not be using the correct equipment such as office chairs and other set-ups which may not be appropriate for office work.
k) Provide emotional support and mental health support as required.

PRIORITY 3 – RAISING CONCERNS

a) Promote through videos and articles the importance of raising concerns and ensuring that staff know the correct mechanisms of reporting and raising concerns.
b) Improve Winningtemp surveys and data collection to encourage more staff to take part and understand the value of the platform.
c) Provide feedback and show outcomes to staff through weekly briefing, and other means of communications.

For the full results of the WMAS Staff Survey please see below links :-
NHS Staff Survey 2023 Breakdown Report (nhsstaffsurveys.com)
NHS Staff Survey Benchmark report 2023 (nhsstaffsurveys.com)

Freedom to Speak Up

West Midlands Ambulance University NHS Foundation Trust (The Trust) is committed to ensuring that staff have the confidence to raise concerns and to know that they will be taken seriously and investigated. At work, it is reasonable that staff may have concerns from time to time, which normally can be resolved easily and informally. However, when staff have serious concerns about unlawful conduct, financial/professional malpractice, or risk to patients/others it can be daunting to speak up about this. Therefore, the Freedom to Speak Up Policy aims to give staff the assurance that concerns will be listened to. This is supported by a simple procedure which demonstrates a fair and easy process for staff to raise concerns at work.

In order to deliver high quality patient care and protect the interests of patients, staff and the organisation, the Trust aims to encourage a culture of openness and transparency, in which members of staff feel comfortable about raising legitimate concerns. It is hoped that by providing clear procedures and channels for staff to raise concerns, issues can be addressed at the earliest opportunity, in the most appropriate way, so that positive steps can be taken to resolve them and reduce future risk.

FTSU Guardians

The Trust employs a Lead Guardian and a Guardian who are responsible for implementation of FTSU arrangements, liaising with staff, students, volunteers and managers throughout the organisation. Pippa Wall and Lucy Butler are registered with the National Guardian's Office and are members of the West Midlands Guardian Network, and the National Ambulance Network (NAN), ensuring that good practice is followed and shared.

FTSU Ambassadors

There are currently approximately 50 trained ambassadors around the region. We have at least one Ambassador per site who are known and trusted members of both the FTSU team and local teams. This helps to ensure that staff feel more comfortable discussing their concerns informally. The Ambassadors play a key role in the provision of our service across the geography that we serve. They attend regular developmental sessions and are encouraged to provide their own expertise in service developments. Digital posters showing the local Ambassadors' photographs and personal statements are displayed on all sites.

Governance

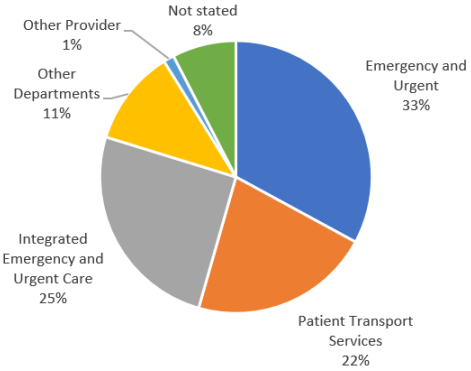
- There are number of ways in which assurance is provided for FTSU:
- Quarterly returns to National FTSU Guardian's Office
- Quarterly reports to WMAS Learning Review Group, and bi-annual reports to the People Committee, Executive Management Board and Board of Directors
- NHS England's Reflection and Planning Tool, presented to Board of Directors in May and October 2023, and confirmed as complete by Board of Directors in January 2024.
- National Guardian's Office training modules are in place as follows:

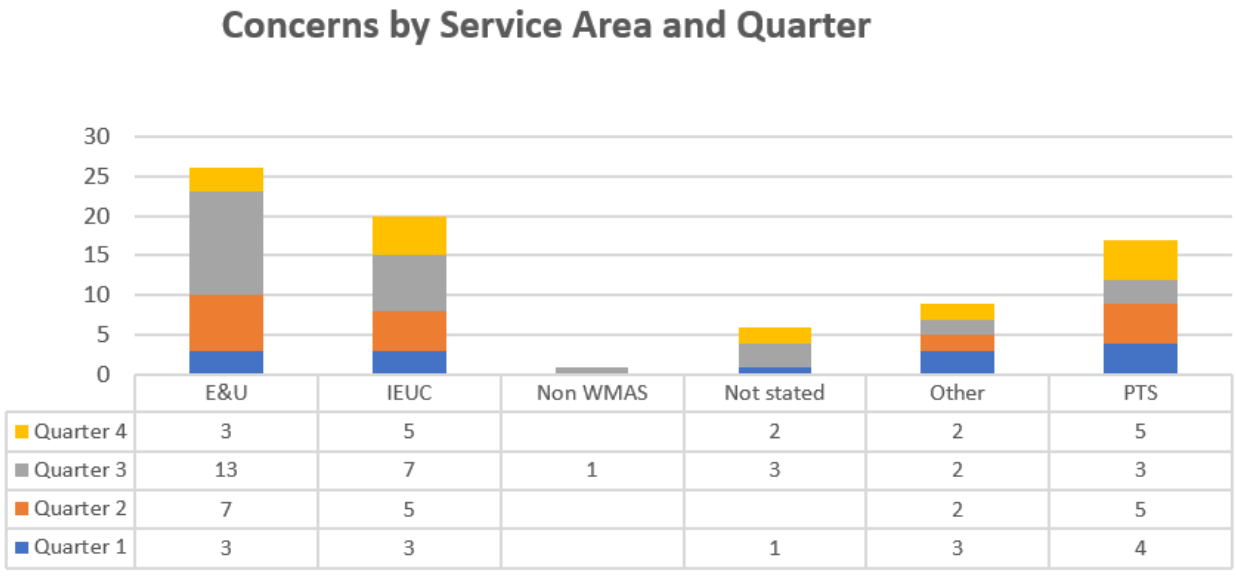
- All staff completed Speak Up as part of Mandatory Training during 2023/24
- Staff on Bands 7 – 8B are required to complete Listen Up Module
- Staff on Bands 8C and above, and Board of Directors have completed Listen Up and Follow Up modules
- Ambassadors are required to complete Speak Up and Listen Up training modules, in addition to their induction training

Concerns Raised 2023/24

In total, during 2023/24 there were 79 concerns raised, from the following service areas:

- Emergency and Urgent 26 (33%)
- Patient Transport Services 17 (22%)
- Integrated Emergency and Urgent Care 20 (25%)
- Other Departments 9 (11%)
- Other Provider 1 (1%)
- Not stated 6 (8%)





Among these 79 concerns, the following were recorded (some concerns were recorded in multiple categories). The National Guardian's Office Annual Report for 2022/23 includes the proportion of concerns reported in the first four of these categories, which are included in the table below for comparison. Please note the difference in years to which the data relates.

	E&U	IEUC	Other	Non WMAS	PTS	Not stated	% of total 2023/24	National % 2022/23
Patient Safety / Quality	6	2	0	0	2	0	6%	19%
Staff Safety	7	7	2	0	5	0	14%	27%
Behavioural / Relationship	10	10	5	1	12	3	26%	30%
Bullying / Harassment	2	2	2	0	1	1	5%	22%
Systems / Processes	12	8	3	0	2	5	19%	Not included in the national report
Cultural	3	3	3	0	5	4	12%	
Middle Management	2	6	1	0	6	1	10%	
Senior Management	4	2	2	0	2	0	6%	
Leadership	1	0	0	0	0	0	1%	

Whilst WMAS' FTSU Concerns are increasing, the numbers are still relatively low when compared with other Ambulance Trusts.

NHS England Review

Last year NHS England commissioned an external review into some concerns that were expressed to them. It looked at how they were managed and our response to them; the review was not about patient care or patient safety, neither was it about FTSU alone, but it included it as part of the process.

The review concluded and with a set of recommendations that the Board of Directors oversaw, with input and support from NHS England and our host Integrated Care Board, the CQC were fully sighted on this review.

The review was and remains confidential, to protect those who came forward within it, however elements of it were leaked and reported on by local press.

In response to the review itself, the national guardians report into the ambulance sector published this year and our own drive to continually improve, WMAS has been undertaking a number of actions to further improve our FTSU processes, WMAS, alongside the Ambulance sector still has some way to go. The actions we have taken include improved triangulation of information when reporting concerns, increasing the FTSU capacity within the Trust (with an additional Guardian and more ambassadors), updated training for all staff from operational managers through to the Board and more overarching awareness and briefing around FTSU into the Trust. We have also been working with our staff on breaking down perceived and real barriers to reporting concerns, alongside broader work on organisational culture and values.

In terms of progress on our actions and recommendations in relation to the review, all actions have been completed (the last action completed in October 2023). The Final action being our self-assessment against the national FTSU Planning and Reflection Tool, this is a requirement of all NHS Trust Boards to complete before January 2024. This self-assessment demonstrated improvement and progress regarding FTSU, but with areas to carry on developing and improving to.

Whilst our staff have many ways to express concerns (and do actively utilise these routes), through line managers, incident reporting, union representation, our staff and

public Governors, Directors including our Non Execs, the numbers of concerns being expressed through our FTSU process have increased over four successive quarters now, this tells us staff are increasingly comfortable to speak up regarding concerns they may have, the numbers are broadly comparable to other providers of a similar scale.

We have been working with NHS England, their FTSU team and the National Guardian's office to support this improvement programme, indeed the National Guardian undertook a FTSU development session for our Board in 2023, we have welcomed their support. The National FTSU Guardian is planning to return to WMAS, so we can demonstrate the progress we have made and also benefit from feedback on the lasted best practice and potential issues for Boards to consider.

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 2023/24 (2022/23 none).

For all off-payroll engagements as of 31 March 2024, for more than £245 per day and that last for longer than six months

No. of existing engagements as of 31 March 2024	**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 2023 and 31 March 2024, 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 2023 and 31 March 2024	**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 2023 and 31 March 2024

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.	**9**

Staff Exit Packages (subject to audit)

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

Reporting of compensation schemes - exit packages 2023/24

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	-	**-**
£10,000 - £25,000	-	2	**2**
£25,001 - 50,000	-	-	**-**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	1	-	**1**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**1**	**2**	**3**
Total cost (£)	£127,000	£21,000	**£148,000**

Reporting of compensation schemes - exit packages 2022/23

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	-	**-**
£10,000 - £25,000	-	1	**1**
£25,001 - 50,000	-	-	**-**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**-**	**1**	**1**
Total cost (£)	£0	£15,000	**£15,000**

Exit packages: other (non-compulsory) departure payments

	2023/24		2022/23	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	2	21	1	15
Total	**2**	**21**	**1**	**15**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	1	-

Governance Disclosures

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

The West Midlands Ambulance Service University NHS Foundation Trust has applied the principles of the NHS Code of Governance on a 'comply or explain' basis. The NHS Code of Governance most recently published in April 2023, is based on the principles of the UK Corporate Governance Code.

The NHS Code of Governance (the Code of Governance) was first published in 2006 and was most recently updated in April 2023. The revised and new Code of Governance for NHS provider trusts was applicable from 1 April 2023. The purpose of the Code of Governance is to assist NHS trust boards and the Board of Directors in relation to foundation trusts, in improving their governance practices by bringing together the best practice of public and private sector corporate governance. The code is issued as best practice advice but imposes some disclosure requirements.

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

Each individual who is a director are required 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 2023/4 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 £518,722 for the provision of crew hire to commercial events

for which a commercial rate was charged. This included shows and sporting events and the net contribution from these services was used to support the provision of health services.

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.

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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, in particular the Matters Reserved to the Board of Directors, have been reviewed by the Director of Finance; and approved by the Board of Directors.

The Standing Financial Instructions have been reviewed by the Audit Committee and appropriate recommendations were 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 and to ensure that the Trust is compliant. 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 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 comprehensive and robust clinical governance structures in place. 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 Quality Governance Committee regularly reviews the content of the Quality Account. The Trust publishes Annual Reports in relation to Infection Prevention and Control, Controlled Drugs, Safeguarding, Patient Safety, Better Births and Patient Experience which are reviewed by the Quality Governance Committee and an appropriate report on assurance is then presented to the Board of Directors. The Trust publishes these Annual Reports on the Trust's Website.

In addition to the Quality Governance Committee Minutes are submitted to each meeting. The Board also receives a Trust Information Pack setting out performance for Ambulance Quality Indicators, Operational Key Performance Indicators, Financial Performance, Workforce Indicators, and Corporate and Clinical Performance. The Board also receive system wide metrics. 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) is the key source of evidence that links the Trust's "mission critical" strategic objectives to risks, controls and assurances. It is the main tool that the Board uses in discharging its overall responsibility for internal control. The BAF sets out the significant risks identified by the Trust, current mitigating actions and internal and external assurances. It also identifies control systems and processes and further mitigating actions to be taken for each risk area.

Assurance can be provided through the review of the risk grading matrix, risk register and BAF by relevant groups and committees of the Trust. Internal Audit has carried out its annual review of the BAF and Risk Framework. During 2023/24 the BAF was also subject to a review as part the Good Governance Improvement review. The current version submitted to the Board is the result of that review.

The papers for the Board and Council of Governors meetings are available on the website and the minutes of each meeting are published as soon as practicable. In addition, members of the public are still able to ask questions to the Board on matters on the agenda or more wider issues. Staff side representatives attend public Board meetings and are invited to participate. Staff side representatives also attend meetings of the Quality Governance Committee. At meetings of the Council of Governors the Chairman and Chief Executive present detailed reports and answer questions from both public elected and staff elected governors on matters in relation to the Trust and wider system issues such as Handover delays. The Trust convened and held its Annual Meeting of the Membership and Governors and used a system of Microsoft Teams to allow questions to be submitted to the Chairman and Chief Executive. 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 normally be disclosed under a Freedom of Information request can the matter be discussed in private.

The Chief Executive Officer as part of his report to each meeting of the Board of Directors includes a high-level Integrated Performance Dashboard that highlights any trends in performance both operational and clinical and enables triangulation across Quality, Performance, Workforce and Finance metrics. In performance management terms, WMAS performance is also measured at an individual ICS level. In line with the structural changes within the ICS area, the Board agreed to an ICS level score card for the Activity and Performance section, so we can see how we perform at an ICS level. This will also help the executive and the Board of Directors to be sighed on performance particularly within our ICSs.

WMAS is part of the Black Country ICS, however WMAS is a key stakeholder across all six of the ICS areas we serve.

The detail of the single oversight framework is covered by a separate paper to the Board, but there are key metrics within the new framework which ICSs will be measured on, for example around ambulance response times. Therefore, an overview of our performance and outcomes on an ICS basis is important to influence positive change and improvement for patients across the West Midlands region.

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

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

The majority of business was conducted in public session during May, July, October 2023, January and March 2024. Board meetings in April, June, September 2023 and February 2024 were Board Briefings and also strategy and development sessions and were in private. Extraordinary Board meetings were convened as appropriate during the year following agreement of the Chairman.

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

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

The directors of the Trust are aware of these duties.

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

All of the Trust's Directors subscribe to a Code of Conduct based on the Nolan Principles, and every year the Directors are required to reaffirm their commitment to these Principles. All Directors are aware of their obligations under the Fit and Proper Persons test as defined in regulations and guidance issued by the Care Quality Commission, and also the Duty of Candour. They are also aware of the Fit and Proper Persons Test as set out in the Trust's licence, issued by the Regulator.

At least twice a year the Board receives the standing Declarations of Interest for directors which is published on the website. The Board and the Council of Governors have adopted the content of the document published by NHS England entitled "*Managing Conflicts of Interest in the NHS"*. At each meeting of the Board of Directors, there is an item requiring those present to declare any conflicts of interest in matters on the agenda. Directors are also aware that Standing Orders require them to declare any conflict as soon as they become aware.

The Board of Directors has a range of skills and experiences gained from both the public and private sectors that complement all areas of Trust business. Each year the Board undertakes a skills audit to ensure that 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.

A succession plan based on risk to the Board and the Trust has been in place for a number of years, and this is refreshed when senior managers leave the organisation. It is regularly reviewed by the Remuneration and Nominations Committee.

There is a mentoring scheme in place as part of the Senior Engaging Leaders Programme to help participants understand the bigger corporate impact of their proposed service improvements. The intended outcome of this mentoring is that staff in the organisation have a first-hand insight into higher level roles and their work streams, enabling two-way communication, and a means of motivating the workforce to aspire to higher level roles, thereby supporting succession planning.

The Scheme can be summarised as:

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

2 An agreed mentoring contract is in place to ensure there is a clear start/finish/ duration of the arrangement (of say, 3 meetings over 6 months).
3 There is an expectation that the mentee will be facilitated to shadow up to three events in addition to the mentoring meetings (for example, a Board of Directors meeting, an Executive Management Board / Non-Executive Directors' meeting, a Trust Committee Meeting).

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

In addition, the Non-Executive Directors are each "Buddied" with a specific Governor normally from the area close to where the Non-Executive Director lives. In relation to the Staff Governors, 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 public Board meetings and directors are invited to attend Council of Governor Meetings.

At meetings of the Board of Directors and Council of Governors 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.

WMAS works with the 6 ICSs as part of the wider system approach. The Trust link arrangements are as follows and will be subject to review:

ICS	WMAS Link Director	A&E Delivery Boards requiring attendance
Stoke and Staffs	Nick Henry	• Staffordshire
Coventry and Warks	Dr Richard Steyn	• Coventry and Warks
Black Country	Vivek Khashu	• Dudley • Walsall • Wolves • Sandwell and West Birmingham
Birmingham and Solihull	Nathan Hudson	• Birmingham and Solihull
Shropshire	Caron Eyre	• Shropshire
Herefordshire and Worcestershire	Vivek Khashu	• Worcestershire • Herefordshire

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 of good practice.

The Chair and Chief Executive have complementary roles in leadership:

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

Professor Ian Cumming OBE was Chair of the Board of Directors and as such was also Chair of the Council of Governors throughout the period of this Annual Report. In addition, he chaired all meetings of the Remuneration and Nominations Committee during 2023/24. Wendy Farrington-Chadd was Deputy Chair and Senior Independent Director, until retirement from the Board on 31 January 2024. The Trust Board, at its meeting on the 31 January 2024 approved the appointment of Professor Alexandra Hopkins as Deputy Chair and Senior Independent Director. This was ratified by the Council of Governors at its meeting on 7 February 2024. It was agreed at the meeting that these additional responsibilities would commence on the 1 February and an additional responsibility payment of £1,000 per annum would be paid, which would be back dated to the 1 February.

The Chair has not disclosed any other significant commitments during the period of this Annual Report of which the Trust and the Council of Governors were aware.

All Directors on the Board of Directors and all Governors on the Council of Governors meet the “Fit and Proper” Person’s 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, this duty has been carried out by Karen Rutter (Director of Finance), Chris Kerr (Head of Information Governance) is the deputy. 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.

Alexandra Hopkins is the nominated Non-Executive Director and Vivek Khashu is the nominated Executive Director for Freedom To Speak Up (FTSU) during the period of this Annual Report. Pippa Wall and Lucy Butler are the Freedom to Speak Up Guardians. The FTSU Guardians produce regular monitoring reports for the Learning Review Group and the Board of Directors and reports quarterly to the National FTSU Guardian Office. The Board would normally receive reports biannually, but to provide comprehensive updates and assurance following the publication of the National Guardians Office Speak Up Review into the Ambulance Sector and the NHS England commissioned review into speaking up, it received reports in May, July, October 2023 and in March 2024. In accordance with a range of national recommendations and policies, the Trust has been working on the arrangements in place to support and develop Freedom To Speak Up. This includes an update to documentation (policy, strategy and procedure etc) and implementation of the national training.

In the FTSU section of the annual report, WMAS has set out an overview of an NHS England Commissioned review into concerns which were expressed to them. The action plan associated with the review was developed and reviewed by the Trust in the period the annual report covers.

In respect of our training plan, in association with NHSE, the National Guardian's Office have developed a suite of online courses which is freely available for anyone who works in healthcare. Our Education and Training Department have worked hard to make this training more accessible for our staff, by incorporating it within our Learning Portal. This means that we can track completion and report compliance through our own systems. The Board of Directors are required to complete this training.

The Board has also made a number of appointments. The following are responsibilities held by Non-Executive Directors:

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

- Security Management NED Champion (including safety and risk) (see NHSE guidance Dec. 2021, covers: Counter Fraud, violence and aggression, security management of assets and estate).

The following Board responsibilities are all held by Executive Directors:

- Accounting Officer.
- Accountable Officer for Emergency Preparedness.
- Director of Infection Prevention and Control (DIPC).
- Caldicott Guardian.
- Board Level Champion for maternity services. (Better Births Report).
- Senior Information Risk Owner (SIRO).
- Prevent & Safeguarding Executive Lead.
- Director for Health, Safety and Risk.
- Security Management Director (SMD).
- Controlled Drugs Accountable Officer (CDAO).
- Responsible Officer (this is part of medical revalidation).
- Responsible Director CQC.
- Registration Authority (Smart Cards).
- Equality, Diversity & Human Rights.
- Patient Group Directives (PGDs).
- Freedom to Speak Up.
- Executive Nurse.
- Sustainability.
- Learning from Deaths Responsible Executive.
- Responsibility for Learning Disabilities and Mental Health.
- NHS Workforce Well Being Guardian.

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, 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 (2023/24)

Non-Executive Directors

Professor Ian Cumming OBE – Chair

Ian started his career in the NHS as a Healthcare Scientist and, after qualifying, worked in the field of hereditary coagulation disorders before moving into NHS Leadership in 1990. Since then Ian has held a variety of NHS general management posts including over 11 years as Chief Executive of acute hospital Trusts, three years as the Chief Executive of a Teaching PCT, and three years as the Chief Executive of the NHS in the West Midlands. From 2012 to 2020, Ian was Chief Executive of Health Education England (HEE), the largest education and training organisation in the world, responsible for the education, training and development of the current and future NHS workforce. Ian has a personal interest in pre-hospital care and in sports medicine, an area in which he holds an MSc. Through his role with Health Education England Ian was keen to see the paramedic profession flourish. He is determined to keep the Trust at the forefront of developing patient care and embrace the future delivery of healthcare through the potential use of robotics, artificial intelligence, genomics, home-based clinical informatics and the 'internet of things' which will bring huge opportunities for WMAS together with the evolving role of paramedics in the delivery of healthcare; together these bring an array of exciting opportunities for WMAS.

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

Wendy Farrington-Chadd – Non-Executive Director (to 31 January 2024)

Wendy has over 30 years' experience at Executive Board level within the Healthcare sector and has undertaken many 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. She has also worked at National level within Health and is currently CEO for Community Health Partnerships, a DHSC managed company. Wendy originally joined the NHS through the National Graduate Financial Management Training Scheme in the North West Region 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 the NHS West Midlands Provider Chief Executives. She has led the British Academy of Audiology as CEO and has worked extensively as a Management Consultant and Interim Executive. She lives in Shropshire and has two grown up children.

Professor Alexandra Hopkins - Non-Executive Director

A nurse for 47 years, Alex qualified in 1980 and worked in cancer nursing as a staff nurse and ward sister until the early 1990s. Further study of nursing at Manchester University led her to qualify as a nurse teacher and she moved into nursing and health education full time. A variety of lecturing roles culminated in her taking a post at the Royal College of Nursing in 2007 to develop and deliver distance learning top up degrees for nurses. Following this, Alex returned to mainstream higher education as a manager and latterly Faculty Dean at the University of Wolverhampton, where she enjoyed working in close partnership with local and regional NHS Trusts, notably WMAS. Alex then moved into part-time retirement in 2021 and took up a number of consultancy posts with other Universities. She was recently appointed as a visiting Professor in Nursing and Health at Birmingham Newman University. Alex has retained a passion for, and commitment to, promoting excellence in quality patient care. Outside of work her time is devoted to her family and friends, travel and reading.

Mushtaq Khan – Non-Executive Director

Mushtaq is a highly regarded solicitor who has served as the President of the Birmingham Law Society and holds extensive experience as a Board Director. With over two decades of legal practice, including leadership roles in both private and public sectors, he has earned accolades as a top lawyer in renowned legal directories like Chambers & Partners UK and the Legal 500 UK. In addition to his professional accomplishments, Mushtaq is deeply dedicated to enhancing communities. He actively supports organisations and initiatives that share his values, contributing his expertise as a Board member in the NHS, housing and education sectors for more than ten years. Noteworthy is his role as the founder of the "Inspiring Communities" schools' initiative, a collaborative project with Birmingham City University and Central England Law Centre. This initiative aims to inspire students to explore legal careers and engage in community service, showcasing Mushtaq's commitment to empowering youth and driving positive change locally.

Mohammed Fessal – Non-Executive Director

Mohammed has been a NED at WMAS since 2021, during which time he has been the Chair of the People Committee. As a qualified pharmacist, Mohammed has over 18 years' experience across the NHS, private and voluntary sectors. Currently Director of Pharmacy at CGL, a voluntary sector organisation specialising in substance misuse, homelessness, domestic violence and young people's services, Mohammed is passionate about supporting the most vulnerable in society by empowering and tackling discrimination. Mohammed is a member of the Advisory Council of Misuse of Drugs, which is an advisory non-departmental public body that makes recommendations to the Home Office on the control of dangerous or otherwise harmful drugs. He also sits on the CQC Controlled Drugs National Sub-Group.

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

Narinder Kaur Kooner has been a local authority Councillor since 2006 and has held the prominent position of Assistant Leader of Birmingham City Council. Narinder is a Local Government Association Labour Peer and has previously been on the Executive of Sikh Assembly UK. She is also a qualified Neuro-Linguistics Programming Practitioner and Mental Health First Aider.

Narinder was recognised as one of 350 influential Sikh Women across the World and was recognised in the Queen's Birthday Honours in 2019 by being awarded an OBE for her work in "supporting vulnerable people and the communities of the West Midlands". Narinder was instrumental in shaping devolution in Birmingham and is passionate about tackling unemployment and supporting and empowering local community groups. She has strong links with businesses, voluntary, third sector and community organisations within the city. She was one of the founders of Sikh Women's Action Network (SWAN), an organisation which provided one to one support to victims of abuse, Child Sexual Exploitation and Grooming. Narinder has delivered workshops to raise awareness of the impact of abuse on families and children and worked in partnership with statutory organisations to feed into policy and influence service delivery. Narinder has been the host of a series of shows on Sikh Channel which discussed topics and issues within the South Asian communities.

Julie Jasper - Non-Executive Director

Julie joined the Board of WMAS in October 2022 as a Non-Executive Director and Chair of the Audit Committee. She qualified as an Accountant in 1985 and has enjoyed a successful career in Senior and Executive Director roles in the Public, Private, Voluntary and Nationalised Industry sectors. Julie was first appointed to a Non-Executive Director role at Dudley PCT in 2006, and has held Non-Executive, Audit Chair and Lay Member roles in Dudley CCG, Sandwell & West Birmingham CCG, Black Country Cluster CCG and West Birmingham Local Commissioning Boards. Julie has held several Chair positions in the Education Sector spanning over 25 years and is Chair of an Ofsted "outstanding" rated school in Walsall.

She is a passionate advocate for addressing inequality issues and is a former member of DPTAC (Disabled Persons Transport Advisory Committee) and the Built Environment, a Ministerial approved appointment. She also supports her severely disabled son in his professional career and sporting interests!

Julie has had a listing in the "WHO's WHO" of Britain's Business Elite, was the recipient of the Dudley and Sandwell Chamber Enterprise award in 2000 and was the "Midlands Businesswoman of the Year" in 1998.

Executive Directors

Anthony Marsh – Chief Executive

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

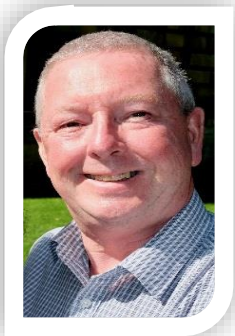
Karen Rutter – Director of Finance (from 1 May 2023)

Karen joined WMAS as Interim Director of Finance from 1 March to 31 August 2022. Following a competitive selection process Karen took up the substantive post of Director of Finance from 1 May 2023. Karen is a qualified accountant with over 30 years' experience in NHS finance. She started her finance career in Worcestershire working in Community and Mental Health Trusts and as Deputy Director of Finance for Health Education England (HEE). Prior to HEE, Karen worked in the corporate finance areas of a number of Strategic Health Authorities across West Midlands, East Midlands and East of England.

Paul Jarvis – Interim Director of Finance (to 30 April 2023)

Paul joined WMAS as Head of Strategic Finance in October 2021 following which he took on the role of Interim Deputy Director of Finance in January 2022 and Interim Director of Finance from August 2022. Paul is a qualified accountant with over 30 years' experience in NHS finance. He started his NHS finance career at Solihull Hospital in the early 90s, having previously worked in accounting roles in the private sector. Paul has held senior NHS finance roles within the Acute Sector, Primary Care General Practice and NHS Commissioning, including spending three years as Chief Finance Officer for NHS South Warwickshire CCG.

Mark Docherty – Interim Director of Nursing (until 31.12.23. Voting from 5.6.23 – 22.8.23)



Mark has a First-Class honours degree in Nursing and after working for over 20 years in acute hospitals across Yorkshire and the Midlands, started specialising in out of hospital urgent and emergency care. As the Ambulance Commissioning Director for the West Midlands, he led the development of the major trauma model, and was subsequently Chair of the National Ambulance Commissioners Group, and Director of Ambulance Commissioning in London; in June 2013 he was asked to give evidence to the House of Commons Health Committee on Urgent and Emergency Services Chaired by Stephen Dorrell MP. Mark is currently Executive Director of Nursing at the West Midlands Ambulance Service University NHS Foundation Trust; he also leads on clinical commissioning for the Board of Directors. Mark is an accomplished Author, Publisher, and Researcher; he holds a MSc from the University of Birmingham, has co-

authored a book on "Management of Emergency Ambulance Services", contributed to "The Silver Book - Quality Care for Older People with Urgent and Emergency Care Needs", and was a Principal Investigator in the Paramedic 2 (Adrenalin in pre-hospital cardiac arrest) Trial (2017), which was published in the New England Journal of Medicine (2018). He had an article published in The Lancet (May 2020) on people's use of emergency ambulance services during wave one of the COVID pandemic. Mark is a judge for the National Air Ambulance Awards of Excellence and is an active clinician who regularly spends time working with ambulance staff in the out of hospital clinical environment. In November 2022 Mark was conferred an Honorary Doctor of Science from Coventry University in recognition of his significant contribution to the field of Nursing across the West Midlands. After stepping down from the position of Director of Clinical Commissioning on 31 March 2023 Mark took up an interim role for the Trust.

Caron Eyre – Director of Nursing (from 23 August 2023)

Caron has more than 30 years of experience in nursing and has spent her entire career in the West Midlands starting in Birmingham, moving to Warwick and Worcestershire and then back to Birmingham. She is an adult and children's nurse and a nurse tutor. She spent most of her career in children and young people's services at Birmingham Women's and Children's Hospital. Her last roles there were Deputy Chief Nurse and Director of Nursing for Quality and Governance. She is also the Chair of the Association of British Paediatric Nurses. She is passionate about patient safety, quality improvements and the benefits of a positive patient experience.

Dr Alison Walker - Medical Director

Alison has worked in the NHS for over 30 years. She is a Consultant in Emergency Medicine with a Specialist interest in Prehospital Care. She was a regional NHS Ambulance Service Medical Director from 2005-2013 and has worked with WMAS from 2010 both as an Interim Medical Director and Honorary Medical Advisor, later becoming Executive Medical Director in 2019. She was the chair of the National Ambulance Services Medical Directors Group 2012-13. She is an examiner for the Fellowship and Diploma examinations for the Faculty of Prehospital Care of the Royal College of Surgeons of Edinburgh. She holds Clinical Research network lead roles and has authored publications on ambulance service clinical pathways and other prehospital topics. She has also been a member of the JRCALC (Joint Royal Colleges Ambulance Liaison Committee) national committee since 2005, becoming the Chair in January 2020 and is a member of the UK Trauma and Audit Research Network Committee (TARN).

Dr Richard Steyn – Interim Medical Director (from 1 June 2023)

Richard has worked within the NHS since 1984. He initially trained and worked as a rural General Practitioner on the West of Scotland before subsequently moving into surgical training and was appointed as a Consultant Thoracic Surgeon at Birmingham Heartlands Hospital in 1999. Richard was an Honorary Associate Professor from 2005-2020 having been awarded a Master of Surgery for research from the University of Warwick. During his consultant career, Richard has maintained an interest in Healthcare Improvement and Redesign and medical leadership. He was heavily involved nationally and internationally with the NHS Modernisation Agency/NHS Improvement (2000-2013) as a National Clinical Lead – Cancer Modernisation and National Clinical Lead for Demand, Capacity and Patient Flow. In succession Richard has held appointments as Clinical Director for Thoracic Surgery and Respiratory Medicine (2010-12), Associate Medical Director Surgery (2012-16), Associate Medical Director Solihull Hospital (2015), Divisional Medical Director (2016-17), Deputy Medical Director University Hospitals Birmingham (2017-20) and currently Medical Director University Hospitals Birmingham. He also was additionally seconded to Shrewsbury and Telford Hospitals NHS Trust as Co-Medical Director (2021-2023). In parallel, as well as having specialist interest in chest trauma, Richard has pursued an active career in prehospital emergency medicine as a prehospital medical practitioner for WMAS via West Midlands CARETeam and MARS BASICS for 30 years. In addition, he has been a WMAS Strategic Medical Advisor since 2011. He holds the Fellowship in Immediate Medical Care RCSEd and is a level 8 prehospital practitioner on the Royal College of Surgeons of Edinburgh Register. Richard is past Chairman of the British Association for Immediate Care (2009-13) and was Treasurer for the Faculty of Prehospital Care (2017-21). He is member of JRCALC (Joint Royal College Ambulance Liaison Committee). He regularly lectures and teaches prehospital emergency care.

Nathan Hudson –

Director of Performance and Improvement, Voting (from 1 August 2023)

Emergency Services Operations Delivery Director, Non-Voting (to 31 July 2023)

Nathan Hudson is one of the Trust's strategic commanders and has worked for West Midlands Ambulance Service since 1992. He started his career as part of the non-emergency patient transport service before moving to the emergency side of the Trust and qualified as a paramedic in 1997. During his time, he has undertaken several roles including working in the Emergency Operations Centre; as a Tutor in the Education & Training Department; and he also spent time working as trauma paramedic flying on the Midlands Air Ambulance aircraft. Nathan's initial move into management saw him leading the Trust's community response team which co-ordinates the work of volunteer community first responders (CFRs), before working in front line operations as the General Manager for Birmingham in 2010. In 2018 Nathan was appointed as the Emergency Service Operations Delivery Director and in August 2023 he was appointed as Director of Performance and Improvement. Nathan remains a state registered paramedic and regularly responds to patients. He also has an MBA in executive leadership.

Carla Beechey – Director of People

Carla has over 20 years experience of working in the Human Resources profession having previously worked in the Further Education Sector. She joined WMAS in 2008 as an HR Advisor after completing her professional qualifications in Human Resources Management at the University of Wolverhampton. She was promoted to HR Manager before being appointed as Head of HR in 2016 and People Director respectively on 1st April 2021. Carla is a Chartered Member of the Chartered Institute of Personnel Development (MCIPD). During her time at WMAS Carla has led the digital paperless HR agenda to implement an online employee personal record solution which won 'Public Sector Project of the Year' award in 2020 and introduced an Employee Relations Case Tracker System. She has also led her team to maintain the highest workforce attendance rates in the country of all ambulance services since 2014 through excellent sickness absence management and, in addition, maintained zero vacancies within frontline clinicians year on year which has enabled the Trust to continue to be the only ambulance service with a qualified paramedic on every response vehicle.

Diane Scott – Interim Organisational Assurance and Clinical Director (from 20 March 2023 to 5 June 2023)

After retiring from WMAS in December 2019 as the Director of Corporate and Clinical Services and Deputy CEO, Diane became a pool member of the NHS Interim Management and Support (IMAS) scheme. After undertaking a number of IMAS assignments, including as one of the duty directors in the National Incident Coordination Centre (NICC) in London during the Pandemic and as the interim Director of Corporate Affairs for London Ambulance Service in 2021, she returned to WMAS as part of an IMAS placement on a fixed term contract in her current role.
Diane continues to be a registered Paramedic, has a BSc in Health and Social Care, and a MSc in Healthcare Governance. She is also the Chair of The Ambulance Staff Charity (TASC) which provides a range of support to the UK's ambulance staff and their family members, students and ambulance volunteers.

Directors – Non-Voting Members

Vivek Khashu - Strategy and Engagement Director

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

Murray MacGregor – Communications Director

Murray MacGregor has been working in the media and public relations since 1995, with the last 17 years as Communications Director for WMAS. During that time, he has overseen a significant upgrade in the way the Trust's internal communications are handled and has helped raise the profile of the organisation within the Region and nationally. Prior to moving to the West Midlands, Murray worked for three years with Essex Ambulance Service and two years with Cambridgeshire Police. He was heavily involved in managing the media coverage surrounding the Alton Towers incident in 2014 and the Trust's response to the coronavirus pandemic. Murray's background is as a radio journalist; he worked for both the BBC and independent radio stations in Scotland and the south-east of England.

Jeremy Brown – Integrated Emergency and Urgent Care and Performance Director (to 31 July 2023)

Jeremy has been working in the Ambulance Service for 31 years having started his career at the age of 17 as an Ambulance Cadet with Staffordshire Ambulance Service. Jeremy is a registered Paramedic who was based in North Staffordshire when in an operational role, although for the last 20 years his career has been based within the Emergency Operations Centre (EOC). In 2007 Jeremy moved from Staffordshire to become the Head of EOC Birmingham and Black Country, responsible for the control room in Brierley Hill. From there his career has progressed where in 2010 he became the Head of EOC's for WMAS. He has been heavily involved in the National Ambulance Response Programme helping to shape the response standards that are present today. Until recently he also Chaired the National Heads of EOC Group where he has been a critical friend and support to other control rooms for the past 4 years. In 2019 he was appointed the Integrated Emergency & Urgent Care Director. In March 2022 Jeremy was successfully awarded a secondment as the Integrated Emergency, Urgent Care & Performance Director which reports directly into EMB and the Trust Board.

Michelle Brotherton – Non-Emergency Services Operations Delivery and Improvement Director (to 31 July 2023)

Michelle started her career as an Ambulance Cadet in September 1993 with Hereford and Worcester Ambulance Service, aged just 16. Two years later she qualified as an ambulance technician and progressed to become a paramedic working operationally across Worcestershire.

From there Michelle became a clinical supervisor before joining West Midlands Ambulance Service as a training officer in 2001. She moved back to her roots in 2005 when she gained a promotion back with Hereford and Worcester Ambulance Service where she set up a number of volunteer Community First Responder schemes and was instrumental in helping to develop the network of public access defibrillation across the two counties, in conjunction with the British Heart Foundation as part of the National Defibrillation Programme. Michelle has undertaken a number of senior management roles within both emergency and non-emergency operational delivery including managing the West Mercia division. Michelle's current role of Non-Emergency Services Operations Delivery & Improvement Director sees her run the Trust's Patient Transport Service which handles over a million patient journeys every year. She is also one of the Trust's strategic commanders

and remains a state registered paramedic. Michelle has studied at both the University of Worcester and University of Wolverhampton as well as successfully completing the Nye Bevan Leadership Programme.

Nick Henry - Paramedic Practice & Patient Safety Director

Nick started his career in 1990 with WMAS on their cadet scheme in Birmingham whilst gaining experience in each department of the service and having first contact with patients from the age of 16 years. He went on to qualify as a paramedic in 1995 before becoming a Clinical Supervisor as well as joining the then County Air Ambulance flying out of their Cosford, Strensham and East Midlands bases. Following promotion to a Senior Manager role in 2004, Nick has worked in almost every area of frontline operations across the whole region. In 2017, Nick moved to a regional post at Trust HQ to lead the Business Intelligence Unit, E-Rostering, Community Response teams and joined the Strategic Commander On Call team as an Assistant Chief Ambulance Officer. Joined the Trust Board in early 2023 as a Director is the pinnacle of a 32 year career and Nick is championing the Trust's patient safety culture, the role of paramedics through skills and research, also implementing the national Patient Safety Incident Response Framework (PSIRF) to ensure continual learning to improve patient care/ outcomes.

Skills Audit Matrix

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

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

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

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

The Skills Matrix of the Board of Directors for 2023/24 is set out below.

Non-Executive Directors

Skill	Professor Ian Cumming	Wendy Farrington-Chadd (until 31.01.24)	Mohammed Fessal	Mushtaq Khan	Julie Jasper	Narinder Kooner	Professor Alexandra Hopkins
Strategic Leadership	✓	✓	✓	✓	✓	✓	✓
Informed and Sound Judgment	✓	✓	✓	✓	✓	✓	✓
Ethics, Integrity and Accountability	✓	✓	✓	✓	✓	✓	✓
Impact and Influence	✓	✓	✓	✓	✓	✓	✓
Risk Management	✓	✓	✓	✓	✓	✓	✓
Financial qualification		✓			✓		
Financial acumen	✓	✓	✓	✓	✓	✓	✓
Public policy	✓	✓	✓	✓	✓	✓	✓
Knowledge and Application of Diversity and Inclusion	✓	✓	✓	✓	✓	✓	✓
Clinical and Health Experience	✓		✓				✓
Health Experience: Non Clinical		✓		✓	✓		
Legal awareness		✓	✓	✓	✓		
Corporate Communications and Media				✓		✓	
Commercial focus		✓		✓	✓	✓	
Human Resource Management	✓					✓	
Clinical Registration/ Professional Membership	Graduate Member Sports Therapy Association Chartered Scientist – The Science Council Fellow - Chartered Institute of Management Fellow - Institute of Biomedical Sciences HCPC Registered – Biomedical Scientist, PIN: BS31759	Chartered Institute of Public Finance and Accountancy	General Pharmaceutical Council – Pharmacist PIN: 2061184	The Law Society [England and Wales] SRA ID:26073	Chartered Institute of Public Finance and Accountancy	None	Master of Science in the Faculty of Medicine Nursing & Midwifery Council registration – PIN 0573742
Professional/ Business Qualification/ Experience	MSc in Sports and Exercise Medicine PgDip in Sports and Exercise Medicine Doctor of Health (DH) Doctor of Science (DSc) Doctor of the University (D Univ) HNC in Biomedical Sciences	Qualified Accountant. BA(Hons) English Lit Certificate in Executive Coaching	Master of Sciences of Pharmacy Independent Prescriber Course	Solicitor (England & Wales); BSc. (Hons) Social Policy; Post Graduate Diploma in Law; Legal Practice Certificate, Post graduate Diploma in Management Studies; Certificate in Advanced Corporate Governance.	Qualified Accountant	Business Experience. Local Authority Councillor	Master of Business Administration in Higher Education Management Doctor of Philosophy

Executive Directors

Skill	Professor Anthony Marsh *(Voting)*	Mark Docherty *(until 31.12.23. Voting from 5.6.23 – 22.8.23)*	Karen Rutter (Voting)	Dr Alison Walker Medial Director *(Voting)*	Carla Beechey *(Voting from 01.12.23)*	Michelle Brotherton *(secondment) (until 31.07.23)*	Jeremy Brown *(secondment) (until 31.07.23)*	Nathan Hudson *(secondment until 31.07.23, substantive Voting from 01.08.23)*	Vivek Khashu	Murray MacGregor	Nick Henry	Caron Eyre *(Voting from 23.8.23)*	Dr Richard Steyn *(Interim Voting from 01.06.23)*
Strategic Leadership	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Informed and Sound Judgment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ethics, Integrity and Accountability	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Impact and Influence	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Risk Management	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Financial qualification			✓										
Financial acumen	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Public policy	✓	✓							✓				
Diversity and Inclusion					✓				✓			✓	
Clinical and Health Experience	✓	✓		✓		✓	✓	✓			✓	✓	✓
Health Experience: Non Clinical			✓		✓				✓	✓			
Legal awareness			✓		✓								
Corporate Communications and Media	✓	✓							✓	✓			
Commercial focus	✓	✓							✓				
Human Resource Management	✓				✓				✓			✓	

Professional/ Business Qualification/ Experience	Clinical Registration/ Professional Membership	Skill
National Ambulance Strategic Advisor Extended Ambulance Aid [NHSTA] (former Paramedic) Professor (Honorary) Wolverhampton University. MSc Strategic Leadership, MBA. MA.	None	Professor Anthony Marsh *(Voting)*
BSc, (Hons) Nursing MSc Healthcare Commissioning	Registered Nurse (Adult) NMC PIN 83L3134E	Mark Docherty *(until 31.12.23. Voting from 5.6.23 – 22.8.23)*
Qualified accountant (CIMA) with associated designation of Chartered Global Management Accountant	Chartered Institute of Management Accountants	Karen Rutter (Voting)
Emergency Medicine (A&E) Consultant. MB BChir, FRCEM, FIMCRCS, FRCS, FDSRCS, MA, MFSEM. Dip Health Research, Cert Medicolegal.	GMC Registration 4210643	Dr Alison Walker Medial Director *(Voting)*
Post Graduate Diploma Human Resource Management	Chartered Institute of Personnel Development (MCIPD)	Carla Beechey *(Voting from 01.12.23)*
Diploma in Health & Social Services Management NHS Leadership Academy Award Multi Agency Gold Incident Command	HCPC Registered Paramedic (PIN PA01243)	Michelle Brotherton *(secondment) (until 31.07.23)*
MSc Health and Social Care Management (current study) Post Graduate Diploma Health and Social Care Management Multi Agency Gold Incident Command	HCPC Registered Paramedic (PIN PA10354)	Jeremy Brown *(secondment) (until 31.07.23)*
MSc Business Psychology (current study) Post Graduate Diploma Health and Social Care Management Multi Agency Gold Incident Command	HCPC Registered Paramedic (PIN PA00832)	Nathan Hudson *(secondment until 31.07.23, substantive Voting from 01.08.23)*
BSc Medical Biochemistry MSc Healthcare Leadership	None	Vivek Khashu
None	None	Murray MacGregor
MSc Healthcare Management (current study) Professional Development Diploma Multi Agency Gold Incident Command	HCPC Registered Paramedic (PIN PA02768)	Nick Henry
Msc in Clinical Practice Post Grad certificate in Workforce Planning BSc in Nursing Studies	Registered Nurse (Adult) NMC PIN 86D0621E	Caron Eyre *(Voting from 23.8.23)*
	GMC Registration 2921688	Dr Richard Steyn *(Interim Voting from 01.06.23)*

Meetings and Committees

Board of Directors

Attendance at meetings of the Board of Directors from April 2023 to March 2024, (of which 5 were Public Board meetings and 3 were Extraordinary Board meetings) were as follows:

Name	Position	Attendance out of 9 meetings
Professor Ian Cumming*	Chair and Non-Executive Director	9
Anthony C Marsh*	Chief Executive Officer	9
Mushtaq Khan*	Non-Executive Director	6
Wendy Farrington-Chadd*	Non-Executive Director (to 31.1.24)	5
Narinder Kaur Kooner*	Non-Executive Director	7
Mohammed Fessal*	Non-Executive Director	8
Julie Jasper*	Non-Executive Director	9
Alexandra Hopkins*	Non-Executive Director	9
Mark Docherty*	Interim Director of Nursing (from 5 June to 22 August 2023)	2/2
Dr Alison Walker*	Medical Director	3/3
Dr Richard Steyn*	Interim Medical Director (from 1.6.23 to 31.12.23)	8
Paul Jarvis*	Interim Director of Finance (to 30.4.23)	0
Karen Rutter*	Director of Finance (from 1.5.23)	9
Caron Eyre*	Director of Nursing (from 23.8.23)	7
Nathan Hudson*	Director of Performance and Improvement (from 1.8.23)	9
Carla Beechey*	Director of People	7
Diane Scott*	Interim Organisational Assurance and Clinical Director (from 20.3.23 to 5.6.23)#	2/2
Vivek Khashu	Strategy and Engagement Director	9
Murray MacGregor	Communications Director	9
Jeremy Brown	Integrated Emergency and Urgent Care and Performance Director	2/2
Michelle Brotherton	Non Emergency Services Operations Delivery and Improvement Director	2/2
Nick Henry	Paramedic Practice & Patient Safety Director	8

*Voting members of the Board
#from 6.6.23 attended meetings of the Board of Directors as the Interim Organisational Assurance Director.

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 or work within the area covered by the Trust; all the Trust's Non-Executive Directors are also Members of the Foundation Trust. The Non-Executive Directors act as a conduit between the Council of Governors and the Board of Directors and can ensure that the voice of the public is heard in decision-making processes and that the interests of patients remain at the heart of Board discussions. Non-Executive Directors also have a role in working with the Chair in the appointment and remuneration of the Chief Executive and other Executive Directors as members of the Trust's Remuneration and Nominations Committee. There are seven Non-Executive Directors including the Chair, the Constitution allows for up to seven including the Chairman. 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 NHSE Code of Governance.

Following an advertisement and interview process led by the Governors, the Council of Governors appointed Alexandra Hopkins who took her seat on the Board of Directors on the 1 April 2023. IN addition, given that Wendy Farrington Chadd stepped down with effect from 31 January 2024, the Governors, following and advertisement and interview process appointed Suzanne Banks who will take up her seat on 1 April 2024.

The Board, at its meeting on the 31st January 2024 approved the appointment of Alex Hopkins as the Deputy Chair and Senior Independent Director to replace Wendy Farrington Chadd who previously held those positions on the board. This was ratified by the Council of Governors at its meeting on 7th February 2024. It was agreed at the meeting that these additional responsibilities would commence on the 1st February and an additional responsibility payment of £1,000 per annum would be paid, which will be back dated to the 1st February.

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

Non-Executive Director	**Period of Office Expires**
Professor Ian Cumming	31 March 2027
Wendy Farrington-Chadd	Left Trust on 31 January 2024
Alexandra Hopkins`	31 March 2026
Narinder Kooner	4 November 2024
Mushtaq Khan	30 September 2025
Mohammed Fessal	31 December 2023
Julie Jasper	12 October 2025

The Chair holds regular meetings with the Non-Executive Directors without the Executive Directors present, although the CEO takes the opportunity to provide a brief update on national and regional issues so that the NEDs are briefed on current matters. 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 two 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".

The Constitution allows for up to six NEDs excluding the Chairman,.
In the interests of efficiencies and to simplify the remuneration structure and also provide a more sustainable process, it is proposed that each Non-Executive Director (with the exception of the Chairman) is remunerated on the basis of £.15,141.00 per annum

In addition, the Council of Governors agreed to link the NED remuneration to the Executive Directors "cost of living increase". To build in a sustainable system the governors agreed to authorise the Director of People of the Trust to automatically award the Non-Executive Directors the same cost of living adjustment that is paid to Executive Directors. The executive director cost of living increases is agreed by an independent pay review body each year and not the NEDs. In future the People Director can automatically pay whatever is agreed by the independent pay review body to the NEDs. This can be reviewed again in three years' time as required in the Code of Governance.

Executive Directors

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

There is a statutory requirement to have:

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

Following a recruitment process the Remuneration and Nominations Committee appointed Karen Rutter to the position of Director of Finance from 1 May 2023 and a voting member of the Board.

Board Level Committees

The Trust has maintained and enhanced its Committee structure to provide assurance that its governance arrangements are strong and effective. The Board of Directors receive the minutes of each meeting of its Committees, once they have been approved as an accurate record by the relevant Committee. The Board of Directors may refer any matter to its Committees for closer review. The Constitution and the Trust's Standing Financial Instructions apply to the Committees of the Board of Directors.

The Board of Directors reviews its Committee structure annually, except for the **Audit Committee** and the **Remuneration and Nominations Committee** that are required under the Constitution.

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

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

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

- Health, Safety, Risk and Environment Group
- Learning Review Group
- Professional Standards Group

The following groups also report to the Professional Standards Group:

- Clinical Audit & Research Programme Group
- Learning Review Group
- Immediate Care Governance Group
- Medicines Management Group
- Advancing Clinical Practice Group
- Senior Clinical Leads 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.

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

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

compliance with the Code of Practice for the prevention of HCAI (2010) and the CQC Essential Standards of Quality and Safety.
- to receive and review any reports from the Learning Review Group, ensuring there is adequate learning from incidents to minimise impact on patient safety/trust business.
- to ensure there is a strategic response to new legislation, national guidelines and learning from incidents.
- to ensure the correct identification, assessment, management and reporting of risk and health and safety issues.

Finance and Performance Committee

The specific responsibilities of the Committee are to:

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

People Committee

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

The Committee will assure the Board of the achievement of the objectives set out in the NHS People Plan and the Trust's People Strategy and ensures alignment of work with the Black Country Integrated Care Board (ICB) Workforce Strategy.

The Diversity and Inclusion Steering Advisory Group reports into this Committee to have oversight of the delivery of the Equality, Diversity and Inclusion Agenda for the Trust.

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**.

Executive Management Board (EMB)

In addition to the above Committees, the 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, the Assistant Chief Ambulance Officers and the Trust Secretary.

Attendance at Board level Committees and EMB from 1 April 2023 to 31 March 2024 is set out below.

Executive Management Board (EMB)

Name	Position	Attendance out of 26 meetings
Anthony C Marsh	Chief Executive	21 out of 26
Mark Docherty	Director of Nursing and Clinical Commissioning (to 31.12.23)	6 out of 20
Caron Eyre	Director of Nursing (from 23.8.23)	11 out of 14
Karen Rutter	Director of Finance (from 1.5.23)	23 out of 24
Paul Jarvis	Interim Director of Finance (to 30.4.23)	2 out of 2
Carla Beechey	Director of People	24 out of 26
Murray MacGregor	Communications Director	22 out of 26
Phil Higgins	Governance Director & Trust Secretary	23 out of 26
Dr Alison Walker	Medical Director	3 out of 26
Dr Richard Steyn	Interim Medical Director (from 1.6.23)	20 out of 21
Vivek Khashu	Strategy & Engagement Director	20 out of 26
Jeremy Brown	Integrated Emergency and Urgent Care and Performance Director	25 out of 26
Michelle Brotherton	Non-Emergency Services Operations Delivery and Improvement Director	21 out of 26
Nathan Hudson	Emergency Services Operations Delivery Director (to 31.7.23) Director of Performance and Improvement (from 1.8.23)	23 out of 26
Nick Henry	Paramedic Practice & Safety Director	24 out of 26
Diane Scott	Interim Organisational Assurance and Clinical Director (from 20.3.23 to 5.6.23) Interim Organisational Assurance Director (from 6.6.23)	24 out of 26

Audit Committee

Name	Position	Attendance out of 5 meetings
Julie Jasper	Committee Chair and Non-Executive Director	5
Wendy Farrington-Chadd	Non-Executive Director (to 31.1.24)	3 out of 4
Mushtaq Khan	Non-Executive Director	1
Narinder Kooner	Non-Executive Director	3

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

KPMG (external auditors to 31 October 2023) and Bishop Fleming (External Auditors from 1 November 2023) comply with the National Audit Office's Code of Audit Practice. On occasion it may be appropriate for external audit to undertake additional non audit services on behalf of the Trust. These services are subject to a number of safeguards to confirm that they do not impact on the objectivity or the independence of the auditor. All non-audit services are subject to approval by management and by the Trust's Audit Committee. In addition to the checks made by the Trust, the external auditor also undertakes its own internal checks prior to commencing any work. These checks require an assessment of the work against the National Audit Office's Auditor Guidance Note 1 (AGN 01). KPMG's and Bishop Fleming's ethics and independence manual is fully consistent with the professional practice rules of the Financial Reporting Council's Revised Ethical Standard by whom they are regulated for audit purposes. For any audit-related or advisory services work requiring prior Audit Committee approval, the Audit Partner must undertake an assessment of the proposed work, governed by the firm's ethical compliance lead and incorporating the issues raised in AGN 01 The principal threats to an auditor's objectivity and independence are:

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

The internal checks include the approval of the non-audit services by the firm's ethical compliance lead. There was no non audit work undertaken by KPMG or Bishop Fleming in 2023/24.

Remuneration and Nominations Committee

Name	Position	Attendance out of 5 meetings
Professor Ian Cumming	Chair and Non-Executive Director	5
Mushtaq Khan	Non-Executive Director	4
Julie Jasper	Non-Executive Director	5
Alexandra Hopkins	Non-Executive Director	5
Wendy Farrington-Chadd	Non-Executive Director (to 31.1.24)	3 out of 4
Narinder Kooner	Non-Executive Director	3
Mohammed Fessal	Non-Executive Director	5
Anthony C Marsh	Chief Executive Officer	5

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

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

Trustee Committee

Name	Position	Attendance out of 3 meetings
Professor Ian Cumming	Chair and Non-Executive Director	2
Anthony C Marsh	Chief Executive Officer	3
Mushtaq Khan	Non-Executive Director	2
Julie Jasper	Non-Executive Director	3
Wendy Farrington-Chadd	Non-Executive Director (to 31.1.24)	2
Narinder Kooner	Non-Executive Director	3
Alexandra Hopkins	Non-Executive Director	3
Mohammed Fessal	Non-Executive Director	2
Mark Docherty	Director of Nursing and Clinical Commissioning (to 31.12.23)	1
Karen Rutter	Director of Finance (from 1.5.23)	3
Dr Alison Walker	Medical Director	1
Dr Richard Steyn	Interim Medical Director (from 1.6.23)	3
Carla Beechey	Director of People	3
Vivek Khashu	Strategy and Engagement Director	3
Murray MacGregor	Communications Director	3
Nathan Hudson	Emergency Services Operations Delivery Director	3
Michelle Brotherton	Non Emergency Services Operations Delivery and Improvement Director	2
Jeremy Brown	Integrated Emergency and Urgent Care and Performance Director	0
Nick Henry	Paramedic Practice & Safety Director	2
Adam Aston	Staff Governor	1
Matthew Brown	Staff Governor	1

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

Finance and Performance Committee

Name	Position	Attendance out of 5 meetings
Mushtaq Khan	Non-Executive Director (Chair)	5
Wendy Farrington-Chadd	Non-Executive Director (to 31.1.24)	1 out of 4
Narinder Kooner	Non-Executive Director	2
Julie Jasper	Non-Executive Director	5
Paul Jarvis	Interim Director of Finance (to 30.4.23)	1 out of 1
Karen Rutter	Director of Finance (from 1.5.23)	4 out of 4
Jeremy Brown	Integrated Emergency and Urgent Care Director	4
Nathan Hudson	Director of Performance and Improvement	5
Michelle Brotherton	Non-Emergency Services Director	5
Craig Cooke	Operational Support Services Director	3

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

People Committee

Name	Position	Attendance out of 4 meetings
Mohammed Fessal	Non-Executive Director - Chair	4
Narinder Kooner	Non-Executive Director	4
Michelle Brotherton	Non-Emergency Services Director	3
Nathan Hudson	Director of Performance and Improvement	4
Jeremy Brown	Integrated Emergency and Urgent Care Director	3
Paul Jarvis	Interim Director of Finance (to 30.4.23)	-
Karen Rutter	Director of Finance (from 1.5.23)	4
Carla Beechey	Director of People	4

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

Quality Governance Committee

Name	Position	Attendance out of 5 meetings
Alexandra Hopkins	Non-Executive Director & Chair	4
Mohammed Fessal	Non-Executive Director & Vice Chair	4
Dr Alison Walker	Medical Director (Long term absence)	0
Dr Richard Steyn	Interim Medical Director (from 1.6.23 to cover Dr Walker's absence)	3
Mark Docherty	Director of Nursing and Clinical Commissioning (to 31.12.23).	0
Diane Scott	Interim Organisational Assurance & Clinical Director (20.3.23 to 5.6.23) Interim Organisational Assurance Director (from 6.6.23)	5
Caron Eyre	Executive Director of Nursing (from 23.8.23)	2
Michelle Brotherton	Non-Emergency Operational Delivery & Improvement Director	4
Vivek Khashu	Strategy & Engagement Director	3
Nick Henry	Paramedic Practice & Safety Director	4

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

Performance Evaluation of the Board and Directors

Development for directors appointed to the Board commences at induction. All Directors are provided with an induction, the content of which is reviewed by the Chairman and the CEO.

The Board of Directors at the conclusion of each meeting reviews its performance as a Board.

In addition, all meetings within the Trust, including the Board, are invited to review whether any new or increased risks have been identified during the meeting. These should then be recorded.

During the period of this Annual Report, the Board has reviewed the Trust Committee structure and all of the Terms of Reference are being reviewed. In addition, the Trust engaged the Good Governance Improvement to undertake a well led review prior to the CQC Well Led Review. The outcome of the review will be reported to the Board.

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

The Trust Chairman appraises the performance of the Chief Executive Officer annually and also carries out a mid-year review against objectives set by the Remuneration and Nominations Committee. The Chairman has also carried out an appraisal of each of the Non-Executive Directors. The Senior Independent Director undertook the appraisal of the Chairman.

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

Declaration of Interests

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

There are registers in place that are regularly reviewed that give details of company directorships and other significant interests held by directors and governors which may conflict with their respective duties and responsibilities. The registers are open to the public and are published on the Trust's website. A copy of the register of interests is

available upon request to the Trust Secretary. In addition, Senior Managers and those responsible for the procurement or letting of Contracts are reminded of their obligations under the guidance published by NHSE and are similarly asked to make declarations of interest.

Council of Governors

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

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

Induction training for newly elected and appointed Governors is convened as soon as possible after election or appointment.

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

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

The most significant obligations for Governors are the duties to:

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

These are significant responsibilities for a group of people who are effectively volunteers. The Trust takes these duties into account and the development programme for Governors includes providing them with the knowledge and skills to carry out their role. A development day was held virtually in September 2022.

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

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

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

The above duties are reflected in the Constitution of the Foundation Trust. The Trust may make amendments to its Constitution only if the Governors of the Trust approve the amendments.

The Council of Governors in the period covered by this Annual Report has discharged many of its statutory duties, including the re-appointment and review of remuneration of the Non-Executive Directors. The Council of Governors has not exercised its power to request a member of the Board of Directors to attend a meeting of the Council of Governors for the purpose of obtaining information about the Trust's performance of its functions or Directors' performance of their duties as detailed in the Constitution.

Staff Governors **2023-24**

CONSTITUENCY	GOVERNOR	ELECTED TERM
Emergency and Urgent Operational Staff	Sarah Lawson	01/01/2020 – 31/12/22 Extended until 31/12/2023 Re-appointed 01/01/24 – 31/12/2026
	Adam Aston	01/01/19 – 31/12/2021 Extended until 31/12/2023 Retired 31/12/2023
	Jonathan Auberbach	01/01/2024 – 31/12/2026
Non-Emergency Operational Staff	Inderpal Sidhu	10/10/2022- 31/12/2023 Re-appointed 01/01/2024-31/12/2026
Emergency Operations Centre	Duncan Spencer	01/06/14 - 31/12/20 Extended until 31/12/2023 Re-appointed 01/01/2024-31/12/2026
Support Staff	Matt Brown	01/01/2020 – 31/12/22 Extended until 31/12/2023 Re-appointed 01/01/2024-31/12/2026

Public elected Governors **2023-24**

CONSTITUENCY	GOVERNOR	ELECTED TERM
Birmingham	Peter Brookes	01/01/19 –31/12/21 Extended until 31/12/2023 Re-appointed 01/01/2024-31/12/2026
	Jeanette Mortimer	01/01/20 – 31/12/22 Extended until 31/12/2023 Retired 31/12/2023
	Khalid Ali	01/01/2024-31/12/2026
	Samuel Penn	01/01/20 – 31/12/22 Extended until 31/12/2023 Retired 31/12/2023
	Dave Murray	01/01/2024-31/12/2026
	Anthony Bradley	01/01/2024-31/12/2026
Staffordshire	Eileen Cox	01/01/20 – 31/12/22 Extended until 31/12/2023 Re-appointed 01/01/2024-31/12/2026
	Robin Cooke	01/01/2024-31/12/2026
West Mercia	Judy D'Albertson	01/01/20 -31/12/22 Extended until 31/12/2023 Retired 31/12/2023
	Helen Higginbotham	01/01/19 – 31/12/21 Extended until 31/12/2023 Retired 31/12/2023
	Roy Alcroft	01/01/2024-31/12/2026
	Brenda Richards	01/01/2024-31/12/2026

CONSTITUENCY	GOVERNOR	ELECTED TERM
Coventry and Warwickshire	John Davies	01/01/20 – 31/12/22 Extended until 31/12/2023 Re-appointed 01/01/2024-31/12/2026
	Brian Murray	01/01/20 -31/12/2023 Extended until 31/12/2023 Re-appointed 01/01/2024-31/12/2026

'Appointed' Governors were nominated by organisations to serve on the Council of Governors (CoG) in **2023-24**

ORGANISATION	GOVERNOR	APPOINTED TERM
Community First Responders Forum	David Fitton	01/01/19-31/12/21 Extended until 31/12/2023 Re-appointed 01/01/2024-31/12/2026
Local Authority	Cllr Ed Lawrence	01/05/20 -01/05/23 Extended until 31/12/2023 Re-appointed 01/01/2024-31/12/2026

The Trust is grateful for the service and commitment that the Governors have given to give the Trust during their period of office.

The Council of Governors consists of 17 members; 10 Public Governors, 5 Staff Governors and 2 Appointed Governors.

The Council of Governors agreed to delay the annual elections in both Autumn 2021 and 2022, following NHSE "Guidance on Reducing the Burden" during the pandemic. The Council of Governors also agreed at its meeting on 11 May 2021 to move to triennial elections. Due to elections being postponed for 2022, the first election under this change took place during the autumn of 2023 and the term of office of all elected and appointed Governors is three years from 1st January 2024.

The Council of Governors at its meeting on 7th February agreed unanimously to extend Eileen Cox as Lead Governor until the Annual Meeting due to take place on 31/07/2024. An election for Lead Governor will be held at this point.

The Governor Remuneration, Terms of Service and Nominations Panel has met six times between April 2022 and March 2023 on the following dates: 24th November 2023, 28th November 2023, 5th December 2023. These meetings were held to shortlist and interview for a Non-Executive Directors vacancy. Suzanne Banks was successfully appointed to the role of Non- Executive Director following her interview in 5th December 2023, the Council of Governors approved her appointment by written notion on 11th December and this was announced at the Council of Governors Meeting on 7th February. Suzanne Banks will commence in post on 1 April 2024.

Over the year, The Council of Governor meetings have seen presentations from Trust Directors providing Governors with the information to ensure that the Council fully understands the business of the Trust and enabling them to fulfil some of the statutory duties. The Chairman and Chief Executive Officer personally present to the Governors at every meeting.

A Governor Development Day was held on 13th September 2023, which covered a number of topics presented by various senior staff from the Trust, including Sexual Safety Training, EDI Workplans and Trust Networks, Care Quality Commission and a Membership Strategy Review.

Governors also had the opportunity to undertake observational shifts within the service throughout the year.

In November 2023 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. The results of the self-assessment undertaken in November 2023 are set out below:

Returns

- 7 returns questionnaires.
- 8 non returns
- Two positions on the Council of Governors were vacant at the time

In summary

- The Governors **strongly agreed (5)** or **agreed (2)** to all elements of the CoG's understanding its role in holding to account in terms of; Trust Performance, Delivery of Strategic Plans and the Trust being Well Led.
- They **strongly agreed (5)** or **agreed (2)** that the Council received sufficient information to carry out their duties.
- The majority **agreed (3)** or **strongly agreed (3)** that there is sufficient opportunity to question members of the board, with one **disagreeing.**
- The majority **agreed (4)** with one **strongly agreeing (3)** that the council having the opportunity to influence strategy, with one **disagreeing.**
- The majority **agreed (5)** with one **strongly agreeing** that the council can bring forward its own ideas on strategy. One **disagreed**
- The majority **agreed (5), with one strongly agreeing** that the CoG ensures there is appropriate communication and consultation with Members, Stakeholders and the wider public. one **disagreed**
- Majority **strongly agreed (6),** with one **agreeing** that the Council process for the re-appointment or appointment of NEDs is effective.
- Majority **strongly agreed (5)** with one **agreeing** that the Council has in place an appropriate process for enabling performance appraisals for the Chair and Non-Executive Directors. **One disagreed.**
- Most **agreed (3)** or **strongly agreed (2)** the CoG influence the work of the Trust with **two disagreeing.**
- Majority **agreed (4)** or **strongly agreed (3)** that the Council of Governors understands its role in representing members of the Trust and takes positive action to provide opportunities for the members of the public to make contact.

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 2023/24 there were four meetings of the Council of Governors. The attendance of each Governor is shown in the table below. Meetings were held both face to face and via Microsoft Teams.

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

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

Attendance at meetings of the Council of Governors from April 2023 to March 2024 is presented below.

Name	Constituency/Job Title	Attendance out of 4 meetings
Peter Brookes	Publicly Elected Governor – Birmingham	4
Jeanette Mortimer	Publicly Elected Governor - Birmingham	2 of 3
Khalid Ali	Publicly Elected Governor - Birmingham	1 of 1
Samuel Penn	Publicly Elected Governor – Black Country	2 of 3
Dave Muray	Publicly Elected Governor – Black Country	1 of 1
Anthony Bradley	Publicly Elected Governor – Black Country	1 of 1
Brian Murray	Publicly Elected Governor – Coventry and Warwickshire	4
John Davies	Publicly Elected Governor – Coventry and Warwickshire	1
Helen Higginbotham	Publicly Elected Governor – West Mercia	1 of 3
Judy D'Albertson	Publicly Elected Governor – West Mercia	3 of 3
Brenda Richards	Publicly Elected Governor – West Mercia	1 of 1
Roy Aldcroft	Publicly Elected Governor – West Mercia	0 of 1
Eileen Cox	Publicly Elected Governor – Staffordshire	4
Robin Cooke	Publicly Elected Governor – Staffordshire	1 of 1
Sarah Lawson	Staff Elected Governor - Emergency and Urgent Operational Staff	4
Adam Aston	Staff Elected Governor - Emergency and Urgent Operational Staff	2 of 3
John Auerbach	Staff Elected Governor - Emergency and Urgent Operational Staff	1 of 1
Inderpal Sindhu	Staff Elected Governor – Non-Emergency Operational Staff	2
Duncan Spencer	Staff Elected Governor – Emergency Operations Centre Staff	4
Matt Brown	Staff Elected Governor – Support Staff	2

Name	Constituency/Job Title	Attendance out of 4 meetings
David Fitton	Appointed Governor – Community First Responder Regional Forum	4
Cllr Ed Lawrence	Appointed Governor – Local Authority	2

Declarations of interest

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

The Board and Governor relationship

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

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

The Staff elected Governor are buddied with the Chairman and buddy meetings have taken place both face to face and via Microsoft Teams.

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

Membership

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

The Trust has circa 16,741 members; this includes both public members and staff members. WMAS operates an opt-out membership for its staff. This means that staff who are eligible for membership are automatically members of the Foundation Trust unless they choose to opt out.

CONSTITUENCY	PUBLIC MEMBERS
Birmingham	2,061
Black Country	2,809
Staffordshire	1,359
West Mercia	1,588
Coventry and Warwickshire	1,087
Out of Trust Area	32

Category	Membership as at 31/03/23
Staff	6.977
Public	8,936
Total	**15,913**

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

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

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

Further details on Patient and Public involvement are included within the Trust's Quality Account which is published separately.

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

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

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

Regulatory Ratings – NHS Oversight Framework

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

As an NHS Foundation Trust, West Midlands Ambulance Service is subject to the regulatory framework established by NHS England, the independent regulator of NHS and NHS Foundation Trusts. That framework covers both financial and governance risks.

NHS England's NHS Oversight Framework provides the framework for overseeing Integrated Care Boards and providers and identifying potential support needs. The framework looks at five themes

- quality of care, access and outcomes;
- preventing ill health and reducing inequalities;
- people;
- finance and use of resources; and
- leadership and capability.

The aim of that framework is to facilitate NHS England's assessment of there being:-

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

Segmentation

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

During 2021/22 NHS England nationally re-assessed all providers against the Single Oversight Framework and placed WMAS within segmentation 2, this was in recognition of the pressures resulting from and support required to address the significant deterioration in ambulance handover delays and the resulting lengthening response times. The Trust is working closely with our six integrated care systems and NHS England to jointly address these two key issues.

In 2022/23 the NHS Oversight Framework was updated to reflect the statutory establishment of ICBs in July 2022 and to reflect their role in oversight.

The approach to oversight is characterised by the following key principles:

a) working **with and through ICBs**, wherever possible, to tackle problems
b) a greater emphasis on **system performance and quality of care outcomes**, alongside the contributions of individual healthcare providers and commissioners to system goals
c) matching **accountability for results** with improvement support, as appropriate
d) **autonomy** for ICBs and NHS providers as a default position
e) **compassionate leadership behaviours** that underpin all oversight interactions informed by Our Leadership Way (an agreed set of behaviours describing what good leadership should look and feel like), the National Quality Board's (NQB's) Our shared ambition for compassionate, inclusive leadership and the NHS board level competency frameworks.

Care Quality Commission

In keeping with the CQCs strategy on risk-based inspection of pathways and systems, in addition to individual Trusts, on the evening of Monday 21 November, the CQC commenced a three day on-site inspection of the Worcestershire Health and Care system. As a partner within the delivery of care in the Worcestershire system, WMAS was also inspected for its local services. This included speaking to our colleagues waiting at the hospitals, our Hospital Ambulance Liaison Officers and inspecting the arrangements at the Worcester Hub and speaking to colleagues there.

On the evening of Wednesday 23 November, the CQC inspection team gave preliminary feedback Chief Executive and Strategy and Engagement Director, which has been previously briefed to the Board and will not be covered again in this paper, following a process of factual accuracy review, the final report has been published on the CQC website. The CQC have picked up on areas of commendable practice and care we can be proud of, they have also highlighted very real issues with patient safety, experience, and staff morale. This report will explore some of that in more detail, as whilst the observations are all accurate, the executive team have expressed concern to the CQC on a limited number of the recommendations.

WMAS was inspected in 2023, the inspection looked at our leadership via the Well Led domain and also our core services, which included our control rooms and our 999 front line service. The outcome of the inspection was a rating of "Good" overall, with several aspects of outstanding practice noted, including for example our Control Rooms being rated as "Outstanding".

Whilst the Trust was disappointed to receive a lower rating than that awarded in 2019, the current set of ratings are still the highest in the ambulance sector, the ratings breakdown is as follows:

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good → ← Feb 2024	Good ↓ Feb 2024	Outstanding → ← Feb 2024	Good ↓ Feb 2024	Good ↓ Feb 2024	Good ↓ Feb 2024

Rating for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency operations centre (EOC)	Good → ← Feb 2024	Outstanding ↑ Feb 2024	Good → ← Feb 2024	Good → ← Feb 2024	Outstanding → ← Feb 2024	Outstanding ↑ Feb 2024
Resilience	Good Jan 2017	Outstanding Jan 2017	Not rated	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017
Patient transport services	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019
Emergency and urgent care	Good → ← Feb 2024	Requires Improvement ↓↓ Feb 2024	Outstanding → ← Feb 2024	Good ↓ Feb 2024	Good ↓ Feb 2024	Good ↓ Feb 2024

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

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS England.

NHS England has given Accounts Directions which require West Midlands Ambulance Service University NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of West Midlands Ambulance Service University NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

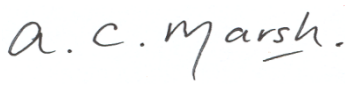
In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care's Group Accounting Manual and in particular to:

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

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

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

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

Signed 

Position: Chief Executive Date: 17 June 2024

Annual Governance Statement

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

Scope of Responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the West Midlands Ambulance Service University NHS Foundation Trust'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 WMAS 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 Midlands Ambulance Service University NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in West Midlands Ambulance Service University NHS Foundation Trust for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Risk Management Strategy

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

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

Risk management is a key component of enhancing patient care and is a central part of the Trust's strategic management. It is the process whereby the Trust methodically identifies and addresses the risks attaching to its activities where the goal is to achieve sustained benefits to patient care and to the Trust's strategic agenda, within each activity and across the portfolio of all Trust activities. The focus of risk management in the Trust is the identification and treatment of these risks. The Trust has in place a Risk Management Strategy and its Risk Management objectives which support the Trust's Strategic and Operational plans are as follows:

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

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

The Trust Risk Appetite Statement has been created and reviewed by both Audit Committee, EMB and agreed by the Trust Board in March 2023. It is continually reviewed to ensure a continued progression towards the Trust risk maturity, this includes dynamic updates as the ever-changing healthcare landscape impacts the appetite. An example of this being updates following the Manchester Arena Inquiry. Understanding risk appetite is key to enhancing management of risk, safety, and patient care and is a central part of the Trust's strategic management. It is the process whereby the Trust methodically addresses risks with the goal of achieving sustained benefits to the Trust's strategic agenda and vision and values across all Trust activities. The statement sets out the Board's strategic approach to risk-taking by defining its overall risk appetite, its boundaries, risk tolerance, acceptance and threats to its Strategic Objectives and supports delivery of the Trust's Risk Management Strategy and Policy.

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

The levels of Assurance are clear:

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

Identifying and Reporting Risk

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

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

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

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

The Risk and Control Framework

Management of Risk

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

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

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

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

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

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

Level 1 – Very Low Risk
Level 2 – Low Risk
Level 3 - Moderate Risk
Level 4 – High Risk

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

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

Data Security and Protection Toolkit

The Trust continues to work on the NHS Data Security and Protection Toolkit (DSPT) for 2023-24 (version 6). The Trust completed and published its baselines assessment as required by the 29 February 2024.

The process for assurance of the DSPT was previously reviewed by internal audit and assurance was provided to the Trust's Audit Committee. The submission of the DSPT is 30 June 2024. The Trust will receive regular reports on the progress of DSPT through the Health Safety Risk & Environmental Group, Quality Governance Committee, Executive Management Board and Trust Board. The Trust's Head of Governance, Safety and Security reports the DSPT through to the Director of Finance and is responsible for management of the DSPT.

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

Regulation

WMAS remains fully compliant with the registration requirements of the Care Quality Commission (CQC) who inspected the Trust during 2023/24 and is rated as Good.

The Trust has reviewed all recommendations contained in CQC published report on the outcome of their review. This was the subject of an action plan and oversight by the Executive Management Board as part of learning and development for the Trust or the Board especially in relation to a "well led" organisation.

As a Foundation Trust, the organisation operates under a licence, the revised licence and conditions came into effect on 1 April 2023. The Board of Directors and the Council of Governors have been made aware the revised conditions. 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 in the Governance Disclosures section of 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.

As required by regulation the Trust has an Audit Committee consisting of Non-Executive Directors. The Chairman of the Trust is not a member of the Audit

Committee and attends at least once a year, with the Chief Executive by invitation to present the Annual Governance Statement. 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 is also required to attend in line with Regulation.

In addition, the following committees are not required by regulation but are considered good practice for NHS Boards. A Quality Governance Committee, a Finance & Performance Committee and a People Committee have been established and meets regularly. Each Committee is chaired by a Non-Executive Director. The approved Minutes of all Board Committees are reported to the next appropriate Board meeting where they are received.

Each Committee also has an identified lead Executive Director. The responsibilities of the Board and its Directors are defined in the Trust's Constitution, Standing Financial Instructions and Standing Orders.

The Audit Committee submits an Annual Report to the Board of Directors and the Council of Governors and, in addition, the Trust's External Auditor presented an independent report to the Council of Governors and the Membership at its Annual Meeting in July 2023.

During 2023-24 Bishop Fleming were engaged as the Trust's External Auditors and KPMG were appointed as the Trust's Internal Audit provider. Assurance for the 23-24 financial year is provided under these new arrangements.

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 carry out its duty of oversight. Key performance reports covering corporate, clinical, quality, workforce, finance and operational performance indicators are received at each ordinary meeting of the Board and are made available on the Trust's website as part of the Trust Information Pack.

The Trust has in place Directorate Portfolios and these are reviewed in the wake of any changes at senior level. There is a clear organisational structure with staff and managers identified within each directorate, who are sufficient in number and appropriately qualified.

The Trust governance structure is based on financial control, operational performance monitoring and assurance in relation to clinical quality governance.

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. This document is 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 “Good”.

As part of gaining assurance the Board members are encouraged to visit staff, with each director allocated to a particular Trust site. In addition, through the ‘Day in the Life’ programme the Members of the Board and the Council of Governors can attend operational shifts and meet patients and operational staff.

The Quality Governance Committee receives regular reports from clinical and operational staff and through a number of documents such as the serious incident reports, learning from deaths, claims and inquests and Learning Review Group update are able to have oversight and challenge the Trust in relation to the quality of patient care. The Trust’s Medical Director, and the Executive Director of Nursing advise the Committee. The Trust has established the position of Paramedic Practice & Patient Safety Director. The role is a nonvoting Board member and has responsibility and is accountable for all aspects of Patient Safety, learning from deaths, duty of candour and clinical investigations.

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 each meeting of the Board of Directors. The Board of Directors have approved a Risk Appetite Statement.

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 satisfy themselves as to the integrity of financial, clinical, operational performance and other key performance indicators, and that financial, clinical and performance quality controls and systems of risk management and governance are robust and applied. The Board at each meeting receives a Trust Information Pack that contains Key Performance indicators.

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

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

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

The **Governance Director and Trust Secretary** was during the period of the report responsible for:

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

The **Director of Nursing** during the period of the report was responsible for:

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

The **Paramedic Patient Safety Director** which was established in February 2023 provides strategic leadership and clinical advice to the Board in the following key areas:

- Patient Safety
- Learning from deaths
- Clinical and serious incident investigations
- Duty of Candour
- Professional Paramedic practice

The Director of People 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 **Sub 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 as appropriate or at least annually.

- The agreed minutes of the Committees are submitted to the Board of Directors and pending the submission of the approved minutes of the Committee, this process is also followed by all working groups below Board Committee level.

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

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

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

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

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

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

The **Health, Safety, Risk and Environment Group:**

- reviews the Risk Registers at each meeting and will escalate high risks to the Quality Governance Committee for consideration and escalation to Board.
- ensures that risks are managed in accordance with this policy in order to provide EMB and QGC with compliance assurance.
- alerts the relevant owner and committee to any risks they deem to be a greater or lower risk than documented.

- reviews closed (newly archived) risks at every meeting to ensure they have been closed appropriately.

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

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

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

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

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

Risks may be raised through any of the processes identified through discussion at committee or working groups. Chairpersons will ensure that risks raised at meetings that are the responsibility of another group will be communicated accordingly to the appropriate forum. Each Committee or sub group will at the end of each meeting assess whether the consideration or decisions relating to each meeting have realised any new or increased risks.

Public Stakeholder involvement

As a Foundation Trust WMAS must have a Membership that is representative of the Community it serves. The **Council of Governors** is responsible for representing the interests of the Membership and the Public and holding the Non-Executive Directors to account for the collective performance of the Board. The Council of Governors has a membership consisting of publicly elected governors as well as staff elected governors and appointed stakeholder governors, made up from 5 Staff, 2 Appointed and 10 Public elected Governors who represent internal and external stakeholders. The elected Governors must be in the majority on the Council of Governors. In addition to ten governors elected by the public, five Governors are elected by the staff and two appointed by partner organisations. During the period of this annual report, due to changes in the constitution, all seats were declared vacant and elections were held. In relation to the two appointed Governors, their appointing body was asked to consider and if appropriate reappoint them to the Council of Governors. The Election process was undertaken by an independent organisation.

The Council meets in public on at least four occasions a year. During 2023-2024 Governors had the opportunity to attend via Microsoft Teams or in person. The reports submitted are published on the Trust Internet site.

The **Board of Directors** meets in public at least six times a year, directors have the opportunity to attend in person, or virtually via Microsoft Teams. Many directors prefer to attend virtually as it reduces travelling time. The public and press do attend meetings by means of Microsoft Teams invite. All non-confidential papers are published on the Trust website and the public are entitled to forward any questions on the content of the papers to the Trust Secretary. The Board seeks to have as its first item of business on all agenda 'a patient or staff 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 or it is in the public interest to not disclose the information, such as commercially sensitive information.

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 on the draft annual Quality Account, engagement meetings are arranged for the West Midlands region for various stakeholders - for example the public, ICBs, and Health Overview and Scrutiny Committees (HOSC).

The Trust's comprehensive internet website provides the public with ready access to information across all areas of Trust activity and the organisation also uses its newsletter for members to inform the public of new developments and items of interest. Work has commenced on the website to make more accessible than currently.

The foundation trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months as required by the Managing Conflicts of Interest in the NHS26 guidance.

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 reports of the Chairs of Committees are risk based and highlight matters that to be escalated to the Board of Directors. The Board also receives a performance pack showing operational, financial, quality, clinical and corporate on trends, themes and key performance indicators and risks.

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

NHS Pension Scheme

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

Diversity, Inclusion and Human Rights

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

Carbon Reduction

The foundation trust has undertaken risk assessments and has plans in place which take account of the "delivering a Net Zero Health service" report under the Greener NHS Programme. The Trust ensures under the Climate Change Act and Adaptation Reporting requirements are complied with.

The Board at its meeting in January 2022 approved the Trust's WMAS Green Plan 2022 – 2026. There is requirement for all Trusts to have a Green Plan which provides a structured way for each Trust and ICS to set out the carbon reduction initiatives that are already underway and their plans for the subsequent years. Its introduction includes the following: Over the last 10 years, the NHS has taken notable steps to reduce its impact on climate change. As the biggest employer in this country, there is more that the NHS can do. Action must not only cut NHS emissions, currently equivalent to 4% of England's total carbon footprint, but also build adaptive capacity and resilience into the way care is provided.

WMAS have led the way in the ambulance service implementing a large amount of change to our operation which has led to significant reductions in our direct and indirect carbon footprint, including:

- Implementing the Make Ready Model – reducing the estate portfolio by Commissioning new build sites compliant with the exacting requirements in the BREEAM standards.
- Changing our lighting on sites to LED lighting reducing a significant amount of electricity usage.
- Delivering a fleet replacement programme with no front-line operational vehicles over 5 years old – WMAS now operate the most modern ambulance fleet in the country which are compliant to the latest euro emission standards.

West Midlands Ambulance Service University NHS Foundation Trust is committed to the ongoing protection of the environment through the development of a sustainable strategy. Sustainability is often defined as meeting the needs of today without compromising the needs of tomorrow.

A sustainable health and care system is achieved by delivering high quality care and improved public health without exhausting natural resources or causing severe ecological damage.

The approved Green Plan sets out the Trust's commitment to ensure governance and management arrangements are in place to deliver both the Trust's statutory responsibilities for sustainability and to achieve the target set by the NHS of reducing its carbon footprint set out in "Delivering a Net ZERO National Health Service (published October 2020). The Green Plan is available for inspection.

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.
- A financial Investment Group that reviews the merits and risks of investments
- A Business Case "post implementation" review is undertaken and reported to Board.

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

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

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

In response to the work undertaken to review use of NHS resources by Lord Carter and his team, the Trust established an Efficiency and Transformation Group led by the Chief Executive and 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. Following a review of the Internal Audit Provision, KPMG have been engaged to undertake the Internal Audit service. The Internal Auditors provide an independent and objective assurance to firstly EMB, then through the Audit Committee assurance statements to the Board that the Trust's risk management, governance and internal control processes are operating effectively.
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 has a Local Counter Fraud Specialist (LCFS) supported as required by other qualified Local Counter Fraud Specialists. Any concerns can be directed to the team and, any information is treated in the strictest confidence.

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

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

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

NHS Oversight Framework

This Framework was introduced by NHS Improvement in 2016 as a model for overseeing and supporting healthcare providers in a consistent way. It is currently being updated now, with revised approach for both Trusts and Foundation Trusts and Integrated Care Boards. 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

NHSE during 2021/22 nationally assessed all providers against the SOF and placed WMAS within segmentation 2, this was in recognition of the pressures resulting from and support required to address the significant deterioration in ambulance handover delays and the resulting lengthening response times. The Trust is working closely with our six integrated care systems and NHS England to jointly address these two key issues.

Workforce Strategies and Systems

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

Information Governance

There were no serious incidents related to information governance during 2023/24.

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.

With effect from 1 May 2023 the Director of Finance was the nominated SIRO for the Trust. Prior to this date the SIRO was the CEO.

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

The Trust has a Data Security & Protection Toolkit (DSPT). All organisations that have access to NHS patient data and systems should publish a DSPT self-assessment to provide assurance that they are practicing good data security and that personal information is handled correctly. West Midlands Ambulance Service has met all mandatory requirements and will publish its DSPT assessment for 2023/24 in line with the 30 June 2024 deadline.

Annual Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHSE (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 during the period of this Annual Report had a Medical Director, a Director of Nursing and a Paramedic Practice & Patient Safety Director to advise the Board of Directors on all matters relating to the preparation of the Trust's Annual Quality Account.

- The Director of Nursing has designated responsibility for the development of the quality agenda.

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 the Board of Directors, to 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 NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on 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, 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 approved Board Committee minutes are submitted to the subsequent Board meeting. Each executive director reports to each meeting of the Board on matters relevant to their portfolio. Regular reports are also provided through the 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 Board Assurance Framework, Risk Register and Internal Control processes through its own activities and through receiving relevant reports from the External and Internal Auditors. Risks are monitored at Executive Management Board, Audit Committee, Performance Committee, People Committee and the Quality Governance Committee, with high risks reported to Board. The Committee regularly reviews Internal Audit plans and reports in order to form an opinion on the effectiveness of internal control systems and to recommend acceptance by the Accounting Officer. In 2023-24 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.

The **Quality Governance Committee** has primary responsibility for monitoring and reviewing quality and clinical aspects of performance and development plans together with associated risks and controls, corporate governance and quality/clinical outcomes and for providing assurance on them to the Board. For these aspects, the Committee ensures that appropriate standards are set and compliance with them is monitored on a timely basis. The Committee also ensures that relevant Key Performance Indicators,

strategic and operational milestones and timescales, are identified and monitored for achievement and effectiveness. WMAS recognises the importance of ongoing evaluation of the quality of care provided against key indicators. As a member of the National Ambulance Service Clinical Quality Group (which develops National Ambulance Quality Indicators and National Clinical Audits), the Trust actively partakes in both national and local audits to identify improvement opportunities. As a result, the Trust has a comprehensive **Clinical Audit Programme** which is monitored by the Clinical Audit & Research Group.

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

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

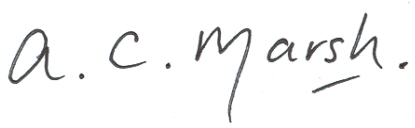
Head of Internal Audit Opinion

Significant assurance with minor improvement opportunities can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

Date: 17 June 2024

Conclusion

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

Signed: 

Position: Chief Executive Officer

Date: 17 June 2024

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 requires commercial organisations who supply goods or services and have a minimum total turnover of £36 million per year to prepare a slavery and human trafficking statement for each financial year.

The Trust has a large and complex supply chain with a variety of commercial relationships with third parties. The Trust recognises the importance of its role in executing the requirements of the Modern Slavery Act 2015. We are committed to ensuring a zero-tolerance approach to slavery and human trafficking in our supply chains or any part of our business activity.

The progress steps that we are taking for the year ahead are:

- Modern Slavery, part of The Human Rights Act 1998, is included within the Trust's Equality, Diversity and Inclusion Strategy.
- Issued to our staff via the Weekly Briefing, Modern Slavery awareness events on or around the 18 October each year, in line with the Anti-Slavery Day.
- Including Modern Slavery and Ethical Policy checks at Tendering stage.
- Perpetual use of NHS Terms & Conditions to protect the Trust's supply chains.
- The Trust also complies by posting a modern slavery statement on its website :- Welcome to Equality, Diversity & Inclusion – West Midlands Ambulance Service University NHS Foundation Trust (wmas.nhs.uk)

Sustainability

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

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

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

We have made further investment in our fleet with the latest generation emergency front line ambulances emitting 8% less NOx & 7% less CO2 emissions. We are the only

ambulance service in the country to operate a full set of operational vehicles having commissioned into service the UK's first fully electric Emergency Front Line Ambulance in November 2020, 2 x Electric Rapid Response Vehicles in May 2021 and 2 x Electric Patient Transport Service vehicles since April 2022.

In our estates area we have upgraded a large number of sites to LED lighting and installed air source heat pumps to reduce the reliance on electricity and gas to provide hot water, Our new facility in Sandwell, opened in October 2022, has consolidated a number of sites into one allowing us to dispose of older inefficient buildings. Sandwell has been built to the exacting BREEAM Excellent (Building Research Establishment Environmental Assessment Method) standards, it incorporates a 92kw Photo Voltaic array reducing our reliance on the grid for electricity, we have also installed 20 electric vehicle chargers which staff and visitors can access.

Equality

Public Sector Equality Duty Compliance

Annual Equality Report

The Trust published its Annual Equality Report in September 2023 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 2021 to ensure that the Specific Duties had been adhered to. The Trust reported on the Equality Objectives that had been established in the Equality Strategy as required under the duty. 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 2023 Diversity and Inclusion Annual Report can be found on the Trust website when it was published in the summer of 2023.

Equality Delivery System2

'Everyone counts' is a key principle that applies to everyone served by the NHS and is at the heart of the NHS Constitution. The main purpose of the Equality Delivery System is to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using EDS3, NHS organisations can also be helped to deliver on the Public Sector Equality Duty (PSED).
The EDS provides a way for the organisation to show how it is doing against the three domains (they are called goals in the EDS2 framework). The EDS Technical Guidance document is available at: https://future.nhs.uk/EHIME/view?objectID=119804773

All NHS organisations are expected to use the system to help them improve their equality performance for patients, communities and staff, as well as help them to meet the requirements of the PSED.

In 2022/2023, the EDS assessment framework was refined to be a more robust assessment, aligned with the evolving NHS landscape and the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and NHS People

Plan. Subsequently, the EDS2022 framework comprises 11 specific outcomes that are grouped across the following three domains:

Domain 1: Commissioned or Provided Services - This focuses on patient access and experience, reducing inequalities and enabling better health outcomes.

Domain 2: Workforce Health & Wellbeing - This focuses on ensuring that all workforce members are fully supported in relation to health and wellbeing.

Domain 3: Inclusive Leadership – This domain explores how leadership at WMAS demonstrates a commitment to equality and how it works in a way that identifies equality issues and manages them.

Each of the above domains has set outcomes that are evaluated and scored against the set criteria, and experiences of stakeholders. It is these ratings that provide assurance and/or provide direction for further improvement. For 2023/24, WMAS has completed the EDS framework and created an action plan, which can be accessed on the Trust website.

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 Long Term Plan and complements other NHS policy frameworks. The WRES action plan period covers April 2023 to March 2024. Following data analysis, a WRES action plan was developed and progress on that is monitored by the Diversity and Inclusion Steering and Advisory Group (DISAG) on a quarterly basis.

Gender Pay Gap 2022

In 2017 the Government introduced World-leading legislation that made it statutory for all organisations with 250 or more employees to report annually on their gender pay gap. West Midlands Ambulance Service University NHS Foundation Trust is covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 that came into force on 31 March 2017. These regulations underpin the Public-Sector Equality Duty and require the relevant organisations to publish their second set of gender pay gap data by 5 October 2021 and continue annually, including:

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

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

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

West Midlands Ambulance Service University NHS Foundation Trust (WMAS) pay approach supports the fair treatment and reward of all staff irrespective of gender. WMAS uses the NHS Terms and Conditions (Agenda for Change (AFC)) pay and allowances.

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

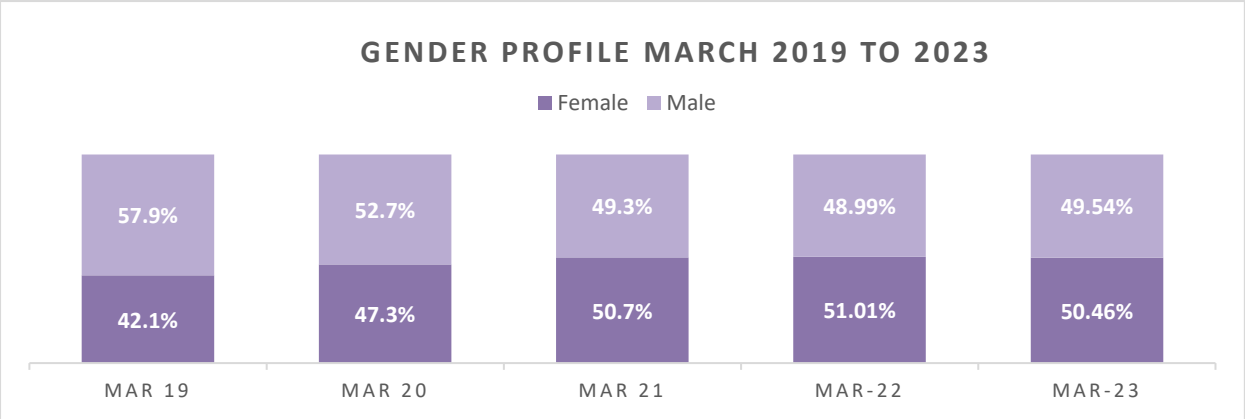
Equal pay is about men and women being paid the same for the same work, while the gender pay gap is about the difference in average hourly earnings.

A full Gender Pay Report and key data analysis, that highlights the key variations for different occupational groups and the actions that have and will be taken to improve these findings will be published on the Trust's public-facing website by 31 March 2024.

WMAS DATA COLLECTION: KEY LINES

The following data has been extracted from the NHS Electronic Staff Record System for all employees in post on 31 March 2023. The calculations made are in accordance with the technical guidance provided by Gov.UK.

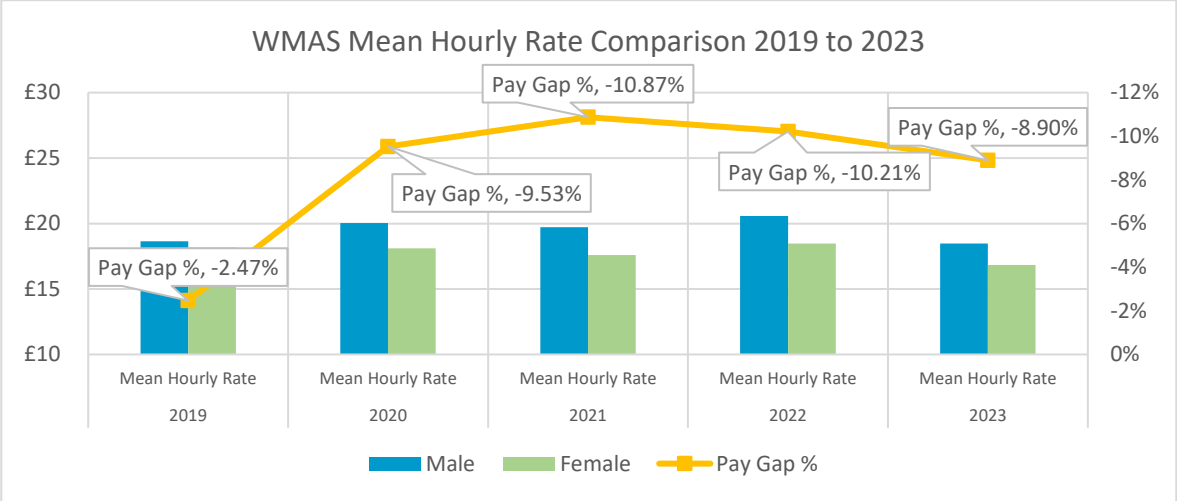
Gender Profile



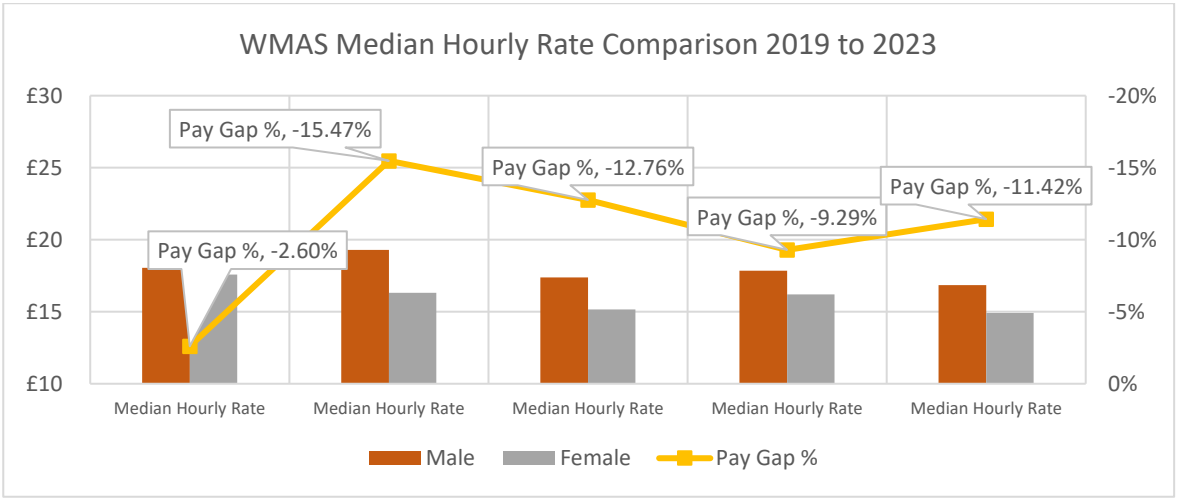
The gender profile between 2019 and 2023 has been increasing year on year from 42.1% women to 50.46% in March 2023.

Gender Pay Gap Report for WMAS

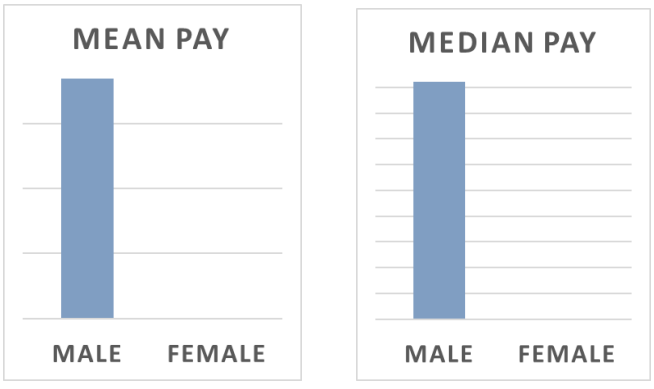
i. Gender Pay Gap in Hourly Pay – Mean



Gender Pay Gap in Hourly Pay –Median



Bonus Gender Pay Gap – Mean & Median



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

A full report on the implications of this data will be submitted to the People Committee, Executive Management Board and the Board of Directors.

Workforce Disability Equality Standard [WDES]

The WDES guidance was published in 2023 and covers a set of specific measures that will enable the Trust to compare the experiences of disabled and non-disabled staff. This will enable the Trust to develop an Action Plan and to demonstrate progress against the indicators of disability equality. The WDES will support positive change for existing employees and enable a more inclusive environment for disabled staff working for the Trust. The first report was published in August 2019 and most recent in October 2023 which can be found on the Trust website. 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 shared with Disability, Carers & Advocates (DCA) network. The WDES action plan covers the period April 2023 to March 2024 and progress is reported and monitored by the Diversity and Inclusion Steering and Advisory Group (DISAG) on a quarterly basis.

Engagement with local stakeholders

WMAS has been engaging with local communities with the emphasis on building relationships and trust and confidence in the Trust. However, engagement has largely involved working with and through other partner agencies and emergency services, to ensure different communities are aware of pressing issues that affect them.

The Trust has a number of staff networks, where information has been shared in regard to local and national developments around equality and inclusion. The networks are kept up to date on consultations and engagement where appropriate and form part of the Diversity and Inclusion Steering and Advisory Group (DISAG) which meets quarterly. The said networks are:

- Disability, Carers and Advocates (DCA) network
- ONE (BAME) network
- Proud network
- Military network
- Women's network.
- Student Network

NHS Mandated Standards and Statutory Requirements

The Trust is committed on meeting and is delivering on the statutory and mandated requirements under the Equality Act 2010 and accompanying standards as required by NHS England and Improvement.

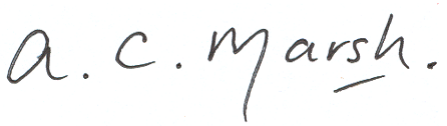
West Midlands Ambulance Service University NHS Foundation Trust

Annual accounts for the year ended 31 March 2024

Foreword to the accounts

West Midlands Ambulance Service University NHS Foundation Trust

These accounts, for the year ended 31 March 2024, have been prepared by West Midlands Ambulance Service University NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed 

Name **Anthony Marsh**
Job title **Chief Executive Officer**
Date **17 June 2024**

Statement of Comprehensive Income

	Note	2023/24 £000	2022/23 £000
Operating income from patient care activities	3	401,276	416,008
Other operating income	4	13,032	16,455
Operating expenses	7, 9	(412,502)	(431,825)
Operating surplus from continuing operations		**1,806**	**638**
Finance income	11	2,266	867
Finance expenses	12	(452)	(339)
PDC dividends payable		(1,505)	(1,471)
Net finance costs		**309**	**(943)**
Other (losses) / gains	13	(47)	329
Share of profit / (losses) of associates / joint arrangements	21	-	-
Gains / (losses) arising from transfers by absorption	46	-	-
Surplus for the year from continuing operations		**2,068**	**24**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	15	-	-
Surplus for the year		**2,068**	**24**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	-	-
Revaluations	18	261	253
Share of comprehensive income from associates and joint ventures	21	-	-
Fair value gains / (losses) on equity instruments designated at fair value through OCI	22	-	-
Remeasurements of the net defined benefit pension scheme liability / asset	38	-	-
Gain / (loss) arising from on transfers by modified absorption	46	-	-
May be reclassified to income and expenditure when certain conditions are met:			
Fair value gains/(losses) on financial assets mandated at fair value through OCI	22	-	-
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	13	-	-
Foreign exchange gains / (losses) recognised directly in OCI		-	-
Total comprehensive income for the period		**2,329**	**277**

Statement of Financial Position

	Note	31 March 2024 £000	31 March 2023 £000
Non-current assets			
Intangible assets	15	1,157	1,170
Property, plant and equipment	16	76,598	78,443
Right of use assets	19	44,586	44,344
Investment property	20	-	-
Investments in associates and joint ventures	21	-	-
Other investments / financial assets	22	-	-
Receivables	25	704	702
Other assets	27	-	-
Total non-current assets		**123,045**	**124,659**
Current assets			
Inventories	24	3,545	3,169
Receivables	25	13,805	28,948
Other investments / financial assets	22	-	-
Other assets	27	-	-
Non-current assets for sale and assets in disposal groups	28.1	-	619
Cash and cash equivalents	29	36,463	33,223
Total current assets		**53,813**	**65,959**
Current liabilities			
Trade and other payables	30	(34,685)	(55,232)
Borrowings	32	(4,386)	(5,023)
Other financial liabilities	33	-	-
Provisions	34	(5,910)	(3,060)
Other liabilities	31	(319)	(306)
Liabilities in disposal groups	28.2	-	-
Total current liabilities		**(45,300)**	**(63,621)**
Total assets less current liabilities		**131,558**	**126,997**
Non-current liabilities			
Trade and other payables	30	-	-
Borrowings	32	(35,430)	(36,840)
Other financial liabilities	33	-	-
Provisions	34	(4,675)	(1,650)
Other liabilities	31	-	-
Total non-current liabilities		**(40,105)**	**(38,490)**
Total assets employed		**91,453**	**88,507**
Financed by			
Public dividend capital		44,473	43,856
Revaluation reserve		9,756	9,908
Other reserves		5,395	5,395
Income and expenditure reserve		31,829	29,348
Total taxpayers' equity		**91,453**	**88,507**

The notes on pages B6 to B59 form part of these accounts.

Name a. c. marsh.
Position Chief Executive Officer
Date 17 June 2024

Statement of Changes in Equity for the year ended 31 March 2024

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**43,856**	**9,908**	**5,395**	**29,348**	**88,507**
Surplus for the year	-	-	-	2,068	**2,068**
Revaluations	-	261	-	-	**261**
Transfer to retained earnings on disposal of assets	-	(413)	-	413	**-**
Public dividend capital received	617	-	-	-	**617**
Taxpayers' and others' equity at 31 March 2024	**44,473**	**9,756**	**5,395**	**31,829**	**91,453**

Statement of Changes in Equity for the year ended 31 March 2023

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**43,812**	**9,665**	**5,395**	**29,314**	**88,186**
Implementation of IFRS 16 on 1 April 2022	-	-	-	-	**-**
Surplus for the year	-	-	-	24	**24**
Revaluations	-	253	-	-	**253**
Transfer to retained earnings on disposal of assets	-	(10)	-	10	**-**
Public dividend capital received	44	-	-	-	**44**
Taxpayers' and others' equity at 31 March 2023	**43,856**	**9,908**	**5,395**	**29,348**	**88,507**

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.

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

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

	Note	2023/24 £000	2022/23 £000
Cash flows from operating activities			
Operating surplus		1,806	638
Non-cash income and expense:			
Depreciation and amortisation	7.1	24,553	24,137
Net impairments	8	(21)	(24)
Income recognised in respect of capital donations	4	(314)	-
Decrease / (increase) in receivables and other assets		15,210	(14,282)
(Increase) in inventories		(376)	(358)
(Decrease) / increase in payables and other liabilities		(20,879)	1,112
Increase / (decrease) in provisions		2,764	(7,372)
Net cash flows from operating activities		**22,743**	**3,851**
Cash flows from investing activities			
Interest received		2,266	867
Purchase of intangible assets		(447)	(47)
Purchase of PPE and investment property		(15,304)	(14,375)
Sales of PPE and investment property		950	537
Lease termination fees paid (lessee)		(12)	-
Net cash flows (used in) investing activities		**(12,547)**	**(13,018)**
Cash flows from financing activities			
Public dividend capital received		617	44
Capital element of finance lease rental payments		(5,605)	(6,915)
Interest paid on finance lease liabilities		(372)	(206)
PDC dividend (paid)		(1,596)	(1,306)
Net cash flows (used in) financing activities		**(6,956)**	**(8,383)**
Increase / (decrease) in cash and cash equivalents		**3,240**	**(17,550)**
Cash and cash equivalents at 1 April - brought forward		**33,223**	**50,773**
Cash and cash equivalents transferred under absorption accounting	46	-	-
Unrealised gains / (losses) on foreign exchange		-	-
Cash and cash equivalents at 31 March	29.1	**36,463**	**33,223**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England 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 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.1.2 Going concern

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

Note 1.2.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which
replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. In 2023/24 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

In 2022/23 fixed payments were set at a level assuming the achievement of elective activity targets within aligned payment and incentive' contracts.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15. Payment for CQUIN and BTP on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. In 2023/24, trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners. In 2022/23 elective recovery funding for providers was separately identified within the aligned payment and incentive contracts.

NHS Injury Cost Recovery Scheme

The Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.2.2 Other forms of income

Grants and donations

Government grants are grants from Government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

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

Note 1.3.1 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments, such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

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

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Note 1.4.1 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.5 Discontinued operations

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

Note 1.6 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes;
• it is probable that future economic benefits will flow to, or service potential be provided to, the trust;
• it is expected to be used for more than one financial year;
• the cost of the item can be measured reliably; and
• the item has a cost of at least £5,000; or
• collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control; or
• items form part of the initial equipping and setting-up cost of a new building or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

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

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

• Land and non-specialised buildings – market value for existing use

• Specialised buildings – depreciated replacement cost on a modern equivalent asset basis

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

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

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. Assets are revalued and depreciation commences when they are brought into use.

Improvements to properties leased or subject to a licence agreement will be valued in line with the Trust's Tangible Assets ie Initially measured at cost with Annual Indexation and Quinquennial Professional Revaluation, where available. The asset will be depreciated over the term of the Lease or Licence notice period. Where no Professional Valuation is possible due to the Lease terms or where the cost of obtaining the valuation for small value, short term leases is not deemed to be value for money, the asset will be valued at initial cost with Annual Indexation and depreciated over the term of the lease, as this represents a fair view of the value of the asset.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments
In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition
Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated, government grant and other grant funded assets
Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

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

Useful lives of property, plant and equipment
Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	**Max life Years**
Land	Infinite	Infinite
Buildings, excluding dwellings	3	50
Dwellings	-	-
Plant & machinery	5	10
Transport equipment	5	10
Information technology	3	5
Furniture & fittings	5	5

Note 1.7 Intangible assets

Recognition
Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets
Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

Software
Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation
Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets
Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Intangible assets - internally generated		
Information technology	5	5
Development expenditure	5	5
Websites	5	5
Intangible assets - purchased		
Software	5	5
Licences & trademarks	5	5
Patents	5	5
Other	5	5
Goodwill	5	5

Note 1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation to current cost due to the high turnover of stocks. The cost of inventories is measured using the weighted average cost method.

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

Note 1.9 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.10 Financial assets and financial liabilities

Note 1.10.1 Recognition

Financial assets and financial liabilities arise where the Trust becomes party to the contractual provision of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument, or in the case of trade receivables, when the goods or services have been delivered.The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Note 1.10.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets measured at amortised cost are those held with the objective of collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

The Trust's financial assets comprise cash and cash equivalents, NHS debtors, accrued income and other debtors

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method, less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the life of the financial asset or financial liability to the gross carrying amount of the financial asset or to the amortised cost of a financial liablity.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income as a financing income or expense.

Impairment of financial assets

Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in expenditure and the carrying amount of the asset is reduced directly or through a provision for impairment of receivables.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

Note 1.10.3 De-recognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

Note 1.11.1 The trust as lessee

Initial recognition and measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

Note 1.11.2 The Trust as lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating Leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.11.3 Initial application of IFRS 16 in 2022/23

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury was applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaced IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 were only applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments were not revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the Statement of Financial Position immediately prior to initial application. Hindsight was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments weremade on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust was lessor were unaffected by initial application of IFRS 16.

Note 1.12 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount, for which it is probable that there will be a future outflow of cash or other resources, and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2024:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.26%	3.27%
Medium-term	After 5 years up to 10 years	4.03%	3.20%
Long-term	After 10 years up to 40 years	4.72%	3.51%
Very long-term	Exceeding 40 years	4.40%	3.00%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2024:

	Inflation rate	Prior year rate
Year 1	3.60%	7.40%
Year 2	1.80%	0.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post employment benefits discount rate of 2.45% in real terms (prior year: 1.70%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 34.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling
The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any “excesses” payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.13 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 35 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 35, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:
• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity’s control; or
• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.14 Public Dividend Capital

Public Dividend Capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as Public Dividend Capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.15 Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.16 Climate change levy

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

Note 1.17 Foreign exchange

The functional and presentational currencies of the Trust are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.18 Third party assets

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

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.
The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.20 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.21 Transfers of functions from/to other NHS bodies

For functions that have been transferred to the Trust from another NHS body, the transaction is accounted for as a transfer by absorption. The assets and liabilities transferred are recognised in the accounts using the book value as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain corresponding to the net assets transferred is recognised within income, but not within operating activities.

For property plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

For functions that the Trust has transferred to another NHS body, the assets and liabilities transferred are de-recognised from the accounts as at the date o transfer. The net loss/gain corresponding to the net assets/ liabilities transferred is recognised within expenses / income, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve.

Note 1.22 Early adoption of standards, amendments and interpretations
No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

Note 1.23 Standards, amendments and interpretations in issue but not yet effective or adopted

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 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.

Note 1.24 Critical accounting estimates and judgements

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Note 1.24.1 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

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

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

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

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

Note 1.24.2 Key sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

There is uncertainty around the future direction of commercial property prices. The Trust adopted a formal revaluation during 2019/20 and then intends to revalue every 5 years in line with IAS 16. Between valuations the Trust adjusts the values of its Land and Buildings assets by applying indexation provided by a company of professional valuers.

Note 2 Operating Segments

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

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

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

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.2.1

Note 3.1 Income from patient care activities (by nature)	2023/24 £000	2022/23 £000
Ambulance services		
A & E income	327,634	293,965
Patient transport services income	50,502	42,383
Other income	10,041	51,661
All services		
National pay award central funding***	-	14,382
Additional pension contribution central funding**	13,099	13,617
Total income from activities	**401,276**	**416,008**

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

***Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. 2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2023/24 £000	2022/23 £000
NHS England	14,557	29,882
Clinical commissioning groups		91,586
Integrated care boards	374,252	284,235
Other NHS providers	11,257	5,439
Local authorities	6	105
Injury cost recovery scheme	596	515
Non NHS: other	608	4,246
Total income from activities	**401,276**	**416,008**
Of which:		
Related to continuing operations	401,276	416,008
Related to discontinued operations	-	-

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

The Trust does not receive income from overseas visitors.

Note 4 Other operating income

	2023/24			2022/23		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	349	-	**349**	379	-	**379**
Education and training	6,995	-	**6,995**	9,412	-	**9,412**
Non-patient care services to other bodies	373		**373**	554		**554**
Reimbursement and top up funding				-		**-**
Income in respect of employee benefits accounted on a gross basis	2,431		**2,431**	2,097		**2,097**
Receipt of capital grants and donations and peppercorn leases		314	**314**		-	**-**
Charitable and other contributions to expenditure		34	**34**		331	**331**
Support from the Department of Health and Social Care for mergers		-	**-**		-	**-**
Revenue from finance leases (variable lease receipts)		-	**-**		-	**-**
Revenue from operating leases		-	**-**		-	**-**
Amortisation of PFI deferred income / credits		-	**-**		-	**-**
Other income	2,536	-	**2,536**	3,682	-	**3,682**
Total other operating income	**12,684**	**348**	**13,032**	**16,124**	**331**	**16,455**
Of which:						
Related to continuing operations			13,032			16,455
Related to discontinued operations			-			-

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

The Trust has no revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods

Note 5.2 Transaction price allocated to remaining performance obligations

The Trust has no revenue recognised from existing contracts.

Note 5.3 Income from activities arising from commissioner requested services

The trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2023/24	2022/23
	£000	£000
Income from services designated as commissioner requested services	401,276	416,008
Income from services not designated as commissioner requested services	13,032	16,455
Total	**414,308**	**432,463**

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

During the year the Trust sold the West Bromwich Ambulance Station site. The Sandwell site now provides these services. The net book value of the asset was £523k and the proceeds of sale were £480k.

Note 5.5 Fees and charges

The Trusts does not have income from charges to service users.

Note 6 Operating leases - West Midlands Ambulance Service University NHS Foundation Trust as lessor

This note discloses income generated in operating lease agreements where West Midlands Ambulance Service University NHS Foundation Trust is the lessor.

The Trust does not have any operating lease agreements for which it is a lessor in either the current or prior year.

Note 7.1 Operating expenses

	2023/24	2022/23
	£000	£000
Staff and executive directors costs	305,423	330,869
Remuneration of non-executive directors	160	150
Supplies and services - clinical (excluding drugs costs)	7,450	8,083
Supplies and services - general	3,666	3,659
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	985	1,083
Consultancy costs	202	491
Establishment	7,011	7,091
Premises	13,812	13,171
Transport (including patient travel)	27,513	26,623
Depreciation on property, plant and equipment	24,093	23,653
Amortisation on intangible assets	460	484
Net impairments	(21)	(24)
Movement in credit loss allowance: contract receivables / contract assets	35	154
Change in provisions discount rate(s)	(41)	(195)
Fees payable to the external auditor		
audit services- statutory audit	120	117
other auditor remuneration (external auditor only)	-	-
Internal audit costs	658	756
Clinical negligence	3,503	3,570
Legal fees	199	433
Insurance	1,894	1,452
Research and development	331	350
Education and training	6,461	5,827
Expenditure on short term leases	4,393	3,233
Redundancy	140	-
Hospitality	63	48
Losses, ex gratia & special payments	19	1
Other	3,973	746
Total	**412,502**	**431,825**
Of which:		
Related to continuing operations	412,502	431,825
Related to discontinued operations	-	-

Audit services statutory audit - net of VAT £100k (2022/23 £97k)

Other expenditure includes legal provisions associated with current litigation.

Note 7.2 Other auditor remuneration

The Trust did not pay any other auditor remuneration to the external auditor in the current or prior year.

Note 7.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2022/23: £1 million).

Note 8 Impairment of assets

	2023/24	2022/23
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	(21)	(24)
Total net impairments charged to operating surplus / deficit	**(21)**	**(24)**
Impairments charged to the revaluation reserve	-	-
Total net impairments	**(21)**	**(24)**

Note 9 Employee benefits

	2023/24 Total £000	2022/23 Total £000
Salaries and wages	241,124	263,141
Social security costs	24,529	26,891
Apprenticeship levy	1,274	1,353
Employer's contributions to NHS pensions	43,089	44,476
Total gross staff costs	**310,016**	**335,861**
Recoveries in respect of seconded staff	-	-
Total staff costs	**310,016**	**335,861**
Of which		
Costs capitalised as part of assets	-	-

Note 9.1 Retirements due to ill-health

During 2023/24 there were 3 early retirements from the trust agreed on the grounds of ill-health (3 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £122k (£200k in 2022/23).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 10 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. 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 2024, is based on valuation data as at 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2023/24	2022/23
	£000	£000
Interest on bank accounts	2,266	867
Total finance income	**2,266**	**867**

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2023/24	2022/23
	£000	£000
Interest expense:		
Interest on lease obligations	408	308
Total interest expense	**408**	**308**
Unwinding of discount on provisions	44	31
Total finance costs	**452**	**339**

* From 1 April 2023, IFRS 16 liability measurement principles are applied to PFI, LIFT and other service concession liabilities. Increases to imputed lease payments arising from inflationary uplifts are now included in the liability, and contingent rent no longer arises. More information is provided in Note 40.

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2023/24	2022/23
	£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)

	2023/24	2022/23
	£000	£000
Gains on disposal of assets	154	438
Losses on disposal of assets	(201)	(109)
Total (losses) / gains on disposal of assets	**(47)**	**329**
Total other gains / (losses)	**(47)**	**329**

Note 14 Discontinued operations

The Trust did not discontinue any operations in either the current or prior year.

Note 15.1 Intangible assets - 2023/24

	Software licences	Development expenditure	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**1,085**	**1,867**	**2,952**
Additions	347	100	**447**
Disposals / derecognition	(173)	(185)	**(358)**
Valuation / gross cost at 31 March 2024	**1,259**	**1,782**	**3,041**
Amortisation at 1 April 2023 - brought forward	**750**	**1,032**	**1,782**
Provided during the year	163	297	**460**
Disposals / derecognition	(173)	(185)	**(358)**
Amortisation at 31 March 2024	**740**	**1,144**	**1,884**
Net book value at 31 March 2024	**519**	**638**	**1,157**
Net book value at 1 April 2023	**335**	**835**	**1,170**

Note 15.2 Intangible assets - 2022/23

	Software licences	Development expenditure	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2022 - as previously stated	**1,336**	**1,852**	**3,188**
Additions	32	15	**47**
Disposals / derecognition	(283)	-	**(283)**
Valuation / gross cost at 31 March 2023	**1,085**	**1,867**	**2,952**
Amortisation at 1 April 2022 - as previously stated	**838**	**741**	**1,579**
Provided during the year	193	291	**484**
Disposals / derecognition	(281)	-	**(281)**
Amortisation at 31 March 2023	**750**	**1,032**	**1,782**
Net book value at 31 March 2023	**335**	**835**	**1,170**
Net book value at 1 April 2022	**498**	**1,111**	**1,609**

Note 16.1 Property, plant and equipment - 2023/24

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2023 - brought forward	**3,790**	**34,085**	**19**	**14,181**	**61,557**	**20,165**	**1,110**	**134,907**
Additions	-	547	6,540	2,749	4,636	1,462	51	**15,985**
Reversals of impairments	11	10	-	-	-	-	-	**21**
Revaluations	24	237	-	-	-	-	-	**261**
Reclassifications	-	5	(19)	-	-	14	-	**-**
Disposals / derecognition	(1)	(137)	-	(1,294)	(1,694)	(2,280)	-	**(5,406)**
Valuation/gross cost at 31 March 2024	**3,824**	**34,747**	**6,540**	**15,636**	**64,499**	**19,361**	**1,161**	**145,768**
Accumulated depreciation at 1 April 2023 - brought forward	**-**	**8,220**	**-**	**8,459**	**26,056**	**12,752**	**977**	**56,464**
Provided during the year	-	1,288	-	1,976	10,045	4,411	54	**17,774**
Disposals / derecognition	-	(131)	-	(1,288)	(1,369)	(2,280)	-	**(5,068)**
Accumulated depreciation at 31 March 2024	**-**	**9,377**	**-**	**9,147**	**34,732**	**14,883**	**1,031**	**69,170**
Net book value at 31 March 2024	**3,824**	**25,370**	**6,540**	**6,489**	**29,767**	**4,478**	**130**	**76,598**
Net book value at 1 April 2023	**3,790**	**25,865**	**19**	**5,722**	**35,501**	**7,413**	**133**	**78,443**

Note 16.2 Property, plant and equipment - 2022/23

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - as previously stated	**3,853**	**34,331**	**3,980**	**12,672**	**50,022**	**19,760**	**1,249**	**125,867**
Additions	-	618	(224)	1,982	10,114	1,419	-	**13,909**
Reversals of impairments	14	10	-	-	-	-	-	**24**
Revaluations	25	228	-	-	-	-	-	**253**
Reclassifications	-	-	(3,737)	585	3,140	12	-	**-**
Transfers to / from assets held for sale	(102)	(590)	-	-	-	-	-	**(692)**
Disposals / derecognition	-	(512)	-	(1,058)	(1,719)	(1,026)	(139)	**(4,454)**
Valuation/gross cost at 31 March 2023	**3,790**	**34,085**	**19**	**14,181**	**61,557**	**20,165**	**1,110**	**134,907**
Accumulated depreciation at 1 April 2022 - as previously stated	**-**	**7,425**	**-**	**7,834**	**17,600**	**9,373**	**981**	**43,213**
Provided during the year	-	1,380	-	1,679	10,075	4,400	83	**17,617**
Transfers to / from assets held for sale	-	(73)	-	-	-	-	-	**(73)**
Disposals / derecognition	-	(512)	-	(1,054)	(1,619)	(1,021)	(87)	**(4,293)**
Accumulated depreciation at 31 March 2023	**-**	**8,220**	**-**	**8,459**	**26,056**	**12,752**	**977**	**56,464**
Net book value at 31 March 2023	**3,790**	**25,865**	**19**	**5,722**	**35,501**	**7,413**	**133**	**78,443**
Net book value at 1 April 2022	**3,853**	**26,906**	**3,980**	**4,838**	**32,422**	**10,387**	**268**	**82,654**

Note 16.3 Property, plant and equipment financing - 31 March 2024

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	3,824	25,370	6,540	6,237	29,767	4,478	130	**76,346**
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	**-**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	**-**
Owned - donated/granted	-	-	-	252	-	-	-	**252**
Total net book value at 31 March 2024	**3,824**	**25,370**	**6,540**	**6,489**	**29,767**	**4,478**	**130**	**76,598**

Note 16.4 Property, plant and equipment financing - 31 March 2023

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	3,790	25,865	19	5,722	35,501	7,413	133	**78,443**
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	**-**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	**-**
Owned - donated/granted	-	-	-	-	-	-	-	**-**
Total net book value at 31 March 2023	**3,790**	**25,865**	**19**	**5,722**	**35,501**	**7,413**	**133**	**78,443**

Note 16.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2024

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	-	-	-	-	-	-	**-**
Not subject to an operating lease	3,824	25,370	6,540	6,489	29,767	4,478	130	**76,598**
Total net book value at 31 March 2024	**3,824**	**25,370**	**6,540**	**6,489**	**29,767**	**4,478**	**130**	**76,598**

Note 16.6 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	-	-	-	-	-	-	**-**
Not subject to an operating lease	3,790	25,865	19	5,722	35,501	7,413	133	**78,443**
Total net book value at 31 March 2023	**3,790**	**25,865**	**19**	**5,722**	**35,501**	**7,413**	**133**	**78,443**

Note 17 Donations of property, plant and equipment

During the year the Trust received £314k donated equipment from DHSC.

Note 18 Revaluations of property, plant and equipment

	2023/24	2022/23
	£000	£000
At start of period	**9,908**	**9,665**
Revaluations	261	253
Asset disposals	(413)	(10)
Fair Value gains/(losses) on Available-for-sale financial investments	-	-
Revaluation reserve at 31 March	**9,756**	**9,908**

Various freehold and leasehold properties owned by West Midlands Ambulance Service were valued as at 30 December 2019 by an external valuer, Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuations were prepared in accordance with the requirements of the most recent RICS red book as adapted and interpreted by the Financial Reporting Manual (FReM). The valuation of the operational properties was in accordance with Existing Use Value with specialised properties valued using a Depreciated Replacement Cost (DRC) method because of the specialised nature of the asset means there are no market transactions of this type, except as part of the business or entity. Indexation on the 2019/20 valuation has been applied for the current year.

Note 19 Leases - West Midlands Ambulance Service University NHS Foundation Trust as a lessee

This note details information about leases for which the Trust is a lessee.
Leases are for vehicles and property occupied.

Note 19.1 Right of use assets - 2023/24

	Property (land and buildings) £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2023 - brought forward	**37,561**	**12,732**	**50,293**	**-**
Additions	-	488	**488**	-
Remeasurements of the lease liability	3,047	-	**3,047**	-
Movements in provisions for restoration / removal costs	3,067	-	**3,067**	-
Disposals / derecognition	-	(1,457)	**(1,457)**	-
Valuation/gross cost at 31 March 2024	**43,675**	**11,763**	**55,438**	**-**
Accumulated depreciation at 1 April 2023 - brought forward	**1,875**	**4,074**	**5,949**	**-**
Provided during the year	2,784	3,535	**6,319**	-
Disposals / derecognition	-	(1,416)	**(1,416)**	-
Accumulated depreciation at 31 March 2024	**4,659**	**6,193**	**10,852**	**-**
Net book value at 31 March 2024	**39,016**	**5,570**	**44,586**	**-**
Net book value at 1 April 2023	**35,686**	**8,658**	**44,344**	**-**

Net book value of right of use assets leased from other NHS providers	-
Net book value of right of use assets leased from other DHSC group bodies	-

Note 19.2 Right of use assets - 2022/23

	Property (land and buildings) £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2022 - brought forward	**-**	**-**	**-**	**-**
IFRS 16 implementation - adjustments for existing operating leases / subleases	11,409	10,287	**21,696**	-
Transfers by absorption	-	-	**-**	-
Additions	26,392	2,543	**28,935**	-
Remeasurements of the lease liability	56	-	**56**	-
Disposals / derecognition	(296)	(98)	**(394)**	-
Valuation/gross cost at 31 March 2023	**37,561**	**12,732**	**50,293**	**-**
Accumulated depreciation at 1 April 2022 - brought forward	-	-	**-**	-
Provided during the year	1,945	4,091	**6,036**	-
Disposals / derecognition	(70)	(17)	**(87)**	-
Accumulated depreciation at 31 March 2023	**1,875**	**4,074**	**5,949**	**-**
Net book value at 31 March 2023	**35,686**	**8,658**	**44,344**	**-**
Net book value at 1 April 2022	**-**	**-**	**-**	**-**

Net book value of right of use assets leased from other NHS providers	-
Net book value of right of use assets leased from other DHSC group bodies	-

Note 19.3 Revaluations of right of use assets

The Trust has not used the revaluation model in IAS 16 in measuring right of use assets .

Note 19.4 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 32.1.

	2023/24	2022/23
	£000	£000
Carrying value at 31 March	**41,863**	**-**
IFRS 16 implementation - adjustments for existing operating leases		19,947
Lease additions	488	28,935
Lease liability remeasurements	3,047	56
Interest charge arising in year	408	308
Early terminations	(13)	(262)
Lease payments (cash outflows)	(5,977)	(7,121)
Other changes	-	-
Carrying value at 31 March	**39,816**	**41,863**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.
These payments are disclosed in Note 7.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.
Income generated from subleasing right of use assets in £0k and is included within revenue from operating leases in note 4.

Note 19.5 Maturity analysis of future lease payments

	Total 31 March 2024 £000	Of which leased from DHSC group bodies: 31 March 2024 £000	Total 31 March 2023 £000	Of which leased from DHSC group bodies: 31 March 2023 £000
Undiscounted future lease payments payable in:				
- not later than one year;	4,386	-	5,023	-
- later than one year and not later than five years;	10,689	-	11,488	-
- later than five years.	29,115	-	29,997	-
Total gross future lease payments	**44,190**	**-**	**46,508**	**-**
Finance charges allocated to future periods	(4,374)	-	(4,645)	-
Net lease liabilities at 31 March 2024	**39,816**	**-**	**41,863**	**-**
Of which:				
Leased from other NHS providers		-		-
Leased from other DHSC group bodies		-		-

Note 19.6 Leases - other information

The portfolio of short terms leases to which the Trust is committed at the end of the reporting period is not dissimilar to the portfolio of short term leases for which expense has been incurred in year. Therefore no further disclosure is provided.

The Trust anticipates future cash outflows not included in lease liabilities relating to Fleet leases. This relates to leases not yet commenced to which the Trust is contractually commited. The amount is estimated to be £11,394k

Note 20 Investment Property

The Trust had no investment property in 2023/24 or 2022/23.

Note 20.1 Investment property income and expenses

The Trust had no investment property income and expenses in 2023/24 or 2022/23.

Note 21 Investments in associates and joint ventures

The Trust had no investments in associates or joint ventures in the current or previous accounting periods.

Note 22 Other investments / financial assets (non-current)

The Trust had no other non current investments or financial assets in the current or previous accounting periods.

Note 22.1 Other investments / financial assets (current)

The Trust had no other current investments or financial assets in the current or previous accounting periods.

Note 23 Disclosure of interests in other entities

The Trust held no interests in other entities at 31 March 2024 or 31 March 2023.

Note 24 Inventories

	31 March 2024 £000	31 March 2023 £000
Drugs	221	212
Consumables	3,324	2,957
Total inventories	**3,545**	**3,169**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £16,363k (2022/23: £18,435k). Write-down of inventories recognised as expenses for the year were £0k (2022/23: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £34k of items purchased by DHSC (2022/23: £331k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 25.1 Receivables

	31 March 2024 £000	31 March 2023 £000
Current		
Contract receivables	5,570	21,693
Allowance for impaired contract receivables / assets	(727)	(692)
Prepayments (non-PFI)	8,194	7,303
PDC dividend receivable	69	-
VAT receivable	699	644
Total current receivables	**13,805**	**28,948**
Non-current		
Contract receivables	704	702
Total non-current receivables	**704**	**702**
Of which receivable from NHS and DHSC group bodies:		
Current	3,710	19,917
Non-current	-	-

Note 25.2 Allowances for credit losses

	2023/24		2022/23	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	**692**	**-**	**844**	**-**
Prior period adjustments			-	-
Allowances as at 1 April - restated	**692**	**-**	**844**	**-**
New allowances arising	35	-	154	-
Utilisation of allowances (write offs)	-	-	(306)	-
Allowances as at 31 Mar 2024	**727**	**-**	**692**	**-**

The provision for impairment of receivables is based on 75% of the value of Non NHS debts outstanding over 3 months old. The provision also includes a provision of 23.07% (24.86% 31 March 2023) for doubtful recovery of the income from the NHS Injury Recovery Scheme, which amounts to £429k.

Note 25.3 Exposure to credit risk

Because the majority of the West Midlands Ambulance Service University NHS Foundation Trust's income comes from contracts with other NHS bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2024 are in receivables from customers.

Note 26 Finance leases (West Midlands Ambulance Service University NHS Foundation Trust as a lessor)

This note discloses future lease payments receivable from lease arrangements classified as finance leases where the West Midlands Ambulance Service University NHS Foundation Trust is the lessor.

The Trust had no finance lease arrangements as a lessor in either the current or previous accounting periods.

Note 27 Other assets

The Trust had no Other Assets in either the current or previous accounting periods.

Note 28.1 Non-current assets held for sale and assets in disposal groups

	2023/24	2022/23
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**619**	**-**
Assets classified as available for sale in the year	-	619
Assets sold in year	(619)	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	**-**	**619**

The asset held for sale related to the West Bromwich Ambulance station which was closed last year and replaced by the new Sandwell hub. The asset was sold during the year.

Note 28.2 Liabilities in disposal groups

	31 March 2024	31 March 2023
	£000	£000
Categorised as:		
Provisions	-	-
Trade and other payables	-	-
Other	-	-
Total	**-**	**-**

Note 29.1 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.

	2023/24	2022/23
	£000	£000
At 1 April	**33,223**	**50,773**
Net change in year	3,240	(17,550)
At 31 March	**36,463**	**33,223**
Broken down into:		
Cash at commercial banks and in hand	28	33
Cash with the Government Banking Service	36,435	33,190
Total cash and cash equivalents as in SoFP	**36,463**	**33,223**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**36,463**	**33,223**

Note 29.2 Third party assets held by the trust

West Midlands Ambulance Service University NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

There were no third party assets or patients money held by the West Midlands Ambulance Service University NHS Foundation Trust in either the current or previous accounting periods.

Note 30.1 Trade and other payables

	31 March 2024 £000	31 March 2023 £000
Current		
Trade payables	3,180	5,662
Capital payables	1,003	636
Accruals	20,010	38,725
Social security costs	6,334	6,189
PDC dividend payable	-	22
Pension contributions payable	4,158	3,998
Total current trade and other payables	**34,685**	**55,232**
Non-current		
Trade payables	-	-
Capital payables	-	-
Accruals	-	-
Total non-current trade and other payables	**-**	**-**
Of which payables from NHS and DHSC group bodies:		
Current	1,306	3,281
Non-current	-	-

Note 30.2 Early retirements in NHS payables above

There were no early retirement payments in the above.

Note 31 Other liabilities

	31 March 2024 £000	31 March 2023 £000
Current		
Deferred income: contract liabilities	319	306
Total other current liabilities	**319**	**306**
Non-current		
Deferred income: contract liabilities	-	-
Total other non-current liabilities	**-**	**-**

Note 32.1 Borrowings

	31 March 2024 £000	31 March 2023 £000
Current		
Lease liabilities	4,386	5,023
Total current borrowings	**4,386**	**5,023**
Non-current		
Lease liabilities	35,430	36,840
Total non-current borrowings	**35,430**	**36,840**

Note 32.2 Reconciliation of liabilities arising from financing activities

	Lease Liabilities	Total
	£000	£000
Carrying value at 1 April 2023	**41,863**	**41,863**
Cash movements:		
Financing cash flows - payments and receipts of principal	(5,605)	**(5,605)**
Financing cash flows - payments of interest	(372)	**(372)**
Non-cash movements:		
Additions	488	**488**
Lease liability remeasurements	3,047	**3,047**
Application of effective interest rate	408	**408**
Early terminations	(13)	**(13)**
Carrying value at 31 March 2024	**39,816**	**39,816**

	Lease Liabilities	Total
	£000	£000
Carrying value at 1 April 2022	**-**	**-**
Cash movements:		
Financing cash flows - payments and receipts of principal	(6,915)	**(6,915)**
Financing cash flows - payments of interest	(206)	**(206)**
Non-cash movements:		
Impact of implementing IFRS 16 on 1 April 2022	19,947	**19,947**
Additions	28,935	**28,935**
Lease liability remeasurements	56	**56**
Application of effective interest rate	308	**308**
Early terminations	(262)	**(262)**
Carrying value at 31 March 2023	**41,863**	**41,863**

Note 33 Other financial liabilities

The Trust had no other financial liabilities in either the current or previous accounting periods.

Note 34.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2023	**170**	**1,629**	**333**	**2,578**	**4,710**
Transfers by absorption	-	-	-	-	**-**
Change in the discount rate	(3)	(38)	-	-	**(41)**
Arising during the year	51	270	3,758	3,403	**7,482**
Utilised during the year	(38)	(264)	(89)	(286)	**(677)**
Reclassified to liabilities held in disposal groups	-	-	-	-	**-**
Reversed unused	-	-	(218)	(715)	**(933)**
Unwinding of discount	4	40	-	-	**44**
At 31 March 2024	**184**	**1,637**	**3,784**	**4,980**	**10,585**
Expected timing of cash flows:					
- not later than one year;	39	265	3,693	1,913	**5,910**
- later than one year and not later than five years;	145	1,000	91	3,067	**4,303**
- later than five years.	-	372	-	-	**372**
Total	**184**	**1,637**	**3,784**	**4,980**	**10,585**

Pensions relating to staff represent the value of Pre:1995 early retirement cases capitalised as a prior year adjustment in 2002-03.

Legal claims represent outstanding employer's liability and a current litigation.

Injury benefits represent outstanding injury benefit cases.

Other provisions include leased vehicle dilapidations, leased building dilapidations and HMRC review of VAT allowances.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the Treasury's discount rate as stated in note 1.12.

Note 34.2 Clinical negligence liabilities

At 31 March 2024, £40,725k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of West Midlands Ambulance Service University NHS Foundation Trust (31 March 2023: £34,374k).

Note 35 Contingent assets and liabilities

	31 March 2024 £000	31 March 2023 £000
Value of contingent liabilities		
Other	(107)	(100)
Gross value of contingent liabilities	**(107)**	**(100)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(107)**	**(100)**
Net value of contingent assets	**-**	**-**

Contingent Liabilities represent outstanding employer's liability legal claims, as notified by NHS Resoution which, at this stage, are not deemed certain enough to include within the provision for liabilities and charges (note 34.1). The value of the uncertainty of the liability is determined by NHS Resolution according to the nature and details of each individual case.

Note 36 Contractual capital commitments

	31 March 2024 £000	31 March 2023 £000
Property, plant and equipment	4,485	3,821
Intangible assets	-	-
Total	**4,485**	**3,821**

Note 37 Other financial commitments

Included in note 19.6 is disclosure relating to leases not yet commenced but to which the trust is contractually committed.

Note 38 Defined benefit pension schemes

The Trust had no defined benefit pension schemes in either the current or previous accounting periods.

Note 39 On-SoFP PFI, LIFT or other service concession arrangements

The Trust had no on-SoFP PFI, LIFT or other service concession arrangements in either the current or previous accounting periods.

Note 40 Impact of change in accounting policy for on-SoFP PFI, LIFT and other service concession liabilities

IFRS 16 liability measurement principles have been applied to PFI, LIFT and other service concession arrangement liabilities from 1 April 2023. When payments for the asset are uplifted for inflation, the imputed lease liability recognised on the SoFP is remeasured to reflect the increase in future payments. Such increases were previously recognised as contingent rent as incurred.

The change in measurement basis has been applied retrospectively without restatement of comparatives and with the cumulative impact on 1 April 2023 recognised in the income and expenditure reserve. The incremental impact of applying the new accounting policy on (a) the allocation of the unitary charge in 2023/24 and (b) the primary statements in 2023/24 is set out in the disclosures below.

Note 41 Off-SoFP PFI, LIFT and other service concession arrangements

The Trust had no off-SoFP PFI, LIFT or other service concession arrangements in either the current or previous accounting periods.

Note 42 Financial instruments

Note 42.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the West Midlands Ambulance Service University NHS Foundation Trust has with Integrated Care Boards and the way those Integrated Care Boards are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The West Midlands Ambulance Service University NHS Foundation Trust's treasury management operations are carried out by the Finance department, within parameters defined formally within the Trust's Standing Financial Instructions and Policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The West Midlands Ambulance Service University NHS Foundation Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The West Midlands Ambulance Service University NHS Foundation Trust has no borrowings from government and therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the West Midlands Ambulance Service University NHS Foundation Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2024 are in receivables from customers, as disclosed in 'Trade and Other Receivables' (Note 25).

Liquidity risk

The West Midlands Ambulance Service University NHS Foundation Trust's operating costs are incurred under contracts with Integrated Care Boards, which are financed from resources voted annually by Parliament . The Trust funds its capital expenditure from funds generated from operations, which is acknowledged by the Commissioners. The Trust is not, therefore, exposed to significant liquidity risks.

Note 42.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2024	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	5,547	-	-	**5,547**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	36,463	-	-	**36,463**
Total at 31 March 2024	**42,010**	**-**	**-**	**42,010**

Carrying values of financial assets as at 31 March 2023	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	21,703	-	-	**21,703**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	33,223	-	-	**33,223**
Total at 31 March 2023	**54,926**	**-**	**-**	**54,926**

Note 42.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	-	-	**-**
Obligations under leases	39,816	-	**39,816**
Obligations under PFI, LIFT and other service concession contracts	-	-	**-**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	24,842	-	**24,842**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Total at 31 March 2024	**64,658**	**-**	**64,658**

Carrying values of financial liabilities as at 31 March 2023	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	-	-	**-**
Obligations under leases	41,863	-	**41,863**
Obligations under PFI, LIFT and other service concession contracts	-	-	**-**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	49,021	-	**49,021**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Total at 31 March 2023	**90,884**	**-**	**90,884**

Note 42.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2024 £000	31 March 2023 £000
In one year or less	29,228	54,044
In more than one year but not more than five years	10,689	11,488
In more than five years	29,115	29,997
Total	**69,032**	**95,529**

Note 42.5 Fair values of financial assets and liabilities

Book value (carrying value) is a reasonable approximation of fair value.

Note 43 Losses and special payments

	2023/24		2022/23	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Stores losses and damage to property	11	19	4	1
Total losses	**11**	**19**	**4**	**1**
Special payments				
Ex-gratia payments	-	-	1	546
Special severance payments	2	21	1	15
Total special payments	**2**	**21**	**2**	**561**
Total losses and special payments	**13**	**40**	**6**	**562**

Compensation payments received

Note 44 Gifts

There were no gifts over £300k either as a total or individually for 2023/24 or 2022/23.

Note 45 Related Parties

West Midlands Ambulance Service University NHS Foundation Trust is a body corporate authorised under section 35 on the National Health Service Act 2006

During the period none of the Board members or members of the key management staff or parties related to them has undertaken any material transactions with West Midlands Ambulance Service University NHS Foundation Trust.

All the Board members of West Midlands Ambulance Service University NHS Foundation Trust are trustees of the West Midlands Ambulance Service Charitable Fund.

The Department of Health and Social Care is regarded as a related party. During the period West Midlands Ambulance Service University NHS Foundation Trust has had a significant number of material transactions with the department and with other entities for which the Department is regarded as the parent Department. These Entities are listed below:

Entities are listed below where values exceed £10m

- NHS Birmingham and Solihull ICB
- NHS Black Country ICB
- NHS Cheshire and Merseyside ICB
- NHS Coventry and Warwickshire ICB
- NHS Herefordshire and Worcestershire ICB
- NHS Shropshire, Telford and Wrekin ICB
- NHS Staffordshire and Stoke-on-Trent ICB

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with HM Revenue and Customs with regard to income tax, national insurance and VAT, the Department of Works and Pensions with regard to the injury allowance scheme and the NHS Pensions Agency with regard to both employee and employer pension contributions

The National Ambulance Resilience Unit (NARU) service is constituted under a contract between NHS England and a host ambulance trust, currently West Midlands Ambulance Service University NHS Foundation Trust (WMAS). WMAS oversees performance of its obligations under the contract. This includes administering the NARU finances on behalf of NHS England and facilitating various procurement processes. WMAS also facilitates the secondment or fixed term contracts used to employ NARU staff. These administration functions are managed through monthly meetings of a WMAS-owned NARU Delivery Board.

Note 46 Transfers by absorption

There were no transfers by absorption in the year by the Trust for 2023/24 (nil, 2022/23)

Note 47 Prior period adjustments

There were no prior period adjustments in the year by the Trust for 2023/24 (nil, 2022/23)

Note 48 Events after the reporting date

There were no events of note after the current reporting period ends.

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

Report on the Audit of the Financial Statements

Opinion on financial statements

We have audited the financial statements of West Midlands Ambulance Service University NHS Foundation Trust (the 'Trust') for the year ended 31 March 2024, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2024 and of the Trust's expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report.

We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements.

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accounting Officer is responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") we are required to consider whether the Annual Governance Statement does not comply with the disclosure requirements set out in the NHS foundation trust annual reporting manual 2023-24 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion, based on the work undertaken in the course of the audit:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with the NHS foundation trust annual reporting manual 2023-24; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2023-24, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the group's and 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 the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust and the group without the transfer of the services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements

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 an Auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a 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 the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We have considered the nature of the sector, control environment and financial performance;

- We have considered the results of enquiries with management, internal audit and the Audit Committee in relation to their own identification and assessment of the risk of irregularities within the entity, and whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud;
- We have reviewed the documentation of key processes and controls and performed walkthroughs of transactions to confirm that the systems are operating in line with documentation;
- Any matters identified having obtained and reviewed the Trust's documentation of their policies and procedures relating to:
    - Identifying, evaluation and complying with laws and regulations and whether they were aware of any instances of non-compliance;
    - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud;
    - The internal controls established to mitigate risks of fraud or non-compliance with laws and regulations;
- We have considered the matters discussed among the audit engagement team regarding how and where fraud might occur in the financial statements and any potential indicators of fraud.

As a result of these procedures, we have considered the opportunities and incentives that may exist within the organisation for fraud and identified the highest area of risk to be in relation to income and expenditure recognition, with a particular risk in relation to year-end cut off. In common with all audits under ISAs (UK) we are also required to perform specific procedures to respond to the risk of management override.

We have also obtained understanding of the legal and regulatory frameworks that the Trust operates in, focusing on provisions of those laws and regulations that had a direct effect on the determination of material amounts and disclosures in the financial statements. The key laws and regulations we considered in this context are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24).

In addition, we considered the provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which may be fundamental to the Trust's ability to operate or avoid a material penalty. These include data protection regulations, health and safety regulations, employment legislation, and money laundering legislation.

Our procedures to respond to risks identified included the following:

- Reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described as having a direct effect on the financial statements;
- Performing analytical procedures to identify unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- Reviewing Board meeting minutes;
- Enquiring of management in relation to actual and potential claims or litigations;
- Performing detailed transactional testing in relation to the recognition of income, with a particular focus around year-end cut off; and

- In addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgments made in accounting estimates are indicative of potential bias; and evaluating the business rationale of significant transactions that are unusual or outside the normal course of business.

We also communicated identified laws and regulations and potential fraud risks to all members of the engagement team and remained alert to possible indicators of fraud or non-compliance with laws and regulations throughout the audit.

As a result of the inherent limitations of an audit, there is a risk that not all irregularities, including material misstatements in the financial statements or non-compliance with regulation, will be detected by us, even though the audit is properly planned and performed in accordance with the ISAs (UK). The risk increases the further removed compliance with a law or regulation is from the events and transactions reflected in the financial statements, given we will be less likely to be aware of it, or should the irregularity occur as a result of fraud rather than a one-off error, as this may involve intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory matters

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We have nothing to report in respect of the above matter.

Responsibilities of the Accounting Officer

As explained in the Statement of Accountable Officer's Responsibilities, the Chief Executive, as Accountable Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its 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 its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in May 2024 and related statutory guidance. We considered whether the Trust has proper arrangements in place to ensure financial sustainability, proper governance and the use of information about costs and performance to improve the way it manages and delivers its services.

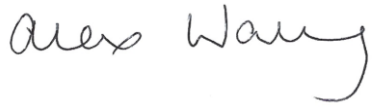
We document our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Audit Certificate

We certify that we have completed the audit of West Midlands Ambulance Service University NHS Foundation Trust for the year ended 31 March 2024 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

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. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.



Alex Walling, Key Audit Partner
for and on behalf of Bishop Fleming LLP
Chartered Accountants and Statutory Auditors

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27 June 2024