Public Document Pack

North West Ambulance Service NHS Trust
Part 1 - Board of Directors Extra Ordinary Meeting
Wednesday, 16 December 2020 **10.00 am - 11.00 am**
via Microsoft Teams

AGENDA

Item No	Agenda Item	Time	Purpose	Lead	Page No
INTRODUCTION					
BOD/2021/105	Apologies for Absence	10:00	Information	Chairman	
BOD/2021/106	Declarations of Interest	10:00	Decision	Chairman	
GOVERNANCE AND RISK MANAGEMENT					
BOD/2021/107	Well-Led Developmental Review - Action Plan Update	10:05	Assurance	Director of Corporate Affairs	3 - 12
BOD/2021/108	Charitable Funds Strategy 2020-2022	10:15	Decision	Director of Corporate Affairs	13 - 28
BOD/2021/109	Charitable Funds Committee Terms of Reference	10:25	Decision	Director of Corporate Affairs	29 - 34
QUALITY AND PERFORMANCE					
BOD/2021/110	CQC Activities Update	10:35	Assurance	Director of Quality, Innovation and Improvement	35 - 48
WORKFORCE					
BOD/2021/111	NWAS Values Refresh	10:45	For Discussion	Deputy Chief Executive	49 - 70
CLOSING					
BOD/2021/112	Any Other Business Notified Prior to the Meeting	11:55	Decision	Chair	
BOD/2021/113	Items for Inclusion on the BAF	12:00	Decision	Chair	

Exclusion of Press & Public -
In accordance with the Public Bodies (Admission to Meetings) Act 1960 representatives of the press and other members of the public are excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Date and Time of Next Meeting   9.45 am Wednesday, 27 January 2021 – Microsoft Teams

Delivering the right care, at the right time, in the right place; every time

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NHS

**North West
Ambulance Service**

NHS Trust

REPORT

<table>
<tr><td colspan="2" align="center">Board of Directors</td></tr>
<tr><td>Date:</td><td>Wednesday 16 December 2020</td></tr>
<tr><td>Subject:</td><td>Well-Led Developmental Review Action Plan Update</td></tr>
<tr><td>Presented by:</td><td>Angela Wetton, Director of Corporate Affairs</td></tr>
<tr><td>Purpose of Paper:</td><td>For Assurance</td></tr>
<tr><td>Executive Summary:</td><td>Following the Well-Led Developmental Review carried out during Q4 2019/20, the findings report containing recommendations was presented to Board during the same period.

Following acceptance of nineteen recommendations, an action plan was developed and as can be seen from the full Action Plan consisting of 23 separate actions(Appendix 1):
• 11 are fully completed and closed
• 12 are partially completed and are part of the preparations for 2021/22.</td></tr>
<tr><td>Recommendations, decisions or actions sought:</td><td>The Board of Directors are requested to:

• Take assurance from the actions completed and note the outstanding actions and the plans to complete.</td></tr>
</table>

Link to Strategic Goals:

Right Care	☒	**Right Time**	☒
Right Place	☒	**Every Time**	☒

Link to Board Assurance Framework (Strategic Risks):

SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09	SR10	SR11
☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒

Are there any Equality Related Impacts:	Not Required
Previously Submitted to:	ELC
Date:	18th November 2020
Outcome:	Supported for Reporting to Board of Directors

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1.   **PURPOSE**

The purpose of the report is to provide the Board of Directors with an update on the actions against recommendations made following the Well-Led Developmental Review during Q4 2019/20.

2.   **BACKGROUND**

As per the NHSEI publication from June 2017: *Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts,* the boards of NHS foundation trusts and NHS trusts are responsible for all aspects of the leadership of their organisations. They have a duty to conduct their affairs effectively and demonstrate measurable outcomes that build patient, public and stakeholder confidence that their organisations are providing high quality, sustainable care.

Robust governance processes should give the leaders of organisations, those who work in them, and those who regulate them, confidence about their capability to maintain and continuously improve services.

In-depth, regular and externally facilitated developmental reviews of leadership and governance are good practice across all industries. Rather than assessing current performance, these reviews should identify the areas of leadership and governance of organisations that would benefit from further targeted development work to secure and sustain future performance.

The external input is vital to safeguard against the optimism bias and group think to which even the best organisations may be susceptible.

In a change from previous frameworks, the structure of the framework (KLOEs and the characteristics) is wholly shared with the Care Quality Commission (CQC), and underpins CQC's regular regulatory assessments of the well-led question. This means that information prepared for regulation can also be used for development, and vice versa.

Whilst CQC's regulatory assessments are primarily for assurance, developmental reviews are primarily for Trusts themselves to facilitate continuous improvement.

3.   **OUTSTANDING ACTIONS**

Appendix 1 details all actions and identifies those currently outstanding/partially completed. It is fair to say that a number of actions were impacted by wave 1 Covid-19 and form part of directorates future planning.

4.   **LEGAL and/or GOVERNANCE IMPLICATIONS**

As per the NHSEI publication *Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trust,* all Trusts are

expected to carry out an independent developmental review every 3-5 years.

5. **RECOMMENDATIONS**

The Board of Directors are requested to:

- Take assurance from the actions completed and note the outstanding actions and the plans to complete.

No	KLOE	RECOMMENDATION	LEAD	ACTION/RESPONSE	FORECAST COMPLETION DATE	STATUS
1	1	Schedule time on the Board development programme for sessions focussing on Board dynamics and future operating principles to debate matters such as: how disagreements should be effectively managed; ways in which concerns can be raised outside of formal meetings; and how to get the best out of each other's individual working styles and preferences.	Chairman	Board Development Sessions were paused in March 2020 due to the Covid-19 pandemic. The plan was to restart them during Q3, however Covid-19 wave 2 arrived and a planned session held in October 2020 was revised to focus on critical operational and strategic updates. This will be factored into the plan for 2021/22.	April 2021	🟩
2	1	As part of the planned introduction of a programme of executive team development, spend time reflecting on the perceptions raised within this report regarding a need to improve executive team cohesion. This will be particularly important in light of the ongoing restructure.	CEO	Work started on this with a facilitated session for the Executive team on 4th March 2020 but further development work stopped during wave 1 of Covid-19 and has not yet restarted. This will be factored into the plan for 2021/22. Individual appraisal discussions and half year reviews have given the opportunity to discuss team and individual issues.	April 2021	🟩
3	1	Broaden contribution to Board debate so that all members participate meaningfully. As part of this, executives should also seek (value-adding) opportunities to contribute and challenge outside of their immediate portfolio area.	Chairman	The impact of virtual Boards due to Covid-19 brings challenges in ensuring all Board members contribute, however, Board minutes evidence contribution across portfolios.	Completed	🟦
4	3	Develop a Board profile plan to raise the visibility of the Board. This should include both a forward plan of service visits across the Trust's footprint, including opportunities for less formal interactions (such as drop-in visits, attending local meetings and lunches between scheduled meetings). Publicise and share the outcomes of these visits so that staff elsewhere have sight of the Board's impact. Consideration should also be given to electronic comms, such as blogs and social media.	Director of Strategy & Planning	Due to the Covid-19 pandemic all board visits, face-to-face meetings and forums have been suspended to ensure we comply with the PHE social distancing guidance and stop all non-essential travel. Social media platforms for board members is well established, however we have created a closed Facebook page for staff to be able to ask questions and discuss topical or key issues. In addition we have established a schedule of 'live chat' with the executive team on the closed Facebook page which allows staff to ask questions or post comments as the discussion is taking place. A recording is available for staff that were unable to join the live session. Additionally the CEO produces a weekly blog to all staff and a series of filmed messages have also been delivered by the CEO and other Executive Leaders dependent on the topic of focus. Board members have taken part in virtual Q and A sessions with the trust's Patient and Public Panel (PPP) members and both Executive Leaders and Non-Executive Directors have taken part in virtual engagement events. This year's AGM was held virtually and attended by in excess of 70 people who posed questions to Board members. In recent months PPP members have attended Board meetings on a virtual basis and submitted questions to Board members which are answered during the business of the Board. This has recently been extended to include questions from members of the general public.	Completed	🟦
5	3	Use the ongoing culture perceptions audit to more fully understand the context and background for perceptions relating to: a) disconnect between Service Delivery teams and corporate functions and any required future ways of working to address this; and b) the ongoing prominence of the three legacy organisations over a more consistent 'NWAS culture'. Seek to identify the relative strengths from each area, so that good practice can be built upon and to encourage buy-in to any required changes. Operational staff will need to be fully engaged in this work, which is also likely to require input and facilitation from the Organisational Development (OD) team.	Director of People	The ZEAL survey took place during Q2 2020/21 and the outcomes are expected Q4. Initial data analysis has confirmed that there is a valid data set. Full analysis is now being completed with steering group and staff sense check being undertaken in January. Full presentation of results to Board will follow.	March 2021	🟩

6	3	Agree the process by which staff who raise concerns (both formally and informally) will receive feedback. Themes from concerns raised, and actions taken as a result, should also be shared in Trust communications, to assure staff that feedback is valuable and acted upon consistently.	ALL	There is a Freedom to Speak Up (Raising Concerns) Policy and process in place. There are several avenues for staff to raise concerns – FTSU where feedback is received from the Guardian; directly to line managers where feedback should be received from line managers; directly to the Human Resources team where feedback should be received from the HR team and also incidents raised via Datix where feedback should also be given by managers and this is the route whereby staff generally feel they don't get feedback. The process for feedback from incidents should be included within an incident management policy/framework. Part of the new Datix upgrade will feature automated feedback sent to the employee reporting the incident, following review/ investigation from the appropriate manage. Themes from concerns raised are shared across the Trust from the via bulletins and newsletters.	March 2021	🟩
7	3	Develop a culture and leadership dashboard to support the triangulation and analysis of key people priorities across the Trust. Metrics selected may arise from the ongoing culture perceptions audit, and should be concise enough to focus on key areas to drive change. This should be reviewed by the Board, executive team and ideally also service line and directorate level.	Director of People	Key workforce metrics are already included in the IPR and routinely reported to Resources Committee. HR case management data reported regularly to ELC. Triangulation of FTSU hotspots undertaken for Q2 Board report. Leadership and culture dashboard in draft & due to go to ELC in January.	January 2021	🟩
8	4	The streamlined nature of the new committee structure means that a number of development areas are required to ensure that it is able to function effectively: Ensure ongoing support to new NEDs and committee chairs to ensure that they are being effectively inducted into their role and understanding of the Trust's business in a timely fashion.	Chairman/ Director of Corporate Affairs	A NED induction programme exists however this has been refreshed during 2020/21 taking on-board feedback. There is no 'corporate induction' at NWAS. There is a suite of development sessions and networking events offered by NHSP and others that are recommended and offered to NEDs on appointment and continually throughout the year. The executive leads for committees hold regular meetings with NED Committee Chairs prior to Committee Meetings to ensure they remain briefed on key issues and have opportunities to explore items outside of formal business. Members of the Corporate Affairs team meeting regularly with NEDs and NED Committee Chairs at their request to further develop their understanding of risk; assurance; governance and the role of Committee Chairs.	Completed	🟦
		Debate at both the QPC and RC needs to focus more on assurance-seeking regarding key areas of risk and less on matters for clarification and process. Rotational or targeted deep dives into particular services or risks are used in many trusts and could be used support this objective.	Committee Chairs	Deep dives are now planned into the committee business cycles, however. Further sessions re assurance and triangulation of data held with Non-Executive Directors from the Quality & Performance Committee	Completed	🟦
		The RC requires a supporting sub-group structure to enable the committee to focus on the key areas of strategic risk and assurance. Existing Oversight Forums could be used to plug this gap in the short-term. Provide some mentoring and guidance to other committee sub-group chairs to clarify what is required in their exception reporting (for example to QPC).	Director of Corporate Affairs/ Director of People	A proposal was submitted to Resources Committee (Nov 20) for consideration and supported prior to ratification at January Board for a workforce subgroup structure.	Completed	🟦
		Verbal committee escalation reporting to the Board should clearly outline the key areas of risk and gaps in assurance for the Board's attention in line with the written reports.	Committee Chairs	All committees now have written chairs reports and have time and space on the Board agenda to give proper consideration to any issues.	Completed	🟦

		Following the implementation of these changes (and as part of the planned committee effectiveness reviews) schedule time for debate as a Board as to whether the committee structure requires any further review.	Chairman/ Director of Corporate Affairs	This was considered as part of the annual effectiveness review held at Committees and reported through to Board. No changes were proposed.	Completed	
9	4	As part of the planned review of service line governance, issue guidance to service line leaders, clarifying the essential topics to be covered and reported on within service line governance structures, to ensure a degree of consistency.	Director of Corporate Affairs/ Director of Operations	A standardised Agenda was circulated for the meetings during 2019/20. A new meeting structure had been agreed from 1 April 2020 but was paused due to the C-19 incident management. Work to be done to identify best time to introduce this but likely April 2021	April 2021	
10	2	Through the annual planning process, agree a small number of strategic priorities ("the Top X") for 2020/21, which can be communicated to all staff in order to provide a degree of coherence and prioritisation given the recent scale of work in this area. Progress should be monitored by the CPB and relevant committees.	Director of Strategy & Planning	The annual planning process is multifaceted: it involves a review of the progress made against the 5 year integrated business plan deliverables as at the end of quarter 3 with a forecast position for quarter 4, together with an assessment as to the impact of new or updated national guidance and local plans. Representatives from all directorates and areas of the trust contributed to this – which allowed for independencies to be considered. The trust has reduced the original list of 8 priority areas, pausing some due to reprioritisations undertaken as part of the Covid-19 response, continuing with other projects. Three super priorities which are required to provide the foundations for the trust's strategic intentions have been identified. These are: electronic Patient Record (ePR), Unified Communications and the Single Patient Management System. These are monitored via the corporate programme board. Individual communication plans have been developed to ensure regular updates are provided to internal and external stakeholders. In addition a monthly Project Round Up newsletter is shared with staff and externally whilst individual bulletins are prepared as needed for different audience groups, information on all priority projects is included in the trust's quarterly stakeholder brief.	Completed	
11	5	Ensure that, as Accountability Review meetings develop and embed, the tone of meetings is appropriately balanced between challenge and two-way support between senior leaders and executive directors.	CEO	CEO Accountability Reviews were stood down during the 1st wave of Covid-19 and have not been re-established. The format and purpose will be considered prior to the start of 2021/22.	April 2021	
12	5	Seek to streamline the BAF to reduce its volume, ensuring that content focusses on the key controls, mitigating actions and risks in order to reduce the level of detail currently provided.	Director of Corporate Affairs	The BAF for 20/21 and the reporting at Committees has been revised to show greater focus on key elements for consideration and to help direct Committee Chairs when seeking assurance.	Completed	
13	5	Operational risks need to be reviewed on a more timely basis to ensure that effective service to board escalation processes are in place. Service line governance arrangements should be revised to ensure that risk management processes are sufficiently embedded across the organisation.	Director of Corporate Affairs/ Director of Operations	See item 9	April 2021	
14	5	Review and clarify the purpose of risk owner presentations by the AC.	Director of Corporate Affairs	Audit Committee agreed to remove this item from the workplan.	Completed	

15	6	Seek to refine the content of the IPR to focus on a smaller number of key metrics which are accompanied by more in-depth analysis of the variations and underlying trends behind the overall trust performance.	Director of Quality, Innovation & Improvement	The 90 day review planned with Non-Executive Director, David Hanley, was suspended during the first wave of COVID 19. The work on the IPR has focused on the reporting for quality and performance and the movement of the current static report into power BI which will allow for the functionality required in terms of drill down and further analysis. To go alongside this work we are planning further board development work on measurement in 21/22 which will assist in refinement and design of the IPR.	April 2021	
16	6	Review and clarify the role, remit and reporting lines of the Digital Oversight Forum to ensure its purpose is working to help embed the digital strategy fully.	Director of Corporate Affairs/ Director of Strategy & Planning	Reports to Corporate Programme Board.	Completed	
17	6	Continue to work with the authors of reports in order to more clearly develop an understanding of the role and purpose of committee papers along with the levels of assurance required. This should include regular feedback and discussion on the impact of papers in practice.	ALL	Continue to work with the authors of reports in order to more clearly develop an understanding of the role and purpose of committee papers along with the levels of assurance required. This should include regular feedback and discussion on the impact of papers in practice. The Director of Corporate Affairs is planning a development session is with NHS Providers who offer a virtual session for up to 15 people focusing on: The key principles of report writing and presentation of data · Understanding the ask · Tailoring for the audience · How good reports support good decision making · Future as well as historical focus/balance · Cover sheets. · How to present data to generate the correct conversation. Impact of reports on the efficiency of meetings · Push vs pull of assurance · Principles of effective communication · The importance of executive summaries · What are the barriers to writing effective reports?	April 2021	
18	7	Following the restructure of the executive team, a stakeholder mapping exercise should be undertaken to ensure that key relationships are clearly defined and the most impactful external forums are identified and prioritised for executive attendance.	Director of Strategy & Planning	A stakeholder mapping exercise was conducted across all directorates in December 2019 to ascertain the level of involvement with external stakeholders. This exercise was shared with ELC on 19 February 2020, although the list was lengthy in terms of who we engage with and the frequency, it was still not exhaustive or comprehensive as some responses were not received. In order to help with the stakeholder engagement going forward a proposal was put to ELC on 19 February 2020 to re-establish a dedicated service development structure which would help with this engagement going forward. This structure has been approved and is in the process of being	March 2021	

				implemented. The new roles across the three areas will take forward the external engagement, customer relationship management and also work closely internally across all directorates to ensure the right integration and structures. The new structure will coordinate the right messages and also ensure the appropriate representation at the right level across all three areas, enabling the trust to be at the forefront of the discussions, debates and influencing the decision making going forward, with external partners. A refresh exercise of external engagement was due to take place however with COVID-19 that has not been possible due to the issues with meetings, however, once the structure is embedded this will be taking place, most likely in March 2021.		
19	8	There is scope to rationalise the range of forums in place to look at learning and innovation in order to simplify the structure and to more readily facilitate the sharing of learning across the organisation. This should be supported by greater analysis of data to consider themes and trends arising, as well as consideration of moving all of these aspects under one executive portfolio area to enable greater oversight.	Director of Quality, Innovation & Improvement	The frequency, scope and effectiveness of the learning forums will be reviewed as part of the work of the Patient Safety Specialist (PSS) who commenced with the Trust on 1st December 2020. The focus on integrated learning will be overseen by the patient safety specialist but supported by all directorates. Pilot work has already commenced on the integration of learning from FTSU, complaints and workforce data and was presented to board in November 2021. This work will be ongoing through Q4 2020-21 and Q1 2021-22. The findings will be presented to ELC, quality and performance by the PSS for review and any recommendations which can be actioned during 2021-22 will be completed. Any significant changes will be articulated in the refresh of the quality strategy which will be in preparation and published in Q4 2021-22.	March 2021	

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NHS

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REPORT

Board of Directors	
Date:	16th December 2020
Subject:	Charitable Funds Strategy 2020-2022
Presented by:	Angela Wetton, Director of Corporate Affairs
Purpose of Paper:	For Decision
Executive Summary:	The Board of Directors are presented with the updated Charitable Funds Strategy 2020-2022. The revised strategy (appendix 1) is very much a reactive one rather than proactive. It is a two year strategy that sets out the following general income aspirations: • Support cultural change across NWAS so staff support the Charity 'as their own' through fundraising • Mobilise the sizeable and active volunteer community • Where possible, limit "restricted" fund allocation The strategy also firms up three clear objectives: 1. To provide equipment, uniform and training for our volunteer Community First Responders 2. To build awareness of life-saving skills and defibrillators in our communities 3. To support NWAS staff with additional new equipment and better working environments (above the provision from exchequer)
Recommendations, decisions or actions sought:	The Board of Directors is requested to: • Approve the Charitable Funds Strategy 2020-2022

Link to Strategic Goals:	**Right Care**	☒	**Right Time**	☒
	Right Place	☒	**Every Time**	☒
Are there any Equality Related Impacts:	EQIA Attached			

Previously Submitted to:	Charitable Funds Committee
Date:	28th October 2020
Outcome:	Recommended to Board of Directors for Approval

1. **PURPOSE**

The purpose of this report is to present the Board of Directors with the updated Charitable Funds Strategy.

2. **BACKGROUND**

The NWAS Charitable Trust was formed by Deed on 31st January 2007 (copy of the Deed attached Appendix 2).

The inaugural Strategy was approved by the Board in 2017 and the aim was to increase income over a five year period and ultimately generate 1% of the Trust's income i.e. £3m. Whilst this was ambitious, according to NHS Charities Together, it should be achievable over that timeframe and to put that into context the NW Air Ambulance charity raises just over £11m per annum. Whilst the NWAA charity is a mature organisation, it does give an indication of what is possible, provided there is buy-in, focus and investment.
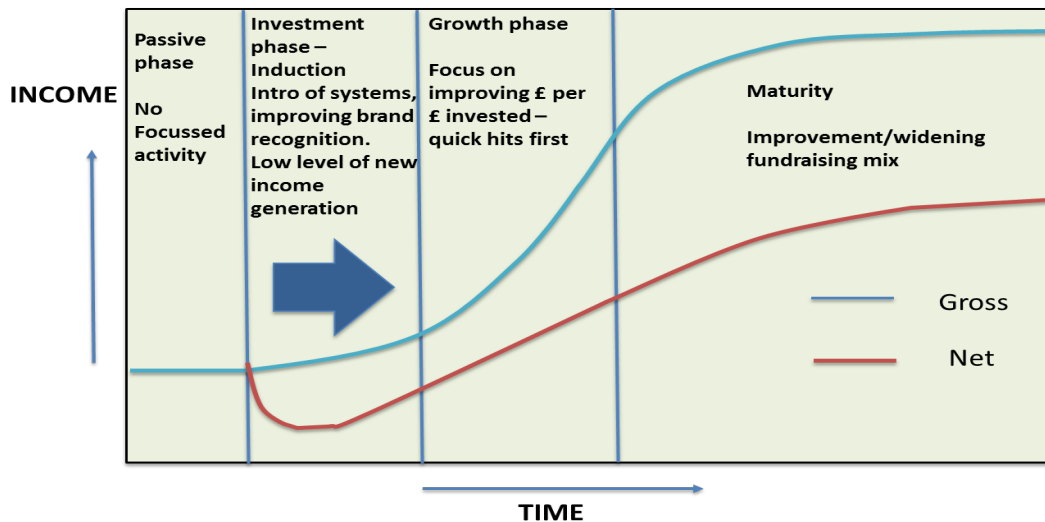
The charity had been in a passive phase with very little focused activity outside of Cardiac Smart so the Board agreed to invest in a Charity Development Manager for a two year period, funded by charitable funds, recognising that this would be the investment phase, whereby the ground work would be done with very little new income generation.

The first 18 months of the two year contract were consumed with introducing/updating processes and several basic housekeeping issues e.g. registering the charity with HMRC; deciding on branding; identifying and applying for grant funding; setting up JustGiving platform; setting up Pennies from Heaven scheme etc.

The income during year 1 was inflated due to donations received for the Manchester Arena bombing and although it was related to a specific event, it did raise expectations. The income during year 2 was incredibly low and following that the Board decided not to renew the fixed term contract.

During the two year period, it became apparent that there were several challenges to income generation specific to NWAS:

- Whilst having a regional remit is an opportunity, delivering charitable activities and fundraising across the region in a responsive manner is a challenge on resource.
- Lack of footfall i.e. hospitals have a charity office and shop in the entrance hall of the hospital building
- An already crowded charity market place plus the existence of a stand-alone Ambulance Service Charity (TASC).
- Distinguishing the charity's position clearly from the work of NWAS itself, especially in relation to the projects we fund.
- The charity would not be able to fundraise for anything people believe is funded by the NHS.
- The patient journey is finite unlike hospital care where ongoing contact exists
- Employee morale and perception of the charity. Whilst employees are our biggest asset, harnessing benefit from that asset is a significant challenge.

However, during year 3, outside of the Covid specific donations, the charity has seen some of the grant funding elements and legacy elements come to fruition.

3. UPDATED STRATEGY (see Appendix 1)

Initially the plan was for the strategy and operating model of the charity to reflect that seen in SCAS, whereby all the CFRs raise funds for the charity and the funds are primarily used purely for supporting CFRs and community education. The SCAS charity regularly generates c£500k per annum in income (less than 1% of the Trust income). However, the charity is overseen by a fulltime senior manager who is experienced in fundraising and has some additional administration support.

The meeting planned with the SCAS charity lead was scheduled to take place in March 2020 to better understand the setup, however, that didn't take place and since then has not been the focus of the corporate affairs directorate.

Initial meetings took place with several CFR groups across the Trust who currently raise funds for their own local CFR teams, however, there was a mixed reaction with the majority of feedback being negative – the groups did not want to 'pool' funds/donations and would want separate restricted team funds which could run into several 100 funds which would have an administrative burden.

Following these discussions, and taking into account the challenges currently being faced the revised strategy is very much a reactive one rather than proactive. It is a two year strategy that sets out the following general income aspirations:

- Support cultural change across NWAS so staff support the Charity 'as their own' through fundraising
- Mobilise the sizeable and active volunteer community
- Where possible, limit "restricted" fund allocation

The strategy also firms up three clear objectives:

1. To provide equipment, uniform and training for our volunteer Community First Responders

2. To build awareness of life-saving skills and defibrillators in our communities

3. To support NWAS staff with new additional equipment and better working environments (above that provided via exchequer funding)

Having clarity over the objectives and therefore how income is spent will help with staff engagement and particularly in mobilising our volunteer community.

The reality is that without dedicated resource the amount of work that can be done is very limited.

4. FUTURE PLANS

This strategy will be reviewed during 2021/22 and a workshop will be held with both Charitable Funds Committee members and members of the community resources team to co-produce an options appraisal for consideration by the Board that will seek decisions about the future purpose and shape of the charity.

5. RECOMMENDATIONS

The Board of Directors is recommended to

- Approve the Charitable Funds Strategy 2020-2022.

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NWAS CHARITABLE TRUST STRATEGY

2020 - 2022

NWAS Charitable Trust Strategy 2020-2022		Page:	Page **1** of **6**
Author:	Director of Corporate Affairs	Version:	2.0
Date of Approval:	October 2020	Status:	Draft
Date of Issue:	November 2020	Date of Review	November 2022

Recommended by	N/A
Approved by	Board of Directors
Approval date	
Version number	2.0
Review date	November 2022
Responsible Director	Director of Corporate Affairs
Responsible Manager (Sponsor)	N/A
For use by	All staff and volunteers

This policy is available in alternative formats on request. Please contact the Corporate Governance Office on 01204 498400 with your request.

NWAS Charitable Trust Strategy 2020-2022		Page:	Page **2** of **6**
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Date of Approval:	November 2020	Status:	Draft
Date of Issue:	November 2020	Date of Review	November 2022

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Change record form

Version	Date of change	Date of release	Changed by	Reason for change
1.0	10.07.17	10.07.17	Vincent Bornshin	Initial Strategy
2.0	05.10.20		A Wetton	Updated

NWAS Charitable Trust Strategy 2020-2022		Page:	Page 3 of 6
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Date of Approval:	November 2020	Status:	Draft
Date of Issue:	November 2020	Date of Review	November 2022

1. Introduction

North West Ambulance Service NHS Trust is committed to delivering the Right Care, at the Right Time, in the Right Place, every Time.

We are proud of how we work with groups and volunteers but this strategy seeks to further strengthen those links and states clearly our commitment to our communities through the Charitable Trust.

2. Mission Statement

The aim of the North West Ambulance Service (NWAS) Charitable Trust is to fund education, projects and equipment to further benefit the health, wellbeing and safety of patients, staff and the wider community over and above the services that NWAS is commissioned to provide.

3. Objectives

The NWAS Charity has three key objectives:

1. **To provide equipment, uniform and training for our volunteer Community First Responders**
   All our Community First Responders (CFRs) are volunteers, and they come from every walk of life. What they have in common is their desire to make a difference by volunteering in life and death situations. CFRs assist the Ambulance Service by attending emergency calls in the areas where they live or work. As they are local, they can often reach a potentially life-threatening emergency in the first vital minutes before the ambulance crew can get to the scene.

2. **To build awareness of life-saving skills and defibrillators in our communities**
   A little bit of knowledge goes a long way towards saving a life. We want to deliver:
   - Basic awareness training about public access defibrillators in every community where we have installed one.
   - First aid and basic life-saving training in schools and communities.
   - Access to lifesaving skills and information for everyone by making basic training available online.
   The NHS does not fund the ambulance service to provide this.

3. **To support NWAS staff with additional new equipment and better working environments**
   Our ability to provide life-saving care is increasingly dependent on our ability to make sure our staff have access to all the latest technology. The NHS funds us to make sure everyone has the basic tools they need to do their jobs.
   Examples of this include:
   - Additional Advanced Life Saving training equipment
   - Additional Advanced airway training mannequins
   - Enhancing station facilities i.e. outdoor relaxation areas

NWAS Charitable Trust Strategy 2020-2022		Page:	Page **5** of **6**
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Date of Approval:	November 2020	Status:	Draft
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4. Income

The Association of NHS Charities recognises a target of 1% of Trust income as being an aspirational (but achievable) income target for their associated Charities, however, without dedicated administrative and professional fundraising support, a proactive approach cannot be taken and therefore this level of income is not achievable.

General Income Aspirations

- Support cultural change across NWAS so staff support the Charity 'as their own' through fundraising
- Mobilise the sizeable and active volunteer community
- Where possible, limit "restricted" fund allocation

5. Donations

The Charity is always grateful for any donation received, whether large or small and donations are accepted via a variety of methods:

- Via JustGiving – there is a link on the Trust's website
- Pennies from Heaven payroll giving
- Cheque
- Legacy
- Cash

6. Communications

Supported by the Trust communications team and the community teams, the Charity will raise awareness via the Trust's Twitter account and via Regional Bulletins and other internal staff communication methods.

The Charity and community teams will also identify any potential media stories for the communications team e.g. large donations.

NWAS Charitable Trust Strategy 2020-2022		Page:	Page **6** of **6**
Author:	Director of Corporate Affairs	Version:	2.0
Date of Approval:	November 2020	Status:	Draft
Date of Issue:	November 2020	Date of Review	November 2022

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North West Ambulance NHS Trust
Equality Impact Assessment Form (EIA) – Strategy and Major Project

Name of strategy and major project being reviewed: **Charitable Funds Strategy**

Equality Impact Assessment completed by: **A Wetton / P Harder / D McNally / S Chadwick**

Initial date of completion: **8/12/2020**

It is anticipated that this EIA will be reviewed throughout the lifecycle of the policy or guidance. Relevant documentation should be maintained relating to the review. Please also record any stakeholders who input into this now or in the future. There is a shortened version of this form for assessing the impact of policies and procedures.

Section 1 – Overview

Outline of the strategy or project being reviewed

The Charitable Funds Strategy has been developed to clarify the objectives of the charity in terms of expenditure and also to set some general income aspirations

Who does it affect? (Staff, patients or both)?

The charitable funds exists to fund education, projects and equipment to further benefit the health, wellbeing and safety of patients, staff and the wider community over and above the services that NWAS is commissioned to provide

How do you intend to implement it? (Trustwide communications plan or training for all staff)?

Regional Bulletin and via Senior Leadership Group

Section 2 – Data Gathering

In order to complete the EIA it may be useful to consider the following:-
- What data have you gathered about the impact of this strategy or project on different groups?
- What does it show?
- Would it be helpful to have feedback from different staff or patient groups about it?

Please document activity below:

The strategy will benefit CFR groups, patients/communities and NWAS staff. An action plan will be developed over the next 6-12 months to identify the positive impacts the strategy will deliver.

The Charity has invested in vital lifesaving equipment such as Community Public Access Defibrillators (CPADs) and Automated External Defibrillators (AEDs). These have been located in areas across the North West with the aim of benefitting patients/communities across all groups. The use of a CPAD/AED with effective CPR (Cardio Pulmonary Resuscitation) increases ROSC (Return of Spontaneous Circulation) from c.5% to a potential 75% for out of hospital cardiac arrests. Latest figures for the number of CPADs around the North West is 2,431, with a further 7,183 Public Access Defibrillators (PADS) within the North West.

Equality Group	Evidence of Impact
Age	
Disability – considering visible and invisible disabilities	
Gender	
Marital Status	
Pregnancy or maternity	There is no data to evidence that the Strategy will have a negative impact on different groups.
Race including ethnicity and nationality	Data is collected by the community resources team to show outcomes linked to community defibrillators however this is not in a format that can be used for this purpose. This is something that will be looked at as part of the action plan with the community resources team.
Religion or belief	
Sexual Orientation	
Trans	
Any other characteristics e.g. member of Armed Forces family, carer, homeless, asylum seeker or refugee	

Section 3: Consultation

At this point, we haven't consulted with any of the wider groups as mentioned above for feedback on the strategy as the activity is all reactive. This will form part of the action plan with a workshop to be held during 2021/22.

Equality Group	Evidence of Impact
Age	Not required
Disability – considering visible and invisible disabilities	Not required
Gender	Not required
Marital Status	Not required
Pregnancy or maternity	Not required
Race including ethnicity and nationality	Not required

Final V 1.0
3.2.20 Corporate HR Team

Religion or belief	Not required
Sexual Orientation	Not required
Trans	Not required
Any other characteristics e.g. member of Armed Forces family, carer, homeless, asylum seeker or refugee	No

Section 4: Impact Grid

Consultation with different groups has not been undertaken however the use of defibrillators can include any and all equality group, with positive impacts.

Equality Group	Evidence of Impact	Is the impact positive or negative?
Age		
Disability – considering visible and invisible disabilities		
Gender		
Marital Status		
Pregnancy or maternity		
Race including ethnicity and nationality		
Religion or belief		
Sexual Orientation		
Trans		
Any other characteristics for patient or staff e.g. member of Armed Forces family, carer, homeless, asylum seeker or refugee		

Section 5 – Action plan

Action	Frequency
Liaise with the Blue Light Collaboration & Engagement Manager to identify uniform and equipment needs of CFRs	Every six months

3

Identify geographical spread of new defibrillators	Every six months
Review applications for charitable funds from staff to identify themes/area/service line/groups	Every six months
Identify demographics of communities that are being provided with training and defibrillators to ensure diversity in terms of ethnicity is met.	Every six months
Evaluate whether the charity has a positive impact for both younger and older populations.	Every six months

This action plan will help to inform the next iteration of the strategy.

Section 6 – Monitoring and Review
You should document any review which takes place to monitor progress on the action plan or add any information through further data gathering or consultation about the project. It is sensible for the review of this to be built into any plans.

Resources and support

You may:
- discuss your project or request feedback from a relevant staff network
- link in with the Patient Engagement team to discuss the potential impact on patient groups
- link in with a colleague within HR to discuss the potential impact on different staff groups
- consider the data available within the Trust about the current workforce or patient groups
- consider the full list of vulnerable groups as cited in EDS2 framework documents – page 10-11 of this link:
  https://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf
- consider increasing the diversity of views and characteristics within the project group

**North West
Ambulance Service**
NHS Trust

REPORT

Board of Directors	
Date:	16th December 2020
Subject:	Charitable Funds Committee Terms of Reference
Presented by:	Angela Wetton, Director of Corporate Affairs
Purpose of Paper:	For Decision
Executive Summary:	In line with the revised Charitable Funds Strategy, the Committee Terms of Reference have been updated. The changes can be seen in the attached document as tracked changes.
Recommendations, decisions or actions sought:	The Board of Directors is requested to: • Approve the revised Terms of Reference.

Link to Strategic Goals:	**Right Care**	☒	**Right Time**	☒
	Right Place	☒	**Every Time**	☒

Are there any Equality Related Impacts:	None identified
Previously Submitted to:	Charitable Funds Committee
Date:	28th October 2020
Outcome:	Recommend to Board of Directors for approval

NORTH WEST AMBULANCE SERVICE NHS TRUST
TERMS OF REFERENCE – CHARITABLE FUNDS COMMITTEE

CONTENTS
1. Role and Purpose 2. Membership 3. Accountability 4. Review Arrangements 5. Working Methodology 6. Duties and Interrelations 7. Delegated Authority 8. Inward Reporting Arrangements

1. ROLE AND PURPOSE

The Committee is established to manage, monitor and review the charitable funds of the Trust, as required by the Charities Act 2011. The Committee will work in accordance with relevant guidance published by the Charities Commission and/or the Department of Health.

The Trust is Corporate Trustee of charitable funds registered together under charity registration 1122470 and the Committee is appointed as the Trust's agent in accordance with s16 of the NHS Trusts (Membership and Procedures) Regulations 1990.

The Chair of the Committee will report in writing to the Board of Directors a summary of the business that has been transacted and basis for any recommendations made. The Board will use that report as the basis for their decisions, but would remain accountable for taking the decision. Minutes of the meetings of the Board of Directors will record such decisions.

2. MEMBERSHIP

The Committee shall comprise the following membership:

- Three Non-Executive Directors, one of whom shall be appointed Chair and one of whom shall have appropriate financial qualifications or experience
- Director of Finance
- Director of Corporate Affairs
- Director of Operations
- Director of People
- Director of Strategy & Planning

The following officer shall be invited to attend meetings of the Committee in an advisory capacity when agenda items require them to be present. They are not routinely required to attend:
- Head of Technical Accounts

There is an expectation that members will endeavour to attend all scheduled Committee meetings.

In the event that the Chair of the Committee is unable to attend a meeting, the Non-Executive Director members shall appoint one of their numbers to be Chair for that meeting.

Other Officers of the Trust shall attend at the request of the Committee in order to present and provide clarification on agenda items and with the consent of the Chair will be permitted to participate in the debate.

The quorum necessary for the transaction of Committee business shall be four, which is to include two Non-Executive Directors and two Executive Directors. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the powers exercisable by the Committee.

3. ACCOUNTABILITY

Charitable Funds Committee authority is as set out in the NWAS Standing Financial Instructions.

4. REVIEW ARRANGEMENTS

The Committee will identify annual objectives of the Committee, produce an annual work plan in the agreed Trust format, measure performance at the end of the year and produce an annual report. This will also include an assessment of compliance with the Committee's terms of reference and a review of the effectiveness of the committee. Any changes to the Terms of Reference must be recommended to the Board of Directors for approval.

Compliance with the Terms of Reference will be monitored on an ongoing basis by the member of the Corporate Governance Department providing administrative support to the Committee. Any concerns in relation to compliance will be reported to the Chair of the Committee and the Director of Corporate Affairs. In addition, the annual review will include a summary on compliance with the Terms of Reference.

5. WORKING METHODOLOGY

Before each meeting, a notice of the meeting specifying the business proposed to be transacted shall be sent by post or electronic mail to the usual place of business or residence of each member, so as to be available at least three clear days before the meeting.

The Committee will normally meet bi-annually however the Chair may call a meeting at any time provided that notice of the meeting is given as specified above.

The Committee shall be supported administratively by the Corporate Governance Department, whose duties shall include: agreement of the agenda with the Chair and collation of papers; producing the minutes of the meeting for checking by the Chair, circulating draft minutes promptly to members once checked and advising the Committee on pertinent areas.

The minutes of meetings shall be formally recorded by a member of the Corporate Governance Department, checked by the Chair and submitted for agreement at the next meeting, whereupon they will be signed by the person presiding at it. Following a meeting, the Committee shall submit a Chair's Report to Board of Directors, and the Chair of the

Committee shall draw to the attention of the Board any issues that require disclosure or require executive action.

6. DUTIES AND INTERRELATIONS

The main functions of the Committee are:

i. ensuring the stewardship and effective management of funds which have been donated, bequeathed and given to the North West Ambulance Service NHS Trust Charitable Fund for charitable purposes;

ii. ~~determining a strategy for the growth of awareness and support for, the Charity to include a comprehensive communications and marketing strategy~~

~~iii.~~ii. co-ordinating the provision of assurance to the corporate trustee of the funds, that the funds are accounted for, deployed and where appropriate, invested in line with legal and statutory requirements;

~~iv.~~iii. considering and recommending the annual accounts for charitable funds for submission to and approval by the Board of Directors, acting as trustee of the funds;

~~v.~~iv. satisfying itself that an appropriate control environment is maintained to manage the key risks faced by the charity and to ensure compliance with Charity Law and Charity Commission regulations

The duties and responsibilities of the Committee shall be:

Governance, Risk Management and Internal Control

The Committee shall:

- review the establishment and maintenance of an effective system of governance, risk management and internal control, across the whole of the charity's activities that support the achievement of the charity's objectives.
- provide reports to the corporate trustee to provide assurance that the charity is properly governed and well managed across the full range of activities

Assurance

The Committee shall:

- ensure effective management of the affairs of the North West Ambulance Service NHS Trust Charitable Fund within the terms of its declaration of trust and appropriate legislation and ensure statutory compliance with the Charity Commission regulations;
- ensure systems and processes are in place to receive, account for, deploy and invest where appropriate charitable funds in accordance with charity law to include the effective implementation of procedures and policies to ensure fund holders and staff appropriately receive funds and access funds;
- scrutinise requests for use of charitable funds (in accordance with the Scheme of Delegation) to ensure that any such use is in accordance with the aims and purposes of any charitable fund or donation and are clinically and ethically appropriate. Committee members will bear due diligence to Charity Commission and trust guidance regarding the ethical use of funds and acceptance of donations;
- shall receive and approve income and expenditure statements;

- shall receive and consider the annual report and accounts, before submission to the Board of Directors for approval;

Fundraising

The Committee shall:

- ensure a fund raising strategy is prepared and monitored which complies with Charity Commission guidance and legislation and which includes appropriate communication and marketing plans;
- ensure systems and processes are in place to receive, account for, deploy and invest funds raised in accordance with charity law;
- ensure systems, processes and communication are in place around fund raising, staff engagement and funding commitments;
- ensure a cohesive policy around external media and communication;
- encourage a culture of fundraising and raise the profile of the Charity within the Trust and with external partner organisations
- ensure effective communication regarding 'whistle blowing' fundraising, donations or subsequent use of funds.

7. DELEGATED AUTHORITY

The Committee is authorised by the Board to:

Investigate any activity within its terms of reference

Seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee

8. INWARD REPORTING ARRANGEMENTS

Not applicable.

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NHS
North West
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REPORT

Board of Directors	
Date:	16 December 2020
Subject:	CQC Activities Update
Presented by:	Executive Director of Quality, Innovation and Improvement
Purpose of Paper:	For Assurance
Executive Summary:	The Trust still had an outstanding recommendation from its 2018/19 CQC inspection action pan.

This recommendation was to review the PES hard copy vehicle check book system arrangements in operation, as it was felt that these arrangements did not provide the necessary assurances required.

The Board is very much aware that the Trust has now produced an electronic solution to complete this recommendation, known as 'Safecheck'.

The Quality & Performance Committee has recently received a presentation on the latest version of 'Safecheck' and has requested an opportunity to spend more time with a follow up presentation.

The Trust accepted the 10 'should do' recommendations from its latest two CQC Inspection reports and has assigned Assurance Committees and Executive/Senior Manager leads to each of the recommendations to ensure they are addressed as required.

An overview of the current status of the Trust's 'should do' action plan is provided at Appendix 1, for assurance.

The Board should note that those actions that are marked as 'on going' will not have an end date until 31/03/2020 and that, due to the current demands on the service, new targets against some of these actions have recently been approved.

The Board will also be aware of the need for the Trust to have in place a CQC IPC BAF, which was approved at the September Board of Directors meeting.

Attached at Appendix 2, is the Trust's IPC Assessment Summary Record from the CQC, for assurance. |

	The Trust has recently reviewed its current CQC registrations for regulated activity.
	This review has determined that due to advancements in clinical practice performed by the very senior clinicians and Doctors working on behalf of NWAS (in particular, for NWAA and BASCS), the Trust has now made an application to add 'Surgical Procedures' as a CQC regulated activity.
	The process for this can take up to 10 weeks for an application of this nature to be approved.
	As part of their Emergency Support Framework (ESF) arrangements, the CQC are continuing with their transitional monitoring approach (TMA) and the Trust will take part in a second engagement call from the CQC on the 17 December. This engagement call will focus on the Trust's response to what the CQC are calling 'Winter Pressures'.
Recommendations, decisions or actions sought:	The Board of Directors is recommended to; • Note the assurances provided in this report • Note that the Trust has made an application to add 'Surgical Procedures' as a CQC regulated activity.

Link to Strategic Goals:

Right Care	☒	Right Time	☐
Right Place	☐	Every Time	☒

Link to Board Assurance Framework (Strategic Risks):

SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09	SR10	SR11
☒	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐

Are there any Equality Related Impacts:	No additional impacts as a result of this report
Previously Submitted to:	Quality & Performance Committee
Date:	16/11/2020
Outcome:	Noted the assurance provided by the report

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1. PURPOSE

1.1 The purpose of this report is to provide the Board of Directors with an update of current Care Quality Commission (CQC) activity status and to provide assurances that the Trust is addressing any current associated requirements.

2. BACKGROUND

2.1 Following the 2018/19 CQC Inspections, the Trust developed an action plan to address the recommendations made within the inspection report.

2.2 One action remained outstanding in that the PES hard copy vehicle check book system arrangements in operation, did not fully provide the Trust or the CQC with the necessary assurances required.

2.3 The Trust has now replaced these arrangements, across the PES service line, with an electronic solution known as 'Safecheck'.

2.4 On 15 June 20, the Quality & Performance (Q&P) Committee received an assurance report detailing the outcomes of the two unannounced core service inspections of Urgent & Emergency Care (Paramedic Emergency Services) and Emergency Operational Control that the Trust received, via inspection reports, on 05 June 20.

2.5 The Trust has accepted the 10 'should do' recommendations within these two reports and has assigned Executive/Senior Manager leads to each of the recommendations to ensure they are addressed as required.

2.6 The Trust has also assigned appropriate Assurance Committees of the Board to monitor, via assurance reports, the progress being made to complete these recommendations.

2.7 Due to the current demands on the service, the Trust has recently approved a re-alignment of some of the original targets proposed for completion by 31/03/2021.

2.8 The Care Quality Commission is not routinely inspecting services during the pandemic period and recovery phase, although they have carried out some focused inspections by monitoring arrangements such as those for infection prevention and control (IPC).

2.9 As a result, the Trust were required to develop an IPC Board Assurance Framework (BAF) for the CQC to review and provide a summary report of findings.

2.10 The Trust is required to be CQC registered for any regulated activity it carries out.

The Trust is already registered for the following regulated activities;

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Transport services, triage and medical advice provided remotely

3. CURRENT POSITION

3.1 The Quality & Performance Committee has recently received a presentation on the latest version of 'Safecheck' but has requested an opportunity to spend more time with a follow up presentation.

3.2 An overview of the CQC 'should do' action plan is provided at Appendix 1, for assurance

3.3 The Trust's IPC Assessment Summary Record from the CQC, is provided as Appendix 2, for assurance.

3.4 The Trust has recently reviewed its current CQC registrations for regulated activity which has determined that due to advancements in clinical practice, performed by the very senior clinicians and Doctors working on behalf of NWAS (in particular, for NWAA and BASCS), the Trust has now made an application to add 'Surgical Procedures' as a CQC regulated activity.

3.5 The Trust has been made aware by the CQC (03/11/20) that the application submitted has achieved the first milestone required and has now been forwarded to the CQC central team for further consideration.

3.6 This is not a straight forward process and can take up to 10 weeks for an application of this nature to be approved.

3.7 As part of their Emergency Support Framework (ESF) arrangements, the CQC are continuing with their transitional monitoring approach (TMA). This is designed to bring together elements of the CQC's existing methodologies, specifically targeting Key Lines of Enquiry (KLOEs) covering safety, access and leadership.

3.8 On the 17 December the Trust will participate in a second TMA engagement call with the CQC focusing 'Winter Pressures', which consists of questioning the Trust around the following headings; Staffing and Resources; Patient Safety in the Ambulance Handover; Escalation of demand and Capacity Issues; Reducing Demand and Ensuring Appropriate Conveyance; Use of Private Providers and Board Assurance.

4. LEGAL and/or GOVERNANCE IMPLICATIONS

4.1 The CQC is the independent regulator of health and adult social care in England to make sure that health and social care provide people with safe, effective, compassionate, high quality care.

5. RECOMMENDATIONS

5.1 The Board of Directors is recommended to;
- Note the assurances provided in this report
- Note that the Trust has made an application to add 'Surgical Procedures' as a CQC regulated activity.

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#	Areas for improvement	NWAS response	Improvement actions	Target date	RAG	Exec lead	Lead officer	Committee
1	The provider should ensure it continues to monitor the management of long-waiting and deteriorating patients to ensure emergency call handlers re-assess the need for triage in line with the trust process.	We are currently reviewing our policy regarding the review of long wait incidents. A PDSA has been developed in order to trial a dedicated clinician reviewing long wait incidents. This will be reviewed against the outcome measures detailed within the plan, namely whether it offers the Trust assurance that long waits are being clinically managed in a governed and assured fashion.	Clinical Co-ordination Desk Trial PDSA commenced	01/09/2020	Complete	Ged Blezard	Dan Ainsworth	Q&P
2	The provider should ensure it continues to monitor procedures to ensure that emergency call handlers' call back long waiting patients in line with trust guidance.	EMD compliance with procedures is being monitored in-line with MPDS audit procedures. The imminent trial of the above PDSA detailing clinical management of long wait incidents may reduce the dependence on EMD call backs for assurance and monitoring of patient conditions for long wait incidents.	Clinical Co-ordination Desk Trial PDSA commenced	01/09/2020	Complete	Ged Blezard	Dan Ainsworth	Q&P
			EMD Compliance subject to additional scrutiny.	01/07/2020	Complete			
3	The provider should ensure it continues to improve response times in line with the Ambulance Response Programme.	The senior team within Service Delivery are operating within their meeting structures across a Performance Management Framework reporting, monitoring and taking action to sustain current delivery of ARP standards. Further works through Building Better Rotas and through ORH will aid the plans to sustain delivery of ARP.	Continue with performance management framework, BBR and review of resource v demand through ORH and with commissioners.	31/03/2021	On target	Ged Blezard	Dan Ainsworth	Q&P
4	The provider should ensure it continues to improve incident reporting systems to ensure all staff raising incidents receive feedback.	The Senior team within EOC have issued a formal bulletin detailing the importance of incident reporting. We have doubled the number of reported incidents in a three month period and have drastically improved the number of unscored incident reports.	Continue with Learning Forum. Produce a monthly learning summary and share with Commissioners.	30/09/2020	Complete	Ged Blezard	Dan Ainsworth	Q&P
		EOC has refreshed its incident learning forum, with over 50 incidents now recorded on the learning tracker with over 70 actions associated with these.	Development of "lessons learned" bulletins for EOC	08/01/20	Complete			
		The processing of reported incidents continues to improve, with the development of investigation templates for internally reported incidents (none SI) and associated feedback mechanisms.	Continual monitoring of Datix compliance. Evidence of this to be shared in EOC Goverance reports and Commissioners.	30/09/2020	Complete			
5	The provider should ensure it continues to improve the timeliness of responding to and closing complaints to meet the trust target.	EOC management to engage with the Serious Incidents sign off meeting trial initial good feedback received	Continue engagement with SI sign off trial	30/09/2020	Complete	Ged Blezard	Dan Ainsworth	Q&P
		Further to this, the senior team meet weekly to sign off high level complaints and ensure lessons are embedded within teams.	Continue with high level compliant sign off process.	30/09/2020	Complete			
		Open Datix and complaints is detailed on every EOC level 3 and governance group agenda to ensure focus on this area of practice.	Ensure Datix is mandatory agenda item for EOCGG and Level 3	30/09/2020	Complete			

No.	Recommendation	Response	Action	Date	Status	Lead	Exec Lead	Committee
		Further to this, the EOC temporary structure includes a Assurance Manager post, who's responsibilities include management of complaints.	Ensure appointment of Assurance Manager role	30/09/2020	Complete			
6	The provider should ensure it continues to improve appraisal compliance to meet the trust target.	The Trust had continued to make improvements in appraisal compliance prior to the inspection but accepts that further work was required to meet target. The position has now been impacted by the cessation of appraisals in line with the 'Reducing Burdens and Releasing Capacity letter in March 2020 and this has affected compliance.	Review compliance targets as part of recovery plan		Complete	Lisa Ward	Carol Offer	Resource
			Revise and simplify paperwork		Complete			
			Develop a broad range of resources to support and develop managers confidence		Complete			
			Continue to support through management meetings	31/03/21	On target			
7	The provider should ensure it continues to improve staff compliance in all levels of safeguarding training.	Accepted. The position has now been impacted by the cessation of mandatory training in line with the 'Reducing Burdens and Releasing Capacity letter in March 2020 and this has affected overall compliance.	Agree mandatory training recovery plan and targets		Complete	Lisa Ward	Carol Offer	Resource
			Deliver L3 competences to PES staff through 2020/21 mandatory face to face training		Complete			
			Review and agree year 2 & 3 rolling programme for L3 competences for Paramedics	21/10/2020	Complete			
8	The provider should ensure action is taken to improve staff appraisal rates in line with trust targets.	The Trust had continued to make improvements in appraisal compliance prior to the inspection but accepts that further work was required to meet target. The position has now been impacted by the cessation of appraisals in line with the 'Reducing Burdens and Releasing Capacity letter in March 2020 and this has affected compliance.	Review compliance targets as part of recovery plan		Complete	Lisa Ward	Carol Offer	Resource
			Revise and simplify paperwork		Complete			
			Develop a broad range of resources to support and develop managers confidence		Complete			
			Continue to support through management meetings	31/03/21	On target			
9	The provider should ensure it continues to take appropriate actions to improve ambulance response times in line with nationally agreed targets.	The senior team within Service Delivery are operating within their meeting structures across a Performance Management Framework reporting, monitoring and taking action to sustain current delivery of ARP standards. Further works through Building Better Rotas and through ORH will aid the plans to sustain delivery of ARP.	Continue with performance management framework, BBR and review of resource v demand through ORH and with commissioners.	31/03/21	On target	Ged Blezard	Steve Hynes	Q&P
10	The provider should ensure it takes appropriate actions to improve consistency in the provision of clinical contact shift supervision across the regional teams.	The senior team through the recovery plan are undertaking a return to staff contact shifts to ensure a consistent approach exists across the regional footprint.	Monitor through Performance Management Framework, and through Sector Quality Visits	31/03/21	On target	Ged Blezard	Steve Hynes	Q&P

Infection Prevention and Control Assessment

Engagement call
Summary Record

North West Ambulance Service NHS Trust

Provider address	Date
Ladybridge Hall 399 Chorley New Road Bolton BL1 5DD	24/08/2020

Dear North West Ambulance Service NHS Trust

The Care Quality Commission is not routinely inspecting services during the pandemic period and recovery phase, although we will be carrying out some focused inspections. We are maintaining contact with providers through our usual engagement calls and by monitoring arrangements such as those for infection prevention and control.

This Summary Record outlines what we found during an engagement call to discuss infection prevention and control arrangements, using standard sentences and explanatory paragraphs.

We have found that the board is assured that the trust has effective infection prevention and control measures in place. The overall summary outlines key findings from our assessment, including any innovative practice or areas for improvement.

This assessment and other monitoring activity are not inspections. Summary Records are not inspection reports. Summary Records are not published on our website.

Infection Prevention and Control – Assessment areas

1. *Has the trust board received / undertaken an assessment of infection prevention and control procedures and measures in place across all services since the pandemic of COVID 19 was declared. Does this include an assessment of the estate / isolation facilities?*

Yes   The Board had received/undertaken a clear and comprehensive assessment of Infection Prevention and Control across all services including an assessment of the estate and isolation facilities.

2. *Are there systems in place to manage and monitor the prevention and control of infection? Do these systems use risk assessments and consider the susceptibility of service users, and any risks that their environment and other users may pose to them?*

Yes   There are systems in place in manage and monitor the prevention and control of infection.

3. *Are there systems in place to provide and maintain a clean and appropriate environment in managed premises, facilitating the prevention and control of infections?*

Yes   There are systems in place to provide and maintain a clean and appropriate environment in managed premises, facilitating the prevention and control of infections.

4. *Is there appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance?*

Yes   There is appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.

5. *Does the trust provide suitable accurate information on infections, in a timely fashion, to service users, their visitors and any person concerned with providing further support or nursing/ medical care?*

Yes   The trust provides suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.

6. *Is there a system in place that ensures prompt identification of people who have or are at risk of developing an infection, so that they receive timely and appropriate treatment, to reduce the risk of transmitting infection to other people?*

Yes   The trust has systems to identify promptly people who have an infection, or who are at risk of developing an infection so that they receive timely and appropriate treatment.

7. *Are there systems in place to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection?*

Yes   There are systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process or preventing and controlling infection.

8. *Are there secure or adequate isolation facilities?*

Yes   The trust has effective process in place to manage the isolation of patients appropriately.

9. *Is there adequate access to laboratory support?*

Yes   There is adequate and responsive access to laboratory support.

10. *Is there evidence that the trust has policies designed for the individual's care which will help prevent and control infections?*

Yes   The trust has effective policies designed for the individual's care which will help prevent and control infections.

11. *Does the trust have a system to manage the occupational health needs of staff, regarding infection?*

Yes   The trust has a system to manage the occupational health needs of staff regarding infection.

Overall summary record

We had a meeting with the trust on 18 August 2020. During this meeting, different areas of the board assurance framework were discussed in relation to infection prevention and control. Whilst the trust was not able to provide the board assurance framework document as part of the meeting, they were able to verbally articulate the assessment of key risks and contents of the board assurance framework and describe the actions taken to mitigate key risks identified as part of the assessment.

A draft board assurance framework has been presented to the trust's executive team in August 2020, who felt assured. The board assurance framework is scheduled for review and approval at trust board in September 2020.

The trust has undertaken a thorough assessment of infection prevention and control, across all services, since the pandemic of Covid-19 was declared. There is a routine audit programme in place across all services to assess and monitor compliance against infection prevention and control standards.

The trust has an infection prevention team and has acquired additional expertise to support the assessment and implementation of infection prevention and control policies and procedures.

Appropriate systems in place include having prompt identification of people within the organisation who have or are at risk of developing an infection. Multiple patients are conveyed appropriately where there is a suspected or confirmed patient COVID diagnosis. The trust has developed an in-house track and trace system to complement and support the national track and trace system.

Staff have received, and continue to receive necessary training, in line with national guidance and are updated accordingly. The trust continues to provide information for carers and the wider public through their website and social media. The trust has undertaken a detailed programme of engagement across the communities it serves to provide education and awareness of Covid-19 risks.

The trust continues to ensure that the health needs of staff are met. This is a supportive and holistic approach which considers both the physical and psychological needs of staff. All care workers, to include volunteers and external contractors, are given sufficient information to ensure that they are aware of and discharge their responsibilities in preventing and controlling infection.

The trust has a system of escalation in relation to personal protective equipment (PPE) should difficulties arise, which staff can access throughout the 24-hour period, across seven days a week. All staff have been provided with appropriate training, undertaken fit testing and given suitable PPE to reduce the risk of spread of infection.

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NHS

North West
Ambulance Service
NHS Trust

REPORT

	Board of Directors
Date:	16th December 2020
Subject:	Values Refresh
Presented by:	Mick Forrest, Deputy Chief Executive
Purpose of Paper:	For Discussion
Executive Summary:	The Trust commenced a refresh of its values in early 2020. The work undertaken by Delve has included extensive consultation through focus groups, survey work and a multi-disciplinary steering group to ensure that the values were developed directly from staff input. Initial feedback on the first phase was presented to ELC in late June, with the final proposals being presented at the beginning of December. The main aim has been to move to a bespoke set of values and behaviours which were personal to NWAS and which resonated with all staff irrespective of their role or directorate. It also aimed to improve memorability and to develop underpinning behaviours. In this way the values could then act as a golden thread supporting our other work to improve culture, staff and patient experience. The next phase of work aimed to hone down the broad themes further and to explore what key behaviours demonstrated these emerging values in practice. Although the original intention had been to try and develop single word values or a pneumonic, what emerged is that short phrases resonated more with staff and research now suggests that this can be more meaningful and memorable than single words. In addition, the adoption of single words did not bring a uniqueness to the value set. It is therefore proposed that the values adopted are : • Being at our Best • Working Together • Making a Difference There is the option to link these in a single simple statement and whilst this may be helpful in certain contexts, in the main it is felt that the short phrases have more impact on their own. Delve have also pulled together a set of underpinning behaviours. These have been designed using the language used by staff to ensure resonance and inclusivity and equality is embedded across all three values as a core underlying principle.

The proposals set out in this paper were shared with ELC at the beginning of December where they were fully endorsed and recommended to Board.

This paper aims to share the values with Board for discussion and comments. The next steps are for Delve to commence the design phase, developing a toolkit and range of implementation initiatives to enable us to embed the values in practice. The final proposals and supporting implementation plans will be brought back to Board for final approval.

The timeframe for launch is quarter four allowing us to establish a clear link with the outcomes of the culture audit and staff survey and to use this and the Treat Me Right campaign to demonstrate a clear commitment to culture change in the organisation and to reset our expected behaviours.

Recommendations, decisions or actions sought:	The Board of Directors are recommended to: • Discuss the proposed values and supporting behaviours • Support the next steps towards implementation

Link to Strategic Goals:	**Right Care**	☐		**Right Time**	☐
	Right Place	☐		**Every Time**	☒

Link to Board Assurance Framework (Strategic Risks):

SR01	**SR02**	**SR03**	**SR04**	**SR05**	**SR06**	**SR07**	**SR08**	**SR09**	**SR10**	**SR11**
☐	☐	☐	☒	☐	☐	☐	☐	☐	☐	☐

Are there any Equality Related Impacts:	The supporting behaviours recommended to support the revised values have equality and diversity embedded in them which along with a range of other measures will help in setting clear expectations regarding inclusive behaviours for our staff.
Previously Submitted to:	
Date:	
Outcome:	

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1. **PURPOSE**

1.1   The purpose of this report is to present the proposed refreshed Trust values and supporting behaviours to the Board of Directors for discussion and for support to proceed towards implementation.

2. **BACKGROUND**

2.1   The Trust undertook a tender exercise at the end of 2019 in order to identify a provider to support them in reviewing the core values of the Trust. Delve were awarded this contract and commenced work in early 2020 undertaking a series of focus groups and surveys to explore what values and behaviours make NWAS a great place to work and which impact positively on working relationships and patient care.

2.2   The main aim of this piece of work was to move to a bespoke set of values and behaviours which were personal to NWAS and which resonated with all staff irrespective of their role or directorate. It was also recognised that our values could be more memorable and therefore would be more likely to drive actions and behaviours. In this way the values could then act as a golden thread underpinning our other work to improve culture, staff and patient experience.

2.3   The work undertaken by Delve was affected by COVID and the lockdown but an initial report on the first phase of work was brought to Executive Leadership Committee (ELC) in late June. ELC provided positive feedback and the next phase of work was commenced to again work with staff to hone down the broad themes further and to explore what key behaviours demonstrated these emerging values in practice.

3. **PROPOSAL**

3.1   The attached report sets out an overview of the work undertaken during the second phase of engagement which has involved further focus groups, surveys and engagement with the multidisciplinary steering group. What emerged through this phase was that the original 'themes' identified continued to resonate with staff. Key themes of breaking down barriers between directorates, being One NWAS, and ensuring that the values were inclusive of all staff irrespective of their roles and whether they were patient facing came across as important. Whilst the idea of One NWAS resonated, some staff did feel uncomfortable that this felt insular and did not encourage collaboration and system partnership, so it is not suggested that this is carried forward.

3.2   Originally the suggestion had been to try and identify single words or a pneumonic which would help with memorability. A lot of work was done to try to develop this and to test it out with staff but they lacked uniqueness and more importantly failed to resonate with the staff test groups. Staff came back strongly to the original themes identified and recent research suggests that the correlation between one word values and memorability is not always strong if words are not meaningful to

people. Many well known organisations now have short statements rather than one word values.

3.3   As a result what emerged from the second phase were the following recommended values:
- Being at our Best
- Working Together
- Making a Diffference

3.4   These can be linked in a simple statement such as :

- We work together, to be at our best, making a difference
- Working together to be at our best, to make a difference
- When we are at our best and working together we make the biggest difference

3.5   There is an option to thread the values into a single statement and there may be occasions where the use of a single sentence incorporating values will be useful in embedding them into a narrative. In the main, however, it is felt that the short statements themselves are memorable and that leaving them separated has greater impact.

3.6   Delve were also asked to develop a set of underpinning behaviours in support of the values and these are shown below. The wording of these reflects the language used by staff which is deliberate to ensure that they resonate and are meaningful for staff, as we want them to guide the expected behaviours of staff in work. Care has also been taken to ensure that inclusivity is threaded through all the behaviours and that the principles of equality are embedded throughout as fundamental to our expectations of behaviour in the workplace.

Being at our Best	Working Together	Making a Difference
We challenge ourselves to be the **best we can be**, we are curious and push boundaries to improve everything we do.	We **work together** to understand and value every role in achieving our shared purpose. We live and breathe inclusivity, everyone matters.	We **make a difference** through doing the right thing by our staff, patients, partners, and communities. We will act with compassion and kindness.
Behaviours:		
I will turn up: I will bring my whole self to work each day and take ownership for my actions and behaviours.	**I will take care of myself and others:** I will take responsibility for my own health and wellbeing and share good practice with others.	**I will behave with compassion and kindness:** I will treat everyone based on their individual needs and culture. I will show empathy and not judge others.

I will be responsible for my own learning and development: I continually build on my knowledge, skills and experience to be the best I can be at work.	I will be approachable: I will visibly show how I support others, working across boundaries and breaking down silos.	I will act with integrity: I will do what is right not what is easy. I will readily share information and knowledge and deliver on my commitments.
I will be brave and bold: I continually learn when things go well and when they don't and I will speak up if something isn't right.	I will live and breathe inclusivity: I will be aware of my own bias and my impact on others and be prepared to challenge behaviour that is not inclusive or acceptable.	I will be optimistic: I will be proactive in recognising and celebrating my own and others' success in achieving outcomes.
I will be professional: I will be adaptable and forward thinking and go the extra mile if required. I will take pride in how I work.	I will embrace a diverse range of views: I will ensure that all voices are heard, actively seeking out the opinions of those who may have a different perspective.	I will listen with intent: I will listen to understand before I speak. I will create space to listen to others.

3.7 ELC fully endorsed the proposals and underpinning behaviours when they were presented at the beginning of December and are recommending them to Board. They are being brought to Board now for discussion and feedback to ensure that Board is comfortable with the direction of travel. It is planned to being the final package including implementation plans to January Board.

3.8 Delve will commence work on the design phase which will include the visual presentation of the values, a toolkit to support the implementation and embedding of the values and recommendations on how we can use them creatively to weave them into everyday life and language in NWAS.

3.9 This timescale aligns with a number of other key pieces of culture work. It is expected that we will have the full findings from the culture audit and 2020 staff survey. Initial discussions with Zeal indicate that the new values align very closely with the cultural indicators emerging from the culture audit in that they represent the positive behaviour indicators that directly affect the wellbeing of staff in the workplace. The outcomes and supporting actions plans can therefore be the springboard to position the values refresh and the Treat Me Right campaign as immediate positive steps to improve culture and staff experience.

4. LEGAL and/or GOVERNANCE IMPLICATIONS

4.1 There are no legal or governance implications of this report.

5. RECOMMENDATIONS

5.1 The Board of Directors are recommended to:

- Discuss the proposed values and supporting behaviours
- Support the next steps towards implementation

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NWAS Values Review Update 5 November 2020

Discovery Phase

ONE NWAS

In early 2020 the Discovery stage started with a survey and a series of focus groups to find out what's important to people at work, what a good day looks like and what's important to the patients and public NWAS serves.

From all the feedback we collated in the Discovery phase, from the focus groups, surveys, and informal conversations, three key themes emerged.

The project was put on hold due to the Covid-19 pandemic, so we picked this back up over the summer. It was interesting to see that the themes still resonated with people despite the crisis conditions in which they were working.

Develop Phase

We used these themes to further explore values and behaviours in the Develop phase:

Theme One – Being at Our Best

Means we challenge ourselves to be the best we can be every day - being ready, being confident, being brave, being open to learning.

- What circumstances enabled you to be at your best at work?
- What were the outcomes of you working at your best?
- What do you see from others when they are at their best?

Theme Two – Working Together

Means we value the role everyone in NWAS plays. We listen to others and support each other through the good times and the bad.

- What did you do to ensure you work effectively with others?
- What did this achieve?
- What does working together effectively look, feel and sound like to you?

Theme Three – Making a Difference

Means we provide a consistent, quality, and safe service, acting responsibly for each other, our patients and the communities in which we work. We do the right thing.

- What did you do that made a difference?
- What were the outcomes?
- What does making a difference actually look, feel and sound like to you?

Analysis of the Data

An overview of the feedback received in the Develop phase can be seen in Appendix 1. Our main aim at this stage was to confirm that these themes felt right and resonated with all roles within NWAS. There was a feeling of NWAS being ONE team and family, although some groups felt that this excluded external partners and stakeholders.

At the start of the project, the Executive Team were keen to explore a possible mnemonic or acronym to make the values memorable. We explored possible words based around the ONE NWAS theme at this stage, however the words did not resonate well with staff when we tested these out.

A proportion of people were keen to ensure that any values did not refer to patients in isolation of caring for all of our teams, staff, partners and communities, therefore the wording in the example has tried to honour this with the language being inclusive for 'non-patient facing' staff.

General commentary around the key themes can be seen in Appendix 2. These are direct comments and themes emerging from the staff who contributed to phase two.

We had fewer responses than at the first stage which was expected with 314 responses to the survey or attendance at focus groups. Here is a breakdown of staff groups who engaged in this stage of the process:
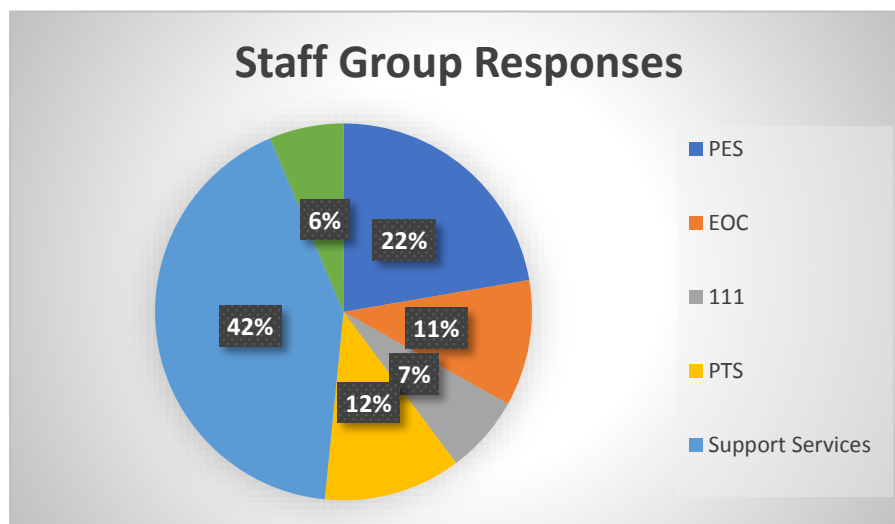
Finalising the values statements and behaviours

All the engagement so far revealed that the themes felt right to people. Whilst tradtionally, organsations have tended to focus on one word to represent a value, recent research suggests that just having one word values are not always meaningful and memorable to people. Many well known organisations now have short statements rather than one word based on our research. Words can feel like they've come from a corporate place whereas people resonate with statements more and this aligns to all the findings and discussions we've had with NWAS staff. It wasn't about a set word for them, it was about a statement or way of working.

As part of the Develop phase we tested this out through engaging with the original stakeholder group to explore whether individual words resonated with people, however it was clear from this additional engagement that no one word captured the values that people expect to see and demonstrate. The three themes of Being at our Best, Working Together and Making a Diffference continued to resonate the most. Appendix 3 shows some of the survey feedback from the stakeholder group.

The aim with values is to have a distinct blueprint for employee behaviour which will set NWAS apart from other organisations and we would recommend that the values are as follows :

- Being at our Best
- Working Together
- Making a Difference

There is an option to thread these values together into one statement and stakeholders have suggested some ideas to do this. The theme of ONE NWAS that came through from many people could be built in here, however this needs some thought to make sure it does not feel exclusive of wider partners across the health and social care system. Here are some examples:

- We work together, to be at our best, making a difference as ONE NWAS
- ONE NWAS - working together to be at our best, to make a difference
- When we are at our best and working together we make the biggest difference

We would recommend that the behaviours undepinning these values are as follows:

Being at our Best	Working Together	Making a Difference
We challenge ourselves to be the **best we can be**, we are curious and push boundaries to improve everything we do.	We **work together** to understand and value every role in achieving our shared purpose. We live and breathe inclusivity, everyone matters.	We **make a difference** through doing the right thing by our staff, patients, partners, and communities. We will act with compassion and kindness.
Behaviours:		
I will turn up: I will bring my whole self to work each day and take ownership for my actions and behaviours.	**I will take care of myself and others:** I will take responsibility for my own health and wellbeing and share good practice with others.	**I will behave with compassion and kindness:** I will treat everyone based on their individual needs and culture. I will show empathy and not judge others.
I will be responsible for my own learning and development: I continually build on my knowledge, skills and experience to be the best I can be at work.	**I will be approachable:** I will visibly show how I support others, working across boundaries and breaking down silos.	**I will act with integrity:** I will do what is right not what is easy. I will readily share information and knowledge and deliver on my commitments.
I will be brave and bold: I continually learn when things go well and when they don't and I will speak up if something isn't right.	**I will live and breathe inclusivity:** I will be aware of my own bias and my impact on others and be prepared to challenge behaviour that is not inclusive or acceptable.	**I will be optimistic:** I will be proactive in recognising and celebrating my own and others' success in achieving outcomes.
I will be professional: I will be adaptable and forward thinking and go the extra mile if required. I will take pride in how I work.	**I will embrace a diverse range of views:** I will ensure that all voices are heard, actively seeking out the opinions of those who may have a different perspective.	**I will listen with intent:** I will listen to understand before I speak. I will create space to listen to others.

Next Steps

We recommend that the Executive Team review the suggested values and behaviours on the understanding that they are welcome to tweak the language however the overall essence of the behaviours is based on the feedback and contribution of all staff who have participated in this project.

Once the final values and behaviours are agreed, we will work on the Design phase to design a visual representation in line with NWAS brand guidelines. This will include icons to reflect the values which will help ensure they are memorable.

We will also develop a toolkit for managers on how to embed the values into everything you do. Feedback from the stakeholders will help shape this.

Appendix 1: Develop Phase – Analysis and Summary of the Three Themes

Being at Our Best

Headline (Step I)	Key words (Step I)	Summary Statement Ideas (Step I)
Challenging ourselves to be the best, finding new ways to improve everything we do today We are ambitious for our community We innovate through curiosity We look for the best ways to deliver our services We challenge ourselves to be the best we can be every day - being ready, being confident, being brave, being open to learning	• Professionalism • Being the best • Consistency • Pride • Knowledge • Improvement • Continually evolving, learning from everything we do • Best outcomes for patients and staff • Being Bold • Dare to be different • If it is to be it is up to me • Inspiration • Continually learn and develop • Outperform • Own it • Optimism	• We turn up ready to give our best for ourselves, for our colleagues and to achieve the best outcomes for those we serve • We are confident and assured (but not complacent) • We make timely decisions based on our knowledge and experience, and own these - "If it's to be it's up to me" • We continually learn from when things go well… and when they don't – we are open and honest about this so we can all learn from the experience • We continually build our knowledge, skills and experience – we are curious, we are like a 'sponge' - so we can keep improving everything we do today • We are professional, we are consistent, we are inspired – but it's okay for us to be different, to be optimistic, to be proud

Headline (Step 1)	Key words (Step 1)	Summary Statement Ideas (Step 1)
We understand and value the role everyone plays We listen to others We support each other through the good times and the bad We achieve the best results by working together	• Different perspectives matter • Leave egos at the door • Treat as family • Join forces • Recognition • Feeling valued • A place that feels caring and safe • Share responsibility • Value teamwork • Work together as one across boundaries • Everyone matters • Help each other thrive • Opportunities to grow and develop • Genuine kindness • Inclusive • Communicate well • We are connected by a common purpose • Trust	• We make time to understand the different roles people play within NWAS, and how we are all connected by a common purpose • We listen to understand and we value different perspectives • We leave our egos at the door • We work together as one team across boundaries and share responsibility for outcomes • We contribute to a climate of genuine kindness, caring, inclusivity and safety • We are open, honest and transparent in how we communicate with each other • We put our own interests to one side as we help each other to grow, develop and thrive • We recognise and appreciate the best in each other • We trust each other.

Headline (Step I)	Key words (Step I)	Summary Statement Ideas (Step I)
We provide a consistent, quality and safe service, acting responsibly for our patients and communities in which we work. We do the right thing.	• Positive • Kind gestures and words • People remember how you made them feel • Everyday heroes • Integrity • Spread compassion • Every community is different • Sense of achievement • Good job done well • Respect • Never Give Up • Never-failing • Never stop…improving, caring, learning, the kindness • No one left behind • Nurture	• We commit to doing the very best we can for the public, patients and families we serve - we treat people as we would treat a member of our own family • We behave with compassion and kindness - people remember how you made them feel • Every community is different, we respect each equally • We are positive yet realistic about what outcome may be achieved, • We act with integrity - we do what's right, not what's easy • We make time to acknowledge achievement – a good job well done • We never stop… caring, learning, improving the way we do things to achieve the very best outcomes for ourselves, each other and all of the people we serve.

Appendix 2: Develop Phase – General Commentary on the Three Themes

Positive	Things to think about re. themes	Things to bear in mind in implementation
Succinct Simplicity Inclusive Really like it. Only three is good. Three good themes. Themes are 'on point'. About right. Enough to focus on. Engaging Old encapsulated in the New. Pretty much encapsulates what we do. Can see how themes are embracing NHS values but bespoke to NWAS. Reviewing the Values at this time is 'bob on'. They should be about helping patients and each other. We all want to make a difference – this should be a key value for the Trust and beyond.	Too simple? Too insular Made up in Corporate Office by people with 'too much time on their hands'. 'Best Ambulance Service'…. Where does this fit? Swap 'Making a Difference' and 'Working together' in the diagram flow. Compassion as a driver for all three themes. Need a word around Inclusive. 'Making a difference' a bit light on content. Explicit inclusion of diversity, equality, and inclusion for staff and patients. Involve patients or patients being the focus. Themes more for patients' welfare – very little for call handlers. Need a theme on how we can improve as a service and as individuals. Staff are equally if not more important than patients. Streamline but don't lose sight of the NHS context. NWAS opportunity to be the glue that holds all other providers together – our values should include a desire to bring all that difference together and be at the heart of the patient journey – the 'link' that gets other providers together.	What is the driver behind moving away from Recognisable Values? Need to establish. Themes must be more than a soundbite. What's under the themes needs to relate to staff and public and patients. Do they underpin strategy and vision etc.? A golden thread – everyone lives and breathes. Need to agree how they will be developed and delivered. Do ambulance trusts across the UK share best practice? Need to look after staff first. Examples / posters specific to each department would be a good thing. Language should be made relevant and fully inclusive in description for non-patient staff. Ensure everyone connects to organisational values. Launch process should be focused on other parts of the service but linking to patient is key. Values should extend beyond our working environment into everything we do. Needs to be embedded. 'Just be Respectful, Caring and Aware by Listening and Communication' (JRCALC).

Q1 Which of the following best describes the area of NWAS you work in?

Answered: 20   Skipped: 0
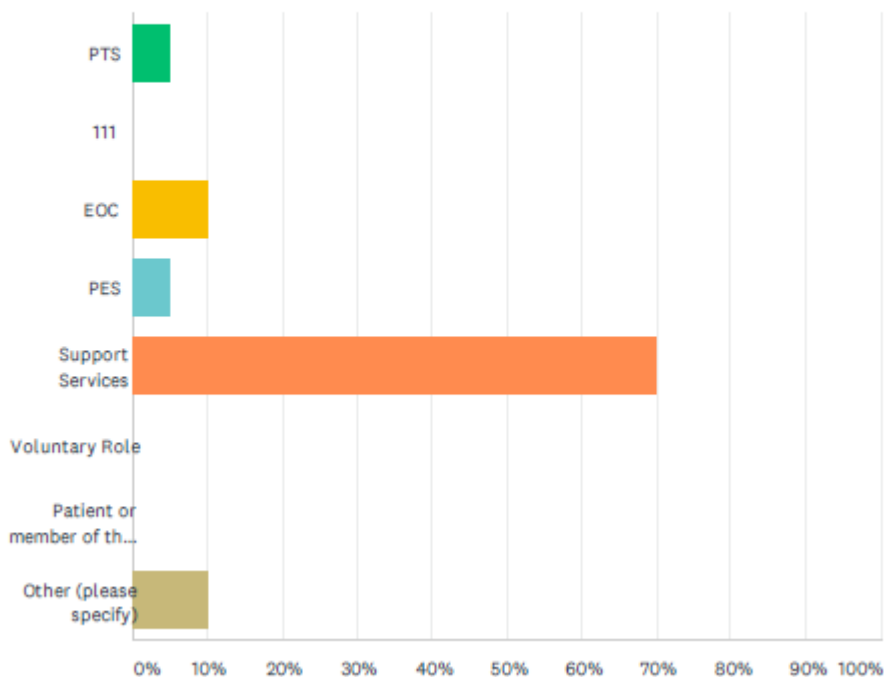
ANSWER CHOICES	RESPONSES	
PTS	5.00%	1
111	0.00%	0
EOC	10.00%	2
PES	5.00%	1
Support Services	70.00%	14
Voluntary Role	0.00%	0
Patient or member of the Public	0.00%	0
Other (please specify)	10.00%	2
TOTAL		20

#	OTHER (PLEASE SPECIFY)	DATE
1	Corporate	10/29/2020 9:30 AM
2	organisational development	10/28/2020 12:11 PM

Q2 Theme 1: Have a look at the attached document which describes the behaviours. Read through the behaviours under Theme 1. Is there a word or statement that would make theme 1 memorable to staff?

Answered: 20   Skipped: 0

#	RESPONSES	DATE
1	I will be professional	11/2/2020 11:21 AM
2	BE committed to being present in the moment, supporting continuous learning and improvement for all	11/2/2020 10:52 AM
3	Personal Responsibility	11/2/2020 9:02 AM
4	Bold	10/30/2020 10:12 AM
5	I will be brave and bold: I contintually learn when things go well and when they don't and I will speak up if something isn't right.	10/29/2020 9:30 AM
6	Motivated. Motivation and Effort.	10/29/2020 9:09 AM
7	When we are at our best we improve services for our patients	10/28/2020 4:47 PM
8	be your best self	10/28/2020 4:33 PM
9	Ownership	10/28/2020 2:14 PM
10	I will be my best work self.	10/28/2020 1:12 PM
11	I will be professional: I will be adaptable and forward thinking and go the extra mile if required. I will take pride in how I work.	10/28/2020 12:36 PM
12	I will be responsible	10/28/2020 12:11 PM
13	Professional	10/28/2020 10:54 AM
14	Being at our Best	10/28/2020 10:16 AM
15	I will take pride in how I work.	10/28/2020 9:31 AM
16	Professional as well as being bold and brave.	10/28/2020 8:38 AM
17	I will take ownership for my actions and behaviours	10/26/2020 3:44 PM
18	Taking Personal Responsibility	10/26/2020 8:27 AM
19	Innovate	10/24/2020 11:05 AM
20	I will turn up.	10/23/2020 11:52 AM

Q3 Theme 2: Have a look at the attached document which describes the behaviours. Read through the behaviours under Theme 2. Is there a word or statement that would make Theme 2 memorable to staff?

Answered: 20   Skipped: 0

#	RESPONSES	DATE
1	I will be approachable:	11/2/2020 11:21 AM
2	Be a healthy role model, embracing the principles of our Be Think Do leadership philosophy	11/2/2020 10:52 AM
3	Looking after myself and others.	11/2/2020 9:02 AM
4	I will live and breathe inclusivity	10/30/2020 10:12 AM
5	I will take care of myself and others	10/29/2020 9:30 AM
6	Supportive. Supportive and Inclusive.	10/29/2020 9:09 AM
7	When working together we use our collective experiences for better results	10/28/2020 4:47 PM
8	Working together	10/28/2020 4:33 PM
9	Collaboration	10/28/2020 2:14 PM
10	I will care about others.	10/28/2020 1:12 PM
11	I will live and breathe inclusivity: I will be aware of my own bias and my impact on others and be prepared to challenge behaviour that is not inclusive or acceptable.	10/28/2020 12:36 PM
12	I will live and breathe inclusivity	10/28/2020 12:11 PM
13	Inclusivity	10/28/2020 10:54 AM
14	Working Together	10/28/2020 10:16 AM
15	I will take responsibility	10/28/2020 9:31 AM
16	I will take care of myself and others	10/28/2020 8:38 AM
17	I will visibly show how I support others, working across boundaries and breaking down silos	10/26/2020 3:44 PM
18	Taking Care	10/26/2020 8:27 AM
19	Inclusive	10/24/2020 11:05 AM
20	Together we are stronger	10/23/2020 11:52 AM

Q4 Theme 3: Have a look at the attached document which describes the behaviours. Read through the behaviours under Theme 3. Is there a word or statement that would make Theme 3 memorable to staff?

Answered: 20   Skipped: 0

#	RESPONSES	DATE
1	I will behave with compassion and kindness	11/2/2020 11:21 AM
2	Act with compassion and integrity, valuing diversity at all levels.	11/2/2020 10:52 AM
3	Together we can...	11/2/2020 9:02 AM
4	Not really.	10/30/2020 10:12 AM
5	I will behave with compassion and kindness	10/29/2020 9:30 AM
6	Togetherness. Righteous and Understanding.	10/29/2020 9:09 AM
7	By making a difference you could make someone's day	10/28/2020 4:47 PM
8	Do the right thing for all, make a difference	10/28/2020 4:33 PM
9	Empowerment	10/28/2020 2:14 PM
10	I will add value to everything I do.	10/28/2020 1:12 PM
11	I will do what is right not what is easy.	10/28/2020 12:36 PM
12	I will behave with compassion and kindness	10/28/2020 12:11 PM
13	Integrity	10/28/2020 10:54 AM
14	Making a Difference	10/28/2020 10:16 AM
15	I will listen to understand before I speak.	10/28/2020 9:31 AM
16	make a difference	10/28/2020 8:38 AM
17	I will do what is right, not what is easy	10/26/2020 3:44 PM
18	Being responsible for the way we work and not just the work we do.	10/26/2020 8:27 AM
19	Compassionate	10/24/2020 11:05 AM
20	Compassion and kindness to all.	10/23/2020 11:52 AM

Q5 Is there anything else you think would help make the themes memorable to staff?

Answered: 15   Skipped: 5

#	RESPONSES	DATE
1	no	11/2/2020 11:21 AM
2	No	10/30/2020 10:12 AM
3	no	10/29/2020 9:30 AM
4	N/A	10/29/2020 9:09 AM
5	Maybe a strapline that encapsulates the three themes, e.g. when we are at our best and work together we make the biggest difference	10/28/2020 4:47 PM
6	have a symbol that reflects the themes, e.g. clasped hands to demonstrate working together?	10/28/2020 4:33 PM
7	No, however, I wish to provide additional feedback. Although the behaviours are fine in themselves, the use of the "I will" statement is far too demanding. We all aim to be and do all these things every day but with the best will in the world, that doesn't always happen. "I will" sounds obligatory so perhaps a softer, overarching term of "I will aspire to..." would work a little better and align better with the ethos of the values	10/28/2020 2:14 PM
8	Mantra: I will be the best version of myself, working together with others to make a difference to our patients.	10/28/2020 1:12 PM
9	No	10/28/2020 12:36 PM
10	Personable	10/28/2020 10:54 AM
11	Give each theme a logo which also links to the other themes. Be proactive in promoting them other than once a year PADRs; include a section in Mandatory Training and core inductions. Doesn't need to be any longer than a 5-10 mins discussion which then links in to activities during the training.	10/28/2020 9:31 AM
12	Maybe develop some kind of acronym	10/28/2020 8:38 AM
13	Emphasise the together; everything we need to achieve, we need to do together...	10/26/2020 3:44 PM
14	Having examples of how work connects with the statements	10/26/2020 8:27 AM
15	Alliteration: we will innovate, we will be inclusive, we will act with integrity	10/24/2020 11:05 AM

Q6 We are developing a toolkit to help managers bring the values and behaviours into every day working life. This will include how to talk about the values in meetings and 1-1s and how to hold people to account based on the behaviours. What else would you like to see in the toolkit that would help bring the values and behaviours to life?

Answered: 20   Skipped: 0

#	RESPONSES	DATE
1	365 appraisals. If a manager does not display the values and behaviours to their team, then I believe the team will not be engaged if these are included in team meetings, 1-1s etc	11/2/2020 11:21 AM
2	There are clear connections with our existing BTD philosophy. This work needs to be strongly interlinked with BTD, maintaining BTD as the main focus with this work in a supportive role rather than as a standing alone causing confusion to the wider workforce	11/2/2020 10:52 AM
3	I would like to see a link in the toolkit as a guide on how these discussions should take place. I know all discussions can be different but it would be nice if they all followed a similar supportive theme.	11/2/2020 9:02 AM
4	Maybe a toolkit for the staff as well not just managers. To make it clear what is expected, what will happen if not etc....	10/30/2020 10:12 AM
5	n/a	10/29/2020 9:30 AM
6	Real life examples of these values being displayed in work situations, across all departments so every employee can see how they fit in and can relate to the examples given.	10/29/2020 9:09 AM
7	Happy with those items already noted.	10/28/2020 4:47 PM
8	none	10/28/2020 4:33 PM
9	Embedding the values as part of a Trust induction and have the CEO communicate the Trust values and expected behaviours (not currently done at NWAS although the norm at other NHS organisations). This needs to be more than something that is discussed behind closed doors at meetings and needs to be visible across the Trust.	10/28/2020 2:14 PM
10	Workbooks, how to use in Appraisals and updated versions, PowerPoints to use at meetings/sessions.	10/28/2020 1:12 PM
11	I think it would be useful to see some information on how the trust has improved by using the toolkit, some previous examples of success maybe?	10/28/2020 12:36 PM
12	How we talk to each other through emails	10/28/2020 12:11 PM
13	Managers living and breathing the values and continuous reinforcement.	10/28/2020 10:54 AM
14	Some reflection on what is not acceptable behaviour that people can be specifically held to account against	10/28/2020 10:16 AM
15	Vehicle livery; key fobs; prominence on The Green Room and correspondence; high visibility around premises.	10/28/2020 9:31 AM
16	Perhaps some case studies or staff experiences/stories of what looks good/bad?	10/28/2020 8:38 AM
17	Discuss how we support each other even if in another department. Pay it forward! Breaking down silos is what will help us achieve the single aim - of being the best ambulance service in UK	10/26/2020 3:44 PM
18	A visual - quotes or podcasts which bring alive the values across all of the service lines. The toolkit should include how to challenge behaviours which fall short of expectations which are objective.	10/26/2020 8:27 AM
19	A practical template for running meetings ie agenda which builds values into meeting structure ie welcome to include 'lets be inclusive, have integrity and innovate. Then move into apologies, previous minutes, etc.	10/24/2020 11:05 AM
20	Individuals responsibility to work together to reach the common goal.	10/23/2020 11:52 AM