

# Public Document Pack

North West Ambulance Service NHS Trust

Board of Directors Meeting

Wednesday, 25 November 2020

9.45 am - 1.35 pm

Microsoft Teams - Microsoft Teams

## AGENDA

Item No	Agenda Item	Time	Purpose	Lead	Page No
BOD/2021/73	Patient Story	09:45	Information	Director of Strategy and Planning	
<b>INTRODUCTION</b>					
BOD/2021/74	Apologies for Absence	10:00	Information	Chairman	
BOD/2021/75	Declarations of Interest	10:00	Decision	Chairman	
BOD/2021/76	Minutes of Previous Meeting	10:00	Decision	Chairman	3 - 14
BOD/2021/77	Board Action Log	10:00	Assurance	Chairman	15 - 16
BOD/2021/78	Committee Attendance	10:00	Information	Chairman	17 - 18
BOD/2021/79	Register of Interest		Assurance	Chairman	19 - 20
<b>STRATEGY</b>					
BOD/2021/80	Chairman & Non-Executives' Update	10:05	Information	Chairman	
BOD/2021/81	Chief Executive's Report	10:10	Assurance	Chief Executive Officer	21 - 34
BOD/2021/82	Northern Ambulance Alliance Progress Report	10:20	Information	Chief Executive Officer	35 - 42
BOD/2021/83	Estates Strategy 2018-2023 Review	10:30	Decision	Director of Finance	43 - 94
BOD/2021/84	Procurement Strategy 2020/21-2024/25	10:40	Decision	Director of Finance	95 - 120
<b>GOVERNANCE AND RISK MANAGEMENT</b>					
BOD/2021/85	Board Assurance Framework and Corporate Risk Register Q2 2020-21	10:50	Decision	Director of Corporate Affairs	121 - 170
BOD/2021/86	Risk Management Strategy 2020-2023	11:00	Decision	Director of Corporate Affairs	171 - 190
BOD/2021/87	Audit Committee Assurance Report - from the meeting held on 23rd October 2020	11:10	Assurance	Mr D Rawsthorn, Non-Executive Director	191 - 194
BOD/2021/88	Common Seal Bi Annual Report 2020-21	11:15	Assurance	Director of Corporate Affairs	195 - 198
BOD/2021/89	Charitable Funds Committee Chairs Assurance Report - from the meeting held on 28th October 2020	11:20	Assurance	Mr D Rawsthorn, Non-Executive Director	199 - 202
BOD/2021/90	Freedom to Speak Up Guardian Assurance Report Q2 2020-21	11:25	Assurance	Director of Corporate Affairs	203 - 238
BOD/2021/91	Freedom to Speak Up Strategy 2020-2022	11:35	Decision	Director of Corporate Affairs	239 - 258
BOD/2021/92	Covid-19 Wave 2 Command Structure	11:45	Assurance	Deputy Chief Executive	259 - 282

<b>QUALITY AND PERFORMANCE</b>					
BOD/2021/93	Integrated Performance Report October 2020	11:55	Assurance	Director of Quality, Innovation and Improvement	283 - 340
BOD/2021/94	Quality and Performance Committee Chairs Assurance Report - from the meetings held on 19th October and 16th November 2020	12:10	Assurance	Prof A Chambers, Non-Executive Director	341 - 352
BOD/2021/95	Resources Committee Chairs Assurance Report - from the meeting held on 20th November 2020	12:20	Assurance	Mr M O'Connor, Non-Executive Director	353 - 360
BOD/2021/96	WRES Briefing Paper and Covid19 EPRR Membership in NWS	12:25	Assurance	Director of Operations	361 - 368
BOD/2021/97	Strategic Winter Plan 2020-2021	12:35	Assurance	Director of Operations	369 - 400
BOD/2021/98	Final Quality Accounts 2019-20	12:45	Decision	Director of Quality, Innovation and Improvement	401 - 446
<b>FINANCE</b>					
BOD/2021/99	Charitable Funds Annual Reports and Accounts 2019-20	12:55	Decision	Director of Finance	447 - 498
<b>STRATEGIC PLANNING</b>					
BOD/2021/100	Communications Update Q2 2020-21	13:05	Assurance	Director of Strategy and Planning	499 - 510
BOD/2021/101	Recovery Planning & Q3/Q4 Objectives 2020-21	13:15	Assurance	Director of Strategy and Planning & Deputy Chief Executive	511 - 518
<b>CLOSING</b>					
BOD/2021/102	Any Other Business Notified Prior to the Meeting	13:25	Decision	Chair	
BOD/2021/103	Items for Inclusion on the BAF	13:30	Decision	Chair	
BOD/2021/104	Questions from the Public	13:35	For Discussion	Chairman	
<p><b>Exclusion of Press &amp; Public -</b>  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.</p>					

Date and Time of Next Meeting

Additional meeting: 10.00 am Wednesday, 16 December 2020 – Microsoft Teams  
Confirmed meeting: 9.45 am Wednesday, 27<sup>th</sup> January 2020 – Microsoft Teams



## Minutes Board of Directors

**Details:** Wednesday 30<sup>th</sup> September 2020, 9.45am  
Microsoft Teams

### Present:

Mr P White	Chairman
Prof A Chambers	Non-Executive Director
Mr S Desai	Director of Strategy & Planning
Mr M Forrest	Deputy Chief Executive
Mr G Blezard	Director of Operations
Dr C Grant	Medical Director
Dr D Hanley	Non-Executive Director
Mr D Mochrie	Chief Executive
Mr M O'Connor	Non-Executive Director
Prof M Power	Director of Quality, Innovation and Improvement
Mr D Rawsthorn	Non-Executive Director
Prof R Thomson	Associate Non-Executive Director (Clinical)
Ms L Ward	Director of People
Ms A Wetton	Director of Corporate Affairs
Mc C Wade	Associate Non-Executive Director (Digital)
Ms C Wood	Director of Finance

### In attendance:

Mrs P Harder                      Head of Corporate Affairs (Minutes)

### Minute Ref:

#### **BOD/2021/55    Patient Story**

The Director of Strategy and Planning reported that the Trust launched the Patient and Public Panel (PPP) in September 2019 in order to engage, listen and learn from representatives within the diverse local communities that we serve to help improve our services for patients.

He presented a short film developed to celebrate the milestone of achieving 100 members which highlighted i) the achievements of the PPP, ii) the importance of feedback and engagement of those who have used our services and iii) the areas of learning that can be implemented. The film demonstrated how Craig Hayden, an Advanced Practitioner worked closely with a panel member around mental health and Suicide Prevention which provided a valuable insight into the best communication methods and the importance of safety planning for those patients who have a mental health presentation.

He advised the Board that the PPP provides an open channel of feedback from people across our region who can be called upon to help shape our services by

providing constructive feedback and ideas to help provide better outcomes for our patients and staff.

In response to questions raised by members of the PPP, the Director of Strategy and Planning advised PPP members would continue to provide a level of input and engagement and noted recent events had been piloted through the use of MS Teams. The Trust will therefore recommence recruitment and induction sessions as well as involve PPP members and reported virtual sessions would be held with the involvement of the Board and Executive Directors. In addition, he noted the aim is to ensure the PPP is representative of the communities served by the Trust and the ambition to double the numbers by next year.

Ms C Wade commended the Trust for continuing to engage with the PPP during the pandemic. The Chairman echoed these comments and noted it was great to see the range of diversity of the PPP in terms of culture and experience that would improve services provided by the Trust. Particularly in relation to staff recognising the importance of the PPP and noted his personal thanks to all involved.

The Board:

- Commended the contribution of PPP members involvement with Trust.

**BOD/2021/56 Apologies for Absence**

Apologies for absence were received from Mr R Groome, Non-Executive Director.

**BOD/2021/57 Declarations of Interest**

There were no declarations of interest to note.

**BOD/2021/58 Minutes of Previous Meeting Held on 29<sup>th</sup> July 2020**

The minutes of the previous meeting held on 29<sup>th</sup> July 2020 were presented to members for review and approval. Subject to minor changes, the minutes of the previous meeting were approved.

**BOD/2021/59 Action Log**

The Board noted the action log and update.

**BOD/2021/60 Committee Attendance**

The Board noted the committee attendance presented for information.

**BOD/2021/61 Register of Interest**

The Board noted the 2020/21 register of interest presented for information and agreed it was a true and accurate record.

**BOD/2021/62 Chairman and Non-Executive Directors Update**

The Chairman commented on recent discussions in relation to the return to physical Board meetings however due to the increased infection rates within the North West reported meetings would continue virtually. He referred to the success of the Trust's first virtual Annual General Meeting held on 22<sup>nd</sup> September 2020 and thanked all involved who contributed to its success.

The Board:

- Noted the update.

## **BOD/2021/63 Chief Executive's Report**

The Chief Executive presented a report to provide members with information on a number of areas since the last report to the Trust Board on 29<sup>th</sup> July 2020. The report covered (i) Performance, (ii) issues to note, and (iii) general updates. In terms of performance, he reported it was exceptionally challenging within the operational environment and thanked the Executive Team and Senior Leadership team for their continued work.

He reported that 7<sup>th</sup> September 2020 saw the start of the Manchester Arena Inquiry, established by the Home Secretary to investigate the deaths of the 2017 attack. He stated the inquiry is a significant milestone for the Trust and families and highlighted the Trust's continued support to the families.

The Chief Executive referred to s3.2 detailing local issues and remarked on the large amount of work being undertaken in relation to COVID-19. He advised the Board of the launch of the Health Wellbeing and Culture Audit on 1<sup>st</sup> September 2020 developed to gain feedback from staff regarding their experiences and feelings to shape culture going forward and advised the outputs would be reported to a future Board meeting.

The Trust continues to be a system leader and referred to NHS 111 First where two early mover areas had been enabled in Blackpool and Warrington. The Trust also rolled out a new patient management platform within 111, which was a success. He thanked the Deputy Chief Executive, Chief of Digital and Innovation and the Head of Service 111 for driving these initiatives forward.

The Chief Executive referred to the LGBT update and congratulated Adam Williams on being elected to stay on as Chair of the LGBT Network. In terms of Equality and Inclusion, he noted the Trust had been awarded the Silver Award level and continued to drive forward EDI within the Trust. He advised of the work undertaken by the Trust in relation to stamping out racism and reported the Trust had given a commitment to AACE to do more work going forward.

Finally, he noted the deaths of staff members; Graham White, Claire Winstanley and Lynne Rogers and former staff members, Mike Lowry, Sharon Ryan and John Nelson and on behalf of the Trust sent sincere condolences to their families and friends.

The Chairman referred to the issues relating to 999 performance and highlighted the need to understand how to bridge the financial gap. He congratulated the team involved for driving through the COVID-19 antibody testing and stated that despite operating in challenging times noted the achievements of the organisation.

The Board:

- Received and noted the contents of the report.

## **BOD/2021/64 Northern Ambulance Alliance Update**

The Chief Executive provided the Board of Directors with an overview of progress against the key work streams being progressed by the Northern Ambulance Alliance (NAA) and advised of the key achievements and progress against work streams.

The Chairman referred to the Quality Improvement Virtual Academy and queried how this aligned with the Trust Strategy. The Director of Quality, Innovation and Improvement advised this related to quality improvement to connect teams across

the NAA and did not replace the Trust's intentions for a training academy,<sup>20</sup> which is an important strategic goal for the organisation.

The Board:

- Noted the content of the report and the plans outlined to progress the NAA work streams.

#### **BOD/2021/65    Review and Refresh of Trust Strategy and IBP**

The Director of Strategy and Planning presented the refreshed trust strategy together with the refreshed milestones from the 5 year integrated business plan. He reported the refresh reflected the current operating environment and drivers for changes, specifically the impact of COVID-19 and the challenges related to increased inclusivity and diversity.

The Board noted the strategic priorities remained unchanged. The Director of Strategy and Planning referred to the business and commercial development strategic priority and stated the Board agreed this was not a priority and would move towards co-operation, collaboration and less competition. In terms of external drivers, he reported an assessment had been undertaken that would influence the trust strategy and plans, with several specific national and external drivers such as COVID-19 and BAME staff and patients. He reported a piece of work was being undertaken relating to the Trust's values and the outcome would be reported to the November Board.

The Director of Strategy and Planning noted the introduction of the BRAGG scale method to track progress made with milestones and objectives however due to COVID-19 progress against the Year 1 strategic priority milestones was not reported as planned in April 2020. In terms of the IBP, he referred to the milestone summary in s8.5 and noted the IBP milestones maybe affected by COVID-19 if there is a significant increase in demand resulting from a second peak coupled with a challenging winter. The Board noted the new approach to assess progress towards achieving our vision.

The Director of Strategy and Planning referred to the Equality Impact Assessment and advised this had been updated as part of the strategy refresh and was shared with the Resources Committee on 25<sup>th</sup> September 2020.

Mr D Rawsthorn noted his support around business and commercial development. He referred to the strategies supporting the trust strategy and IBP and commented that the Green Plan was a key driver for the Trust however had not been included. The Director of Strategy and Planning agreed however advised that once a supporting strategy had been developed it would be included.

The Board referred to the BRAGG scale method and both Prof A Chamber and Dr D Hanley highlighted that progress reporting against milestones across the strategies should be universal for updates to committees and requested this is replicated. The Director of Strategy and Planning stated reporting to the Resources Committee was already in place and agreed this format could be replicated to other committees.

Prof R Thomson referred to s9.5 and the variation relating to the stakeholder relationship strategic priority and queried the actions in place to achieve targets. The Director of Strategy and Planning noted an important part of the Right Care Strategy was around innovation and improvement, which had been impacted by COVID-19 and that work is being undertaken to identify whether this is recoverable however there were no immediate concerns that required action. In terms of stakeholders, there will be recovery around integration with managers to ensure a consistent approach around the trust and how it supports the strategic intentions.

The Deputy Chief Executive referred to business and commercial development and reported lessons learnt around GP out of hours would be provided to the next Board meeting to determine whether it is still a priority. Additionally, he stated meeting milestones is dependent on recovery plans and the Trust's response to COVID-19 and in the event the Trust needs to stand up more response, indicators may drop off. The Director of Strategy and Planning advised the Board would be updated should this be the case.

The Board of Directors:

- Approved the refreshed strategy and associate updates to the IBP with a view to sharing this widely with key internal and external stakeholders.
- Received and noted the year 1 progress update.

#### **BOD/2021/66 Policy Framework Update**

The Director of Corporate Affairs presented a report which detailed the policies and procedures approved by either the Executive Leadership Committee or individual Executive Directors during 1<sup>st</sup> July 2020 – 16<sup>th</sup> September 2020 and detailed policies due to expire in September 2020.

During the period, she reported 10 policies/procedures were approved; 6 had minor changes and therefore approved by the relevant executive; 2 approved by the Executive Leadership Committee and 2 policies/procedures review dates were extended, with no identified risk. She referred to those policies/procedures that were out of date and advised some remedial work had commenced on policies and that an improved position would be reported to the next Board meeting.

Mr D Rawsthorn requested an update in relation to the overdue policies. The Director of Quality, Innovation and Improvement advised risk assessments had been completed with review dates extended until December 2020. She referred to the Frequent Callers Policy and advised it related to high intensity users and required a root and branch review that had been scheduled for February 2020. In terms of the remaining overdue policies, she advised they were a family of policies and were currently under review to ensure they were written articulately. She also advised that the team were developing a Patient Safety Policy and is due for completion in October 2020.

Dr D Hanley referred to equality impact assessments and queried the reasons EIAs had not been completed. Following discussion, it was agreed that the Director of Corporate Affairs would review the overall process for completion of EIAs with the Director of People.

The Board:

- Received and noted the contents of the report.

#### **BOD/2021/67 Charitable Funds Committee Chair's Assurance Report from meeting held on 29<sup>th</sup> July 2020**

Mr D Rawsthorn presented the chairs assurance report from the Charitable Funds Committee held on 29<sup>th</sup> July 2020. He referred to the amber rated charitable funds update for Q1 which resulted from the Charitable Funds Strategy being out of date. He reported the Committee requested the Director of Corporate Affairs to present a revised strategy to the next Committee meeting detailing how the charity is currently operated. He recommended that once the updated strategy is in place a Board discussion is held around how the Charity should be operated.

The Board

- Noted the assurance provided.

## **BOD/20201/68 Integrated Performance Report**

The Director of Quality, Innovation and Improvement presented the Integrated Performance Report to the Board. The report highlighted performance on Quality, Effectiveness, Finance, and Operational Performance and Organisational Health for the month of August 2020.

Ms C Wade referred to 14% of level 4-5 complaints closed within the agreed timescales and queried the actions in place to improve this. The Director of Quality, Innovation and Improvement provided the Board with assurance complaints are being closed however due to COVID-19 and the reduction in complaints received, the team supported other activities during the pandemic and that level 4-5 complaints were managed by a smaller team. In terms of recovering the position, she advised it had been impacted by annual leave and unexpected sickness within the team. Despite this, she noted a plan was in place to work through the backlog and assurance would be provided to the Quality and Performance Committee, following a review by the Safety Management Group. Prof A Chambers confirmed that the Quality and Performance Committee had commissioned a piece of work for the Safety Management to review complaints.

Mr D Rawsthorn referred to A&E turnaround times and queried the reasons for the worst performing trust. The Director of Operations confirmed that practice had changed as a result of COVID-19 however the Trust is working hard to find a solution acceptable for all parties. He confirmed that some trusts across the north west had started to keep patients waiting in ambulances and the Trust is working hard to resolve and eliminate the practice.

In response to Dr D Hanley's request to understand the reasons turnover within 111 had significantly reduced, the Director of Operations advised this was due to changes to the shift pattern resulting from the roster review and the change in the job market as a result of COVID-19.

Dr D Hanley referred to the ambulance trust comparative figures for hear and treat (H&T), see and treat (S&T) and see and convey (S&C) and queried the decisions around S&T as there were issues linked to efficiencies and outcomes that have a impact on performance. The Director of Operations noted H&T gave the best return however the Trust were at the bottom of the quartile for S&T. He reported some decisions were within our gift however noted disparity in the areas/CCGs where there are no services to refer patients onto and noted a piece of work is being undertaken to identify these areas. Dr D Hanley highlighted the requirement to review outcomes relating to H&T, S&T and S&C to identify differences and the impact, with further analysis around resource allocation to be undertaken.

Ms C Wade referred to the NHS 111 First recruitment and queried whether additional staff would be funded centrally or whether the Trust was expected to fund. The Director of Finance advised that costs are covered retrospectively through pay arrangements in place and that from 1<sup>st</sup> October, ICS additional funding for 111 First would be confirmed.

Mr D Rawsthorn referred to 111 and the calls answered within 60s of 69% and queried whether this was reflected nationally. The Director of Operations reported that during August, a vast majority of training was undertaken on the new patient management system, in addition to significant staff abstractions to deliver training.



At this point in the meeting, the Director of Strategy and Planning referred to questions raised by the Public and Patient Panel as follows:

*The Achievement Book for 2019/20 reports on the work of 6 hospitals to “break new ground” in reducing patient waiting times and this year you launched phase 2 of the collaboration with the aim of reducing handover times to 26 minutes by next March. Can I ask how this work is progressing?*

In response the Director of Quality, Innovation and Improvement advised that the Trust worked with a number of partners across the North West and had progressed over the last two years and were among the best in the country. She advised that the stretch target was an improvement goal and that the standard was 34 minutes. She stated the Trust were proud of the arrival to handover target which is largely dictated by ambulance trusts however work continued around hospital handover.

*I see that NWS supported and promoted the national #FIT2SIT Campaign. Can I ask how this is going and what, if any, notable changes there have been in getting patients to sit rather than lie down on trolleys while waiting for treatment?*

The Director of Strategy and Planning advised this campaign resulted from a service improvement initiative from NHSE/I 90 day improvement programme which had been embed into managers action cards however during COVID-19 had been slightly different, the Trust would continue push this further into winter. This will be undertaken by a comprehensive communications and engagement plan that will be implemented and picked up to ensure the message around demand is understood.

The Chairman accepted there were performance challenges. He agreed that an analysis of the gaps and identification of options was required to enable a strategic conversation to improve effectiveness and efficiencies to deliver national standards. The Chief Executive commented that the whole system was under pressure however additional funding was required to deliver the operational model.

The Board:

- Noted the assurance provided.

**BOD/2021/69    Quality and Performance Committee Chair’s Assurance Report from meeting held on 21<sup>st</sup> September 2020**

Prof A Chambers presented the chairs assurance report from the Quality and Performance Committee meeting held on 21<sup>st</sup> September 2020. She provided an overview of the report and highlighted issues with performance. She stated the need to get underneath the relationship with performance and resource in order to deliver.

She noted the escalation of the clinical audit plan to the Audit Committee and the important connect between reports received and milestones against delivery.

The Board:

- Noted the assurance provided.

**BOD/2021/70    IPC Board Assurance Framework**

The Director of Quality, Innovation and Improvement presented the IPC BAF developed by NHSE/I to support providers effectively self-assess their compliance with Public Health England (PHE) and other COVID-19 relation IPC guidance. She noted the framework had been used to identify gaps in assurance risks and the corrective action taken in response.

She reported the entire Executive team had provided input and stated the CQC had confirmed they were assured the Trust had the systems and processes in place to manage key risks. She reported the action plan would be monitored by the Executive Leadership Committee, with further assurance provided to the Quality and Performance Committee.

Following Ms C Wade's query relating to the arrangements in place in the event of a PPE stock shortage, the Director of Finance advised the trust receives national PUSH stock and that there was a clear message that staff should not be going outside the national procurement routes. The Medical Director added the Trust had never had a situation where PPE had not been supplied to staff and was as a result of the hard work of colleagues. He stated guidance is that staff members should not engage with a patient without the right level of PPE.

The Board:

- Approved the content of the revised draft framework and approved the content of the IPC Board Assurance Framework.
- Supported the development of the risk gap analysis/action plan.
- Agreed the monitoring/reporting structure.

**BOD/2021/71 Resources Committee Chair's Assurance Report from meeting held on 25<sup>th</sup> September 2020**

Mr M O'Connor presented the chairs assurance report from the Resources Committee meeting held on 25<sup>th</sup> September 2020.

The Board

- Noted the assurance provided in the report.

**BOD/20201/72 AQI Data Quality**

The Director of Quality, Innovation and Improvement presented a report detailing an error found with the data quality of one of the Trust's Ambulance Quality Indicators, specifically clock start times for direct transfer calls to 999.

The Board noted that on two occasions ORH undertook analysis on NWAS data with no errors found in 2018/19 however this year found the time stamp for calls transferred from other services including 111 to 999 was incorrect and that the clock start time was delayed and gave an additional time (30s Cat 1, 4 minutes Cat 2). On investigation, the Trust's data warehouse and CAD incident have the normal 999 clock start logic applied and that the issue is two-fold; i) the CAD incorrectly starting the clock and ii) Informatics reports being linked to the incorrect time.

In terms of future actions, the Director of Quality, Innovation and Improvement reported that the Trust is in a position to refresh and rebuild the reporting data dating back to 1<sup>st</sup> April 2020 and would require a change to the CAD system parameter and a rebuild of the data warehouse going back to 1<sup>st</sup> April 2020.

Mr D Rawsthorn advised of the Audit Committee's role relating to data quality and queried whether this would be reported to the Audit Committee and referred to the data quality function proposed as part of the digital structure for 2020/21 to strengthen data quality. The Director of Quality, Innovation and Improvement noted this was an objective for 2020/21 however the Board would start to see assurance through Executive Leadership Committee, Audit Committee and Board of Directors.

Ms C Wade referred to previous analysis undertaken in 2018/19 where no errors were identified and queried whether the error might have existed prior to being

identified. The Director of Quality, Innovation and Improvement advised of the need to wait for the outcome of the investigation and stated it would be monitored by the Executive Leadership Committee, with assurance reported to the Quality and Performance committee.

The Board:

- Noted the issue and took assurance from the proposed next steps.

#### **BOD/2021/73 Research Strategy**

The Medical Director presented the updated Research Strategy to the Board of Directors for approval. He noted the strategy had been updated to take account of the refreshed position of the Trust and the evolving research landscape, whilst also including priorities that align with the Trust's existing vision, values and strategy to enable research activity, performance and reputation to continue on an upward trajectory over the next five years.

The Board noted a separate implementation plan would be developed following consultation with relevant stakeholders and noted the three key priorities and objectives that would deliver the strategy.

The Medical Director reported the revised strategy would accelerate a legacy issue and stated a number of factors make research and development important to the Trust and would act as the organisations evidence to provide high quality service to patients. Dr D Hanley welcomed the revised strategy and commented that research and development should be more than around the Trust's strategies. Prof A Chambers added the Quality and Performance Committee welcomed the revised strategy and hoped to see the priority across all of the business.

The Board:

- Approved the revised Research Strategy.

#### **BOD/2021/74 Learning from Deaths Q1 2020/21**

The Medical Director presented the Q1 2020/21 Learning from Deaths summary dashboard. He provided an overview of the methodology required to produce the information and reported future iterations would include learning from structured judgement reviews (SJR) that would develop into themes and action plans. He reported senior clinicians would undertake SJRs, along with other subject matter experts to ensure a standardised audit methodology however due to operational pressures had not been concluded. He expressed his gratitude to Ms C Wade for her guidance in developing the report.

Ms C Wade referred to Appendix A, Figure 1 and queried whether it was the total number of deaths reviewed or in scope. The Medical Director advised 8 had been reviewed and ranged from not following agreed procedure. Ms C Wade advised that human factors should be included in the report and would help to unlock some of the issues. She further advised that actions should refrain from reflective practice as it is not always the best way to help improvement.

The Director of Quality, Innovation and Improvement noted this would form part of the Well-Led review for CQC and as part of the national policy noted a NED lead was required.

The Board:

- Noted the Learning from Deaths Dashboard for Q1 2020/21 to be published as evidence of the Trust's developing engagement with a formal process of learning from deaths.
- Noted the limitations of the dashboard and assurance the process would be developed and that the SJRs would commence in October 2020.

## **BOD/2021/75 WRES, WDES and Gender Pay Reporting**

The Director of People presented the Board of Directors with an overview of the annual gender pay gap data, Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). She noted the requirement of the Board of Directors to approve external publication of the WRES, WDES and gender data.

She advised the report highlighted the position against each metric and reported areas had been identified for focus on this year's action plans, with particular focus required around BME recruitment and to understand the reasons around the level of representation within the ambulance service. In terms of the key priorities for action, she advised of the development of the Race Forum into a network, the continued focused on bullying and harassment and outputs from the culture survey.

In terms of WDES, the Director of People reported the data illustrated a mixed picture of movement in levels of representation with higher staff representation in clinical than non-clinical roles. Overall, she noted the experience of disabled staff reflected through recruitment data, performance management data and staff experience showed a greater gap in experience between non-disabled and disabled than seen for other protected groups.

In relation to the gender pay gap, she reported the data confirmed a sustained level of improvement in addressing representation in the Trust with an increase in the number of female staff to 48.91% and increase in pay from 34% to 36.7%. In addition, using 2019 staff survey data she reported the wellbeing indicators showed it was more positive for women than men.

The Director of People stated the data identifies where the Trust is positioned however the focus is how to capture the key priorities and develop robust plans to deliver a step change with discussion between the Executives and Board on how to take forward.

Dr D Hanley referred to Appendix 4 and data within metric 1, he commented that the data would have been more useful applied to race and spread of staff across the salary bands. The Director of People noted race data could be shared however advised the reporting requirement for national data is broken down by band.

Dr D Hanley also queried staff expectations in terms of career progression and whether this was different for black and white staff. He suggested an action plan included a detailed focus on black staff to gain the basis for their opinion. The Director of People agreed and stated an area of work is for action plans to be dynamic over the next 12 months and included engagement with the BME Network.

The Director of Quality, Innovation and Improvement noted this applied to Executive and Board leadership and thanked the Director of People for her work in this area. In particular, she highlighted an away day had been held with the senior Quality team to look at diversity figures and how to positively support diversity across NWS and noted Board representation was important.

The Board:

- Noted the outcomes of the WRES, WDES and gender pay gap analysis

- Noted the planned race, disability and gender activities for the next 12 months
- Approved the WRES, WDES and gender data for external publication.

#### **BOD/2021/76 Learning to Improve Our People Practices**

The Director of People presented an update which provided assurance against the progress of addressing actions arising from the 'Learning Lessons to Improve our People Practices' letter issued nationally by the Chair of NHS Improvement, Dido Harding in 2019.

The Director of People referred to Appendix 1 of the report which provided a driver diagram of the key areas of work needed to embed the principles however reported some of the work had been impacted by COVID-19, in particular the review of the disciplinary policy and supporting processes, which is scheduled to recommence in phase 3 of recovery. She reported detailed guidance on the key factors to ensure the independence of investigators had been implemented.

In terms of case management, she referred to the continued work to improve the sophistication of data, which is regularly reported to the Executive Leadership Committee and bi-monthly to the Resources Committee. She reported the next stage is to triangulate the data and develop a culture dashboard.

The Chairman stated this was an important piece of work and queried the timescales, the Director of People advised a first draft had been developed using areas of Freedom to Speak Up to test the initial dashboard and would be reported next month. She noted FTSU had some triangulated data to provide assurance around progress.

The Board

- Received and noted the contents of the report.
- Noted the Resources Committee would continue to monitor progress.

#### **BOD/2021/77 Flu Checklist**

The Director of People presented a report to provide assurance appropriate plans were in place to deliver the 2020/21 Flu campaign in compliance with the national HCW Flu Best Practice Management Checklist.

She reported the HCW Flu Vaccination Best Practice Management Checklist provided an overview of the self-assessment undertaken by the Trust against the national best practice checklist developed based on five key components of developing an effective flu vaccination programme. The Director of People referred to the challenges with the 2020 campaign, particularly the national requirement to achieve 100% of frontline staff and the effort to reduce refusal rates. She also referred to the potential impact of COVID-19 in relation to how the campaign would be run with a reduced reliance on drop in clinics and greater focus on individual vaccinators being allocated identified groups of staff to target.

The Board:

- Noted the assurance on plans for to 2020/21 Flu campaign provided in the national checklist.
- Confirmed the commitment to offer 100% of healthcare workers a flu vaccine opportunity.

#### **BOD/2021/78 Any Other Business**

The Board noted that October was Freedom to Speak Up month and the plans to promote it via social media posts and an interview with the Chief Executive.

**BOD/2021/79 Items for Inclusion on the Board Assurance Framework**

There were no items identified.

**BOD/2021/80 Questions from the Public**

**Date and Time of Next Meeting:**

The next meeting of the Board of Directors will be held on Wednesday 25<sup>th</sup> November 2020 via Microsoft Teams

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**BOARD OF DIRECTORS MEETING - ACTION TRACKING LOG**

<b>Status:</b>	
Complete & for removal	
In progress	
Overdue	

Action Number	Meeting Date	Minute No	Minute Item	Agreed Action	Responsible	Original Deadline	Forecast Completion	Status/Outcome	Status
44	27/05/20	1920/26	Workforce and Wellbeing Covid -19 Response	A copy of the Equality Impact Assessment being completed for the workforce and wellbeing Covid 19 response, be circulated to members once it had been finalised.	LW	29.07.20		EIA in progress, updates awaited from some teams and final draft will be circulated prior to next Board. <b>Update 25.9.20:</b> EIA circulated for comment <b>Update 30.9.20:</b> EIA in final draft. To be circulated to Dr D Hanley and Mr M O'Connor	
45	29/07/20	2021/42	FTSU	Triangulated workforce and complaints data to be reported to the Board.	MP/AW/LW	25.11.20		Trial to be reported in November Board Report	
47	29/07/20	2021/39	CEO Reports	Review of requirements set out in WRES Briefing for Boards and COVID-19 Emergency Preparedness, Resilience and Response structures (EPRR) with presentation of review and any subsequent proposals to Quality and Performance Committee	GB	25.11.20		On Agenda 25.11.20 - Item BOD/2021/96	
48	30/09/20	2021/65	Review and Refresh of Trust Strategy	BRAGG scale method to be universal across all strategies and reporting to Committees.	SD	25.11.20			
49	30/09/20	2021/66	Policy Framework Update	Process for completion of EIAs to be reviewed.	AW/LW	25.11.20	27.1.20	Process reviewed and guidance to be updated.	
50	30/09/20	2021/68	Integrated Performance Report	Analysis of the gaps and options to be identified to improve performance.	GB	25.11.20		Gaps in resources have been identified, increases have been sourced via third parties and re-aligning internal resources. Changes to Patient Safety Plan implemented, Scope of practice for third parties has been expanded.	

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Board and Committee Attendance 2020/21

Board of Directors																		
	3rd April Part 2	6th May Part 2	27th May		3rd June Part 2	17th June Part 2	29th June Part 2	29th July Part 1	29th July Part 2	26-Aug-20 Part 2	30th September		25th November		27th January		31st March	
			Part 1	Part 2							Part 1	Part 2	Part 1	Part 2	Part 1	Part 2	Part 1	Part 2
Ged Blezard	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	✓	✓						
Prof Alison Chambers	✓	✓	✓	✓	✓	x	x	✓	✓	✓	✓	✓						
Salman Desai	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓						
Mick Forrest	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓						
Dr Chris Grant	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓						
Richard Groome	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						
Dr David Hanley	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						
Daren Mochrie	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	✓						
Michael O'Connor	✓	✓	✓	✓	✓	x	✓	✓	✓	x	✓	✓						
Prof Maxine Power	x	✓	✓	✓	✓	x	x	✓	✓	Attendance at external meeting	✓	✓						
David Rawsthorn	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	x						
Prof Rod Thomson	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						
Clare Wade	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	✓						
Lisa Ward	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						
Angela Wetton	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						
Peter White ©	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						
Carolyn Wood	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						

Audit Committee						
	17th April	22nd May	17th June	10th July	23rd October	15th January
Dr David Hanley		✓	✓	✓	✓	✓
Michael O'Connor	Cancelled due to COVID-19	✓	x	x	✓	✓
David Rawsthorn ©		✓	✓	✓	✓	✓
Prof Rod Thomson		✓	✓	✓	✓	✓

Resources Committee						
	18th May	24th July	25th September	20th November	22nd January	26th March
Ged Blezard		x	✓	x		
Salman Desai		✓	✓	✓		
Richard Groome		✓	✓	✓		
Michael O'Connor ©		✓	✓	✓		
Prof Maxine Power	Cancelled due to COVID-19	✓	✓	✓		
David Rawsthorn		✓	✓	✓		
Lisa Ward		✓	✓	✓		
Clare Wade		✓	✓	✓		
Carolyn Wood		✓	✓	✓		

Quality and Performance Committee										
	20th April	18th May	15th June	20th July	21st September	19th October	16th November	18th January	15th February	15th March
Ged Blezard	✓	✓	✓	x	✓	✓	✓			
Prof Alison Chambers ©	✓	✓	x	✓	✓	✓	✓			
Michael Forrest	✓	✓	✓	✓	✓	✓	✓			
Dr Chris Grant	✓	✓	✓	✓	✓	✓	✓			
Richard Groome	✓	✓	✓	✓	✓	✓	✓			
Dr David Hanley	✓	✓	✓	✓	✓	✓	✓			
Prof Maxine Power	✓	✓	✓	✓	✓	✓	✓			
Rod Thomson	✓	✓	✓	✓	✓	✓	✓			
Carolyn Wood	x	x								

Charitable Funds Committee			
	29th April	29th July	28th October
Ged Blezard		✓	x
Salman Desai		✓	✓
Richard Groome		✓	x
Dr David Hanley	Cancelled due to COVID-19	✓	✓
David Rawsthorn ©		✓	✓
Lisa Ward		✓	✓
Angela Wetton		✓	✓
Carolyn Wood		✓	✓

Nomination & Remuneration Committee								
	14th April	27th May	3rd July	29th July	30th September	13th November	27th January	31st March
Prof Alison Chambers	✓	✓	✓	✓	✓	✓		
Richard Groome	✓	x	x	✓	x	✓		
Dr David Hanley	x	✓	✓	✓	✓	x		
Michael O'Connor	✓	✓	x	✓	✓	✓		
David Rawsthorn	✓	✓	✓	✓	✓	✓		
Prof Rod Thomson	✓	✓	✓	✓	✓	✓		
Clare Wade	x	x	✓	✓	✓	✓		
Peter White ©	✓	✓	✓	✓	✓	✓		

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**CONFLICTS OF INTEREST REGISTER  
NORTH WEST AMBULANCE SERVICE - BOARD OF DIRECTORS**

Name	Surname	Current position (s) held- I.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest					Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Indirect Interests	Apr-19		Mar-20		
Ged	Bleazard	Director of Operations	Wife is a manager within the Trust's Patient Transport Service				√	Other Interest	Apr-19	Present	To be decided by Chairman if decision is required within a meeting, in relation to the service line.	
Alison	Chambers	Non-Executive Director	Husband is CEO at Barking and Havering and Redbridge University Hospitals NHS Trust				√	Other Interest	Aug-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved	
			Governor at Wigan and Leigh College				√	Position of Authority	Apr-20	Present	N/A	
			Pro Vice Chancellor, Faculty of Health and Social Care and Member of University Executive Group, Manchester Metropolitan University	√				Position of Authority	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved	
Salman	Desai	Director of Strategy and Planning	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Michael	Forrest	Deputy Chief Executive	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Richard	Groome	Non-Executive Director	Director, Westbury Management Services Ltd	√				Position of Authority	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved	
			Chair, Fix360 (part of Your Housing Group)	√				Position of Authority	Apr-19	Present	N/A	
			Non-Executive Director and Deputy Chair, Your Housing Group	√				Position of Authority	Apr-19	Present	N/A	
David	Hanley	Non-Executive Director	Trustee, Christadelphian Nursing Homes			√		Other Interest	Jul-19	Present	N/A	
Daren	Mochrie	Chief Executive	Board Member/Director - Association of Ambulance Chief Executive's		√			Position of Authority	Sep-19	Aug-20	No conflict.	
			Registered with the Health Care Professional Council as Registered Paramedic		√			Position of Authority	Apr-19	Present	N/A	
			Member of the College of Paramedics		√			Position of Authority	Apr-19	Present	N/A	
			Chair of Association of Ambulance Chief Executives (AACE)		√			Position of Authority	Aug-20	Present	N/A	
			Member of the Royal College of Surgeons Edinburgh (Immediate Medical Care)		√			Position of Authority	Apr-19	Present	N/A	
			Member of the Regional People Board		√			Position of Authority	Sep-20	Present	N/A	
			Member of Joint Emergency Responder Senior Leaders Board		√			Position of Authority	Sep-20	Present	N/A	
			Board Member/Director - NHS Pathways Programme Board		√			Position of Authority	Marr-20	Aug-20	Appointment declined	
Chris	Grant	Medical Director	NHS Consultant - Critical Care Medicine - Aintree University Hospital NHS Foundation Trust	√				Connection with organisation contracting for NHS Services	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved	
Michael	O'Connor	Non-Executive Director	Partner in Addleshaw Goddard LLP	√				Position of Authority	Apr-19	Present	N/A	
			Non-Executive Director and Trustee of Central Manchester Concert Hall Ltd (Bridgewater Hall) (Charity)				√	Position of Authority	Apr-19	Present	N/A	
			Chair, Festival Medical Services				√	Position of Authority	Apr-19	Present	N/A	
			Company Secretary of Cartwright Care Balmoral Management Ltd 38 Montpellier Grove Ltd	√				Position of Authority	Apr-20	Present	N/A	
			Company Secretary of Talia Lipkin Connor Ltd	√				Position of Authority	Apr-20	Present	N/A	
			Non Executive Director and Trustee of Factory Youth Zone (Harpurhey) Ltd				√	Position of Authority	Apr-19	Present	N/A	
			Director, 16 Princess Road, NW1 8JJ Freehold Limited	√				Position of Authority	Sep-19	Present	N/A	
			Director, Lucinda Byre Limited	√				Position of Authority	Jun-20	Present	N/A	
			Company Secretary, Lucinda Byre Ltd				√	Position of Authority	Jun-20	Present	N/A	
			Company Secretary, Taylia Byre Ltd				√	Position of Authority	Jun-20	Present	N/A	
Maxine	Power	Director of Quality, Innovation and Improvement	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
David	Rawsthorn	Non-Executive Director	Trustee and Treasurer of Citizens Advice Carlisle and Eden (CACE)			√		Position of Authority	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved	
			Member of Green Party			√		Other Interest	May-19	Present	Will not use NED position in any political way and will avoid any political activity in relation to the NHS.	
			Member of Cumbria Wildlife Trust			√		Other Interest	Apr-19	Present	N/A	
Rod	Thomson	Non-Executive Director	Visiting Professor at the Universities of Chester, Staffordshire and Liverpool John Moores University		√			Position of Authority	Sep-19	Present	No conflict	
			Trustee of the mental health charity "listening ear". The charity is based in Merseyside and provides services in the NW region.		√			Position of Authority	Sep-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved	
			Volunteer at Severn Hospice, Shrewsbury and do so as part of CPD requirements for NMC registration.		√			Volunteer	Sep-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved	
			Governing Body Member, Royal College of Nursing		√			Position of Authority	Jan-20	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved	
			Locum Consultant in Public Health, Cheshire East Council	√				Position of Authority	Jan-20	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved	
			Fellow of the Royal College of Nursing and the Faculty of Public Health,		√			Position of Authority	Sep-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved	
Clare	Wade	Associate Non-Executive Director (Digital)	Head of Patient Safety, Royal College of Physicians	√				Position of Authority	Jul-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved	
Lisa	Ward	Interim Director of Organisational Development	Member of the Labour Party	N/A	N/A	√		Other Interest	Apr-20	Present	Will not use position in any political way and will avoid any political activity in relation to the NHS.	
Peter	White	Chairman	Director – Bradley Court Thornley Ltd	√				Position of Authority	Apr-19	Present	N/A	
			Non-Executive Director -Miocare (Oldham Care and Support Limited is a subsidiary)	√				Position of Authority	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved	
			Non-Executive Director – Riverside Housing	√				Position of Authority	Apr-19	Present	N/A	
			Non-Executive Director – Miocare Ltd	√				Position of Authority	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved	
Angela	Wetton	Director of Corporate Affairs	Husband is Operations Director of The Senator Group who supply the NHS, amongst many others, with office and hospital furniture.				√	Other Interest	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved	
Carolyn	Wood	Director of Finance	Husband was Director of Finance at East Lancashire Hospitals NHS Trust				√	Other Interest	Apr-19	Jul-19	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved.	
			Husband is Director of Finance/Deputy Chief Executive at Lancashire Teaching Hospitals NHS Foundation Trust				√	Other Interest	Aug-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved.	

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# REPORT

<b>Board of Directors</b>	
<b>Date:</b>	25 November 2020
<b>Subject:</b>	Chief Executive's Report
<b>Presented by:</b>	Daren Mochrie, Chief Executive
<b>Purpose of Paper:</b>	For Assurance
<b>Executive Summary:</b>	<p>The purpose of this report is to provide members with information on a number of areas since the last CEO's report to the Trust Board on 30 September 2020.</p> <p>The highlights from this report are as follows:</p> <p><b>999</b> – Pressures and 999 demand during September and October have been experienced, however a significant number of mitigations are being put in place as part of the Trusts winter and COVID 19 wave 2 plans. The trust is focusing on additional emergency operations room staff and additional Double Crewed Ambulances to compensate for the pressures being experienced.</p> <p><b>111</b> – Significant additional demand and wave 2 COVID abstractions has been placing additional pressure on performance. Mitigations are in place and despite this the team have successfully implemented a new Single Patient Management System, are making excellent progress with the roll out of NHS 111 First; including the training of 200 new staff for NHS 111 First to manage the 20% and then 40% unheralded Emergency Department demand.</p> <p><b>PTS</b> - Continues to support the delivery of the PES operation via the supply of staff and vehicles and to the GM Nightingale Hospital arrangements. Despite demand being down, PTS resources are being used to support discharges, flow between hospital and renal and cancer patients. The impact of social distancing and Infection, Prevention &amp; Control is reducing overall PTS capacity.</p> <p>The remainder of the paper outlines the significant ongoing response to the COVID 19 pandemic as well as the work ongoing by the CEO and the Trust at a National, regional and local level during the past 2 months.</p>
<b>Recommendations, decisions or actions sought:</b>	The Board is requested to receive and note the contents of the report



<b>Link to Strategic Goals:</b>	<b>Right Care</b>	<input checked="" type="checkbox"/>	<b>Right Time</b>	<input checked="" type="checkbox"/>
	<b>Right Place</b>	<input checked="" type="checkbox"/>	<b>Every Time</b>	<input checked="" type="checkbox"/>

**Link to Board Assurance Framework (Strategic Risks):**

SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09	SR10	SR11
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Closed	<input checked="" type="checkbox"/>

<b>Are there any Equality Related Impacts:</b>	No
<b>Previously Submitted to:</b>	N/A
<b>Date:</b>	N/A
<b>Outcome:</b>	N/A

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## **1. PURPOSE**

- 1.1 This report seeks to provide a summary of the key activities undertaken by the Chief Executive and the local, regional and national issues of note in relation to the trust since the last report to the Trust Board on 30 September 2020.

## **2. PERFORMANCE**

### **2.1 999**

September and October 999 performance has been challenging for the trust, which is disappointing given the achievement of the majority of 999 response time standards during the summer months.

A number of contributing factors have been evident during this current period; a second wave of Covid-19 in the North West of England resulting in tier three lockdowns, significant community transmission of COVID 19, challenges being faced at hospital Emergency Departments (EDs) with timely handovers, incidents of delayed access to EDs due to Covid-19 restrictions, ED diverts and deflections, Infection, Prevention & Control (IPC) measures such as enhanced Personal Protective Equipment (PPE) and cleaning, requirement to undertake critical Covid tasks such as outbreak management, Test, Track and Trace and a number of staff absences (approx. 600) due to either a positive test for Covid-19 or the requirement to self-isolate.

Following these recent pressures and demand for 999 services, we have put a number of key plans in place to ensure we are fully prepared to respond to the ongoing demand now and into the winter months. This is similar to the measures adopted in COVID wave 1 and which successfully improved performance. The plans are also aligned to the recent recommendations and expert advice of the most recent independent ORH demand and capacity review; namely increasing the fleet to circa 400 Double Crewed Ambulance's (DCA's) at peak per day.

Below is a summary of the different areas of mitigation:

#### **Staff:**

- Re-allocation of 120 Patient Transport Service (PTS) staff to support the Paramedic Emergency Service (PES).
- Where clinical staff are currently in non-clinical roles (eg training teams, projects), realign them to patient facing roles.
- Maximize our staff resources by stopping non-essential staff absence - eg for non-essential training, quality improvement etc.
- Further increase staff numbers in Emergency Operations Centre (EOC) and NHS 111; we are currently recruiting staff to 999 call handling and health advisor positions to protect the 999 critical national infrastructure.
- Reallocate senior paramedics/advanced paramedics to operational duties.
- Enroll graduate students from years 1, 2 and 3 to support service delivery
- Reduced Rapid Response Vehicles by 50 % to 38 maximum per day

#### **Vehicles:**

- 60 PTS vehicles to support PES delivery.
- Retention of 15 vehicles that should have been decommissioned.



### **Operational actions:**

- The Patient Safety Plan/Demand Management Plan has been reviewed jointly with commissioners and now has new lower triggers to manage pressures earlier.
- Manage resource allocation on key days/times when the pressure is at its highest.
- Work with acute trusts to minimize hospital transfer times.
- Explore the wider use of welfare vehicles.
- Look at increasing vehicle cleaning facilities at hospital sites to improve turnaround times and enhance IPC arrangements to reduce outbreaks, staff absences and improve safety for patients and staff.
- Ensure a good overview of PPE to ensure we maintain PPE across all service lines.
- Continuing our patient faced communications to remind the public to use 999 for only life threatening situations, and NHS 111 online for everything else.

### **Third party/voluntary providers:**

- Increasing community first responder support.
- Increasing the number of third party providers, through existing governance contract, who are appropriately trained and CQC rated good or above. Also reviewing their scope of practice to maximize their effectiveness.
- Securing St John Ambulance allocation from a national pool of NHSE/I supported vehicles.

The impact of these changes is now being realised and operational resources are steadily rising from around a base line of 309 DCA's a day at peak to upwards of 370 plus. The trusts are aiming to deploy 400 plus ambulances leading into the festive period; some 100 more than planned.

On 1 October our Operations Centre at Estuary Point experienced an outage of the Computer Aided Dispatch (CAD) system due to a suspected fire in the server room. This resulted in the CAD being off line for several hours and the Trusts business continuity and fall back arrangements being enacted. As is the case when the Trust moves to business continuity arrangements, some processes are limited. A joint estates, IT and operations review and lessons learned report has been completed and there is no known patient harm as a result.

### **111**

During September and October 111 has continued to experience staff absence as a result of Covid 19 wave 2.

Demand continues to be higher than last year with calls offered in September 2020 (234,019) 47% higher than in 2019 (159,680), and October 33% higher. The current demand has been analysed and there are a number of factors impacting currently:

- Covid second wave demand
- Primary care availability – increased daily demand daytime hours, especially a Monday which now experiences more demand than a Sunday
- Increases in “traditional” 111 activity

Excellent progress is being made to roll out the new NHS 111 First concept and this is being managed through the NHSE/I North West Regional oversight group. 111 has continued to train 200 new staff to manage the 20% & 40% unheralded ED activity. Alongside the significant increases in staffing there has been recruitment to roles to support the additional staff.

The work with estates and IT continues to expand the estate to seat the additional staff; the

newly leased estate at Sefton House will not be ready until mid-to-late March 2021, so the senior management team have put in place temporary accommodation for 26 desks in Ladybridge Hall Headquarters, which is nearby.

Despite the ongoing significant recruitment aligned to the contract and the funding for NHS 111 First, capacity to meet the additional demand remains a concern and will be closely monitored.

The implementation of Cleric, the single patient management system, has been successful and in collaboration with the system provider we have continued to develop Cleric with a positive impact on connection times to GP booking systems and an associated reduction in average handling time of the calls (AHT).

Within all our 111 call centres we continue to action our IPC (Infection Prevention and Control) plan, with maintaining social distancing continuing to be our greatest challenge. Due to the ongoing staff absences we are now carrying out daily IPC audits and senior manager walk rounds to seek assurance all staff are adhering to the guidance. New screening has been trialled and with a date for full installation imminent.

## **PTS**

The impact of Covid-19 has led to a significant change in the profile of PTS activity.

As at October 2020 the overall year to date activity was 40% below contract baselines with Cumbria at 46% below, Greater Manchester at 35% below, Lancashire at 47% below and Merseyside at 30% below contracted baseline. Whilst activity is significantly below contracted baselines, outpatient activity has risen sharply since the last reporting period but plateaued between late October and mid-November. Discussions have taken place and proposals agreed with Commissioners in and out of hospital cells in GM, Merseyside and Lancashire regarding capping outpatient activity to prioritise resource for discharge requests, hospital flows, renal and oncology patients and preparatory work to enable this is currently ongoing.

Like other parts of the Trust, PTS has had to adapt to new ways of working to offset the impact of social distancing on vehicles which, as activity increases and focus on the Trust's ability to respond to on-the-day discharge requests intensifies, is becoming a greater challenge. PTS continues to support the delivery of the PES operation via the supply of staff and vehicles. Additional third party private ambulance resources have been sourced in line with our governance arrangements.

Daily support is being provided to the Greater Manchester Nightingale Hospital with participation in daily strategic calls in addition to a PTS Manager being on site Monday to Friday 08:00 – 16:00. The 36 bed site is managing non-Covid patients and has been set up to accommodate patients from Central Manchester University and Wroughton, Wigan & Leigh hospitals.

## **3 ISSUES TO NOTE**

### **3.1 Local Issues**

#### **Manchester Arena Inquiry**

During the first weeks of the inquiry the court heard the opening statements by those termed 'core participants' in the process, ie the families of those who died and also ourselves, Greater Manchester Fire & Rescue Service, British Transport Police, the Arena and the Arena's security firm.

The Trust continues to prepare for the inquiry including preparing staff for giving evidence in due course.

## 3.2 Regional Issues

### **Covid-19 Pandemic**

The trust are doing everything possible to keep people safe whilst minimising disruption to our vital day-to-day operations and adherence to social distancing, washing our hands frequently, wearing a mask when moving around buildings and restricting access to only those who work in each building.

The North West continues to be an area of high infection rate. The number of hospitalisations has risen sharply and we must all continue to work together as a system supporting each other to ensure the delivery of services ahead of the winter. This year more than ever has recognised the importance and value placed on the NHS and on behalf of the Board I thanked our staff for their daily commitment to the care of our patients.

An ITV programme, 'Britain's Lockdowns: What's Next?' featured Consultant Paramedic - Matt Dunn, Paramedic - Mark Bain and Emergency Medical Technician - Sarah Clucas who were interviewed speaking about their experiences of working for the ambulance service during the last 6 months. They talk about how the trust is preparing for winter and advising the public to continue to follow government advice whilst using our service responsibly.

The trust's Command and Control 24/7 arrangements for Covid-19 were reinstated with effect from Monday 2 November and all clinicians in a non-operational role were asked to return to the frontline. Whilst recognising that the trust is still required to deliver core regulatory tasks and our key corporate programme board projects, corporate colleagues will be asked to step in and support where possible. The fleet capacity will be returned to the 400+ levels which we saw during the first wave of the pandemic and an increase in welfare vehicles and more mobile valeting cleaning to support staff will be arranged.

The issues experienced by our crews at the handover of patients at Emergency Departments continues to be addressed with support from NHS England/Improvement and the trust will continue to work in partnership with the NHS Regional Leadership team and Acute Provider's during these challenging times.

The trust has seen an increase in the number of outbreaks across the organisation with more staff testing positive and the requirement of other staff to self-isolate and it is important that staff do all they can to protect each other as well as the patients we serve. Work continues to remind staff of what is required to keep our patients, colleagues and friends protected whilst at work.

The country went into full lockdown for four weeks from the beginning of November. As key workers delivering an essential service to the public of the North West, the trust will continue to work as normally as possible although this will inevitably bring challenges for some individuals. A number of NHS providers in GM will be stopping some elective activity so that they can focus on those patients with the greatest needs.

### **Covid-19 Staff Testing**

I am pleased to confirm that voluntary testing of all NWS staff will begin shortly and the trust will take delivery of lateral Covid testing kits for staff, and those volunteering for the test will be asked to test themselves twice per week. Lateral tests are very easy, rapid testing kits. This will be a big step in pinpointing infection and hopefully will make a real difference in containing the outbreaks.

## **Infection Prevention and Control (IPC)**

Since the approval of the IPC Board assurance framework in September 2020 there has been significant work on our infrastructure for staff testing for Covid 19 to provide a timely test, track and trace service for our staff which compliments the national test, track and trace. Since the second wave of the pandemic (July onwards) 457 members of staff have tested positive for Covid-19 with 343 instances in October 2020. There have been 39 outbreaks on trust sites (28 in October). Details can be found in the Integrated Performance report. These outbreaks are being closely monitored by the IPC team and managers supported with regular onsite IPC risk assessment and audits.

The Director of Infection Prevention and Control has been working closely with regulators who, at our request, have provided additional scrutiny via a number of onsite visits. Informal feedback has been provided and we await the written recommendations. Early indications are that they found no areas of concern with Paramedic Emergency Service (PES), they noted the on-site cleaning service for PES vehicles as exemplary practice and had some improvement suggestions for sub-contracted Patient Transport Services. We believe these services are not sub-contracted services of NWS but were on site during their NWS visit. NWS/E have published requirements for NHS organisations and boards on 17 November 2020 (NWSIC 4351: Key actions: infection prevention and control and testing - attached) which we have reviewed. Assurance will be provided to Quality and Performance Committee in January 2021 where the updated IPC BAF action plan will also be reviewed.

### **North West - Nightingale Hospital**

The hospital, located at Manchester Central Convention Complex, re-opened at the end of October to provide 'step-down' care to patients who require on-going care or therapy to support their hospital discharge. The hospital will be a Covid free site and significant efforts will be taken to maintain this, including regular swabbing of patients and staff.

NWS will facilitate admissions and discharges to the hospital via routine processes through our Patient Transport Service and an embedded PTS manager working at the hospital during office hours will be the main liaison from NWS.

On behalf of the trust board, I would like to recognise the considerable efforts of PTS and Resilience team colleagues to get this important service up and running in just 13 days.

### **NHS 111 First**

NHS 111 First is a new initiative to direct people to the most appropriate service, prevent overcrowding and risk of infection at emergency departments (EDs) and provide a better patient experience by enabling direct bookings into EDs. It is not just about the initial telephone triage but about other parts of the system having alternative pathways in place which may include their own GP, pharmacy or a walk-in centre. The trust is also enhancing the current NHS 111 online offering to ensure our 111 service is not overwhelmed, as well as testing the behaviour and experience of patients, to enable learnings to be gained.

All areas across the whole country are expected to be live by 1 December and the trust's first mover sites were Blackpool and Warrington, followed by part of East Lancashire, Bolton and Salford. Feedback from Blackpool and Warrington patients has so far been positive but as winter gets closer and the effects of the virus continue to be felt, it is important we monitor demand on a regular basis and increase our staffing levels at pace.

Jackie Bell, Head of Service for 111, and her team are to be commended for the excellent

progress being made.

At the end of October Jackie, together with Michael Forrest, Deputy Chief Exec, hosted a Facebook Live session about 111 First to raise awareness across the Trust and to answer any questions.

### **Major Incident**

The trust declared a major incident on 2 November due to the extremely high numbers of calls being received into our emergency call centres. An immediate command structure was put in place. Declaring a major incident because of demand is not a decision any trust takes lightly and within the North West we have not done so for many years. This was done in order to prevent harm to patients.

In an 8 hour period the trust received 2,266 emergency calls, an increase of 36% on the same time the week previous. In addition to the increase in calls, the trust saw a significant increase in delays at hospital handover, in particular within the Greater Manchester area which impacted on our ability to respond to patients waiting in the community. By declaring a major incident we were able to put in place additional measures and were able to stand down the major incident within 3hrs.

As always when a major incident is declared there will be a full review undertaken to look at the root cause and lessons learned and on behalf of the trust Board I thanked everyone who helped us to manage this incident.

### **CQC Registration**

The trust is required to be CQC registered for any regulated activity it carries out and 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

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.

The process can take up to 10 weeks for an application of this nature to be approved.

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

### **First virtual live AGM event**

Restrictions imposed by the pandemic meant we could only deliver a virtual event but nevertheless it was important to ensure it was an inclusive, accessible and ideally well attended event. I am delighted to say our first virtual live event met all of that criteria. Through the technology of Microsoft Teams Live Events we were able to deliver the trust's annual report and financial accounts and offer both subtitles as well as a BSL interpreter for attendees.

Over 70 members of the public signed up to the event and the Q&A facility allowed a good

range of questions to be put forward and answered by the Executive Directors. In addition we premiered the trust's 'Covid-19' film, a video summary of our response to the pandemic, the challenges we faced and the overriding team ethos that enabled us to care for the people of the North West and each other at the height of the virus.

Feedback on the virtual live event has been very positive from those attending as well as those involved. Given all those taking part in the event were delivering their individual elements from different locations and a variety of technologies were involved, this was no small undertaking and I would like to thank the combined efforts of the Governance and Communications Teams for delivering a very professional and smooth running event.

### **Patient and Public Panel – First Anniversary**

The trust marked the first year anniversary of our Patient and Public Panel by sharing a short video to highlight the achievements and in particular the many different ways panel members have contributed to the improvement of services from the patient perspective during the last 12 months.

Despite the challenges of the pandemic we now have 107 members who have successfully completed our recruitment and induction process and are now able to get involved in the workings of the trust. Whilst we are still operating on a virtual basis, Panel members submit their questions to the Board, attend locality learning forums, give feedback and provide their opinions on campaigns, new systems and strategies. During the last year this has included a wide range of services such as mental health, our values, electronic patient records and NHS 111 First to name but a few.

### **Flu Vaccination Campaign**

The NWAS flu campaign has started and I am delighted to report that nearly 300 staff volunteered to be flu vaccinators this year which is a fantastic turnout. This year is a particular challenge of co-ordination, given Covid-19 social distancing requirements and the vaccine availability. The pandemic means that it is more important than ever that as many of us as possible have the flu vaccination to help keep ourselves healthy and at work, as well as ensuring the safety of our colleagues, our families and our patients.

This year the trust has joined forces with UNICEF, who have a programme in place that vaccinates around half of the world's children. Their 'Get a Jab, Give a Jab' campaign means that as staff receive their jab they can donate a jab to a child in need. Globally 15 million deaths could be avoided every year if children were vaccinated; a potential life saver at a stressful and difficult time for populations all over the world

### **Staff Survey**

The staff survey is the opportunity to make sure the opinion of staff is heard and helps bring about changes which matter both in the immediate workplace and across the trust as a whole. It also helps the trust to look at a broader range of issues and to benchmark with other trusts. There is a lot to be proud of since the last staff survey and how we have managed the on-going pandemic and we would like the results of the survey to be as representative as possible. The survey is run in partnership with trade unions and all responses are completely anonymous and confidential.

### **Can We See your Number?**

The trust's Comms Team has created a campaign called Can We see your Number?, to encourage members of the public to ensure their house numbers are as visible as possible. Trying to locate an incident when visibility is hindered, despite the advance of satellite navigation technology, can cause delays which in the event of a life threatening

emergency may have serious consequences.

### **Digital Station**

The trust's first digital station has been introduced at Kendal which comprises a new digital wallboard together with new docking stations and screens and it is hoped to be able to introduce voice recognition eg "show me the safeguarding policy" which would work in a similar fashion to Alexa/Google.

Kendal, Grange-over-Sands and Ambleside are the trust's pilot sites and the trust will need to understand the structure requirements as well as secure funding before the project can be scaled up; however feedback from Kendal has been extremely positive. This is a great step forward in achieving our digitalisation plans.

### **Violence & Aggression**

After several unpleasant incidents have been notified recently, staff have been urged to formally report any incidents of violence or aggression via their managers. In recent days a crew in Blackpool came under attack when a patient inside the ambulance became violent and in Bolton another patient lashed out as he was being treated. Our crews are already working under very trying circumstances due to the pandemic and should be able to go about their jobs of helping people without the fear of violence against them. Physical or verbal aggression against our staff is completely unacceptable and the trust will always support our staff and push for prosecutions.

### **Minister of State for Health commends NWAS**

Edward Agar, MP, Minister of State for Health wrote following a recent meeting I had as the Chairman of the Association of Ambulance Chief Executives. He wanted to send his personal thanks to the entire ambulance workforce for its outstanding efforts over the past year and throughout the Covid-19 pandemic and recognised the significant additional challenges faced this year by our sector. He recognised the great flexibility and resilience demonstrated by ambulance staff who have taken on new roles and adapted their ways of working whilst under intense pressure and wished to convey his thanks to all who work in our ambulance services and for all they do.

### **High Sheriff Nomination**

The trust was offered the opportunity to nominate staff and volunteers from the Lancashire area who have made outstanding contributions to alleviate the challenges of the pandemic, either from the voluntary sector, charitable organisation or local public services to receive recognition from the High Sherriff of Lancashire.

A number of nominations were submitted and I was pleased to see that Senor Paramedic Team Leader (SPTL) Stephen Bruce from the Fylde sector received a certificate for his outstanding contribution in distributing much needed PPE, mask fit testing, plus much more.

## **3.3 National Issues**

### **Black History Month – October**

The main aims of Black History Month are to celebrate the achievements and contributions of black people not just in the UK, but throughout the world and also to educate all on black history.

NWAS supported the Black History month, celebrating untold stories that relates to our

sector and hearing from some of our colleagues on their own personal experiences and to find out what the commemoration means to them. Mary Peters, Senior Clinical Quality Manager talked about her experience of being one of the first BAME female paramedics in GMAS and encouraged everyone to get involve with the Racial Equality network at NWAS. Nationally there are many activities, resources and ways to get involved, including The Unforgotten, a free interactive art installation in London which commemorates trail blazers of the black community.

The month has all the more relevance this year, following the worldwide protests against racism in all its forms. We are committed to driving change at NWAS and improving diversity. We have established a number of staff forums where staff can give their views and talk about their experiences, as well as looking at workforce equality issues

### **Veteran Aware Accreditation**

Ambulance trusts have only just become eligible to apply for this accreditation through the Covenant Healthcare Alliance and NWAS have been the first ambulance service in the UK to be awarded 'Veteran Aware' accreditation. This is a real honour for the trust and our close working partnership with our armed forces has stood us in good stead. The recognition means that we have demonstrated that NWAS supports the armed forces community as an employer and we also ensure that veterans, reservists and cadet force adult volunteers, plus any other members of the armed forces community amongst our workforce are looked after.

### **Freedom to Speak Up Month - October**

October was national Speak Up to Me month run by the NHS national guardians office to encourage an open culture in which people know how and when to raise anything concerning them in the workplace and the trust was making sure that everyone is aware of the Freedom to Speak Up policy.

Rachel Foot, our Freedom to Speak Up Guardian, interviewed me about why all staff should feel able to air any views and concerns, my own experiences over the years and the various ways that staff can access to speak up.

### **BBC Ambulance**

Once again the Trust are teaming up with Dragonfly TV productions for another series of the BBC1 documentary following the huge success of the previous two series that the trust has been involved with.

The first six episodes will feature Merseyside staff and the second six, Greater Manchester, Lancashire and possibly Cumbria; this will be confirmed once research has been completed.

The crew from Dragonfly have strict working processes to ensure themselves and our staff are as safe as possible. They will adhere to all our safe working guidance, ie hand-washing, sanitising equipment, social distancing and mask wearing. The team will also receive PPE instruction and mask fit testing in preparation for observation shifts. Filming will commence in January 2021 for six weeks focussing on Merseyside and then following a week's break, recommence at the end of February for a further six weeks. The series is then scheduled to be broadcast on TV in two showings in the Spring and Autumn of 2021.

### **Brexit Planning**

As a trust we are keen to ensure that we put in place plans to ensure that the service



delivery for our patients does not suffer as a result of Brexit. The transitional period ends on 31 December and the focus in the national media is about being prepared. NHS England has reinstated the planning for trusts across the country to ensure we put in place plans and mitigate any risks.

Meetings of our internal planning teams have resumed ensuring all identified risks are regularly reviewed and actions put in place to mitigate them.

## **4 GENERAL**

### **VSM Annual Pay Increase**

The trust has been advised by NHSE/I that ministers have recommended the 2020/21 annual pay increase for Very Senior Managers of a consolidated increase of 1.03% payable from 1 April 2020. This is commensurate with the percentage increase paid to those at the top pay point of AfC band 9 for 2019/20. The Nomination and Remuneration Committee were asked to consider the recommendation and confirmed their approval of this recommendation at the meeting on 13 November 2020. The payment is backdated to 1 April 2020 in line with the application of the 2020/21 Agenda for Change cost of living rise increase.

### **Remembrance Day**

One of the trust's SPTLs was chosen to represent the Ambulance Service at this year's Remembrance Sunday Commemoration at the Cenotaph in London.

Dominic Gething, who is based in Penrith, had the great privilege of being part of the Civilian Service Contingent (CSC) and along with members of the Armed Forces provided a guard of honour around the Cenotaph as Her Majesty the Queen, the Prime Minister and other dignitaries laid wreaths in remembrance of those who had given their lives in battle since the First World War.

This year because of the Covid-19 restrictions the CSC was much reduced and Dominic was the sole representative for all statutory ambulance services in the UK; a fantastic honour.

In addition staff from around the region represented NWS at wreath laying ceremonies. Dave Sammons and Phil Waring attended at Preston Cenotaph and Dave Rigby paid his respects along with Lancashire Fire & Rescue at Blackpool Cenotaph. Deputy Chief Executive, Michael Forrest, marked the remembrance day at our Trust Headquarters by laying a wreath at 11.00 am on the eleventh day of the eleventh month to mark the end of the of the First World War hostilities

### **Michael Forrest – Deputy Chief Executive**

It is with regret for the trust, but with great pleasure for Mick Forrest, that I announce his intention to leave the trust in Spring 2021.

Mick has taken the decision to leave the organisation to spend more time with his family and pursue other interests but will be remaining with us to support the executive team and colleagues throughout the traditionally busy winter period.

Mick has been with the trust for eight years, joining in 2012 as Head of Organisational Development. He then became a Director in 2013 and Deputy Chief Exec in 2015. Mick also acted as Interim Chief Executive for nine months during the substantive recruitment process.

A great advocate for ensuring opportunities for all, Mick was instrumental in establishing the Women in Leadership programme, a successful working relationship with the Ministry of Defence to provide employment for ex-military personnel and led and supported NWS through various CQC visits. I am sure Mick will be greatly missed by all who have worked with him.

### **NHSI Ambulance Review Implementation Board**

In my role as Chair of the Association of Ambulance Chief Executives (AACE) I was invited to sit on the Board for NHSI Ambulance Review Implementation which oversees the model ambulance data, improvement initiatives and the implementation of the Carter recommendations.

### **Interview with NHS Providers**

As Chair of AACE I was also interviewed by NHS Providers about our reflections and learnings from the pandemic, the challenges faced by the ambulance sector and how trusts have come together to overcome those challenges and what trusts need from national/regional bodies to support the response to future Covid related demand and returning to near normal levels of non-Covid health services.

The ambulance sector has also been busy identifying lessons from the pandemic and working with AACE to collate examples of what has gone well and what innovations need to be sustained. The ambulance service is uniquely positioned to offer a joined up perspective at a regional level to identify successes and the challenges that lie ahead as we approach winter and in longer term planning around the future shape of healthcare services.

## **5 LEGAL IMPLICATIONS**

5.1 There are no legal implications associated with the content of this report.

## **6. RECOMMENDATION(S)**

6.1 The Board of Directors is recommended to:

- Receive and note the contents of the report.



# REPORT

<b>Board of Directors</b>										
<b>Date:</b>	25 November 2020									
<b>Subject:</b>	Northern Ambulance Alliance (NAA) programme update									
<b>Presented by:</b>	Daren Mochrie									
<b>Purpose of Paper:</b>	For Discussion									
<b>Executive Summary:</b>	<p>The paper provides the North West Ambulance Service (NWAS) Trust Board with an overview of Northern Ambulance Alliance (NAA) key work stream progress.</p> <p>The NAA consists of 4 Trusts: East Midlands Ambulance Service NHS Trust; North East Ambulance Service NHS Foundation Trust; North West Ambulance Service NHS Trust; and, Yorkshire Ambulance Service NHS Trust.</p>									
<b>Recommendations, decisions or actions sought:</b>	It is recommended that the NWAS Trust Board discuss and note the content of the report and plans outlined to progress the NAA work programme.									
<b>Link to Strategic Goals:</b>	<b>Right Care</b>	<input checked="" type="checkbox"/>	<b>Right Time</b>	<input checked="" type="checkbox"/>						
	<b>Right Place</b>	<input checked="" type="checkbox"/>	<b>Every Time</b>	<input checked="" type="checkbox"/>						
<b>Link to Board Assurance Framework (Strategic Risks):</b>										
<b>SR01</b>	<b>SR02</b>	<b>SR03</b>	<b>SR04</b>	<b>SR05</b>	<b>SR06</b>	<b>SR07</b>	<b>SR08</b>	<b>SR09</b>	<b>SR10</b>	<b>SR11</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any Equality Related Impacts:</b>										
<b>Previously Submitted to:</b>										
<b>Date:</b>										
<b>Outcome:</b>										

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## **1. PURPOSE**

The paper provides the North West Ambulance Service (NWS) Trust Board with an overview of Northern Ambulance Alliance (NAA) key work stream progress.

The NAA consists of 4 Trusts: East Midlands Ambulance Service NHS Trust; North East Ambulance Service NHS Foundation Trust; North West Ambulance Service NHS Trust; and, Yorkshire Ambulance Service NHS Trust.

## **2. BACKGROUND, CURRENT CONTEXT & PROGRESS**

### **2.1 NAA Board**

The NAA Board meets bi-monthly and last met on 12.11.20. This NAA update focuses on work stream progress, aligned to the learning to support future planning to achieve the NAA vision.

**2.2** There has been some significant progress across all work streams since the initial Covid reset in June/July up until the most recent highlight reporting period in October 2020 – see Appendix 1: Table 1 Progress on A Page. There has also been considerable work on the underpinning systems, structures and processes to support progress both now and in the future.

**2.3** Recognising that all the Northern Ambulance Alliance services are currently experiencing unprecedented pressures the forecast of delivery against plan reflects the current context. At the November Meeting the NAA Board agreed to review the work that can continue (at the same or a reduced pace) and the work that may need to be paused in light of capacity and prioritisation, recognising the associated risk and any mitigation. This is detailed in Appendix 1: Table 1.

**2.4** The NAA Board agreed to communicate the position regarding the NAA work streams in the context of the challenges and priorities across member Trusts, aligned to the ongoing commitment to NAA work, plans for the future and launch of the NAA website: <http://northernambulancealliance.nhs.uk/> and Annual Report: <https://www.youtube.com/watch?v=3FP6-moeP2I>. This will be issued via each Trust's Communication channels with support from Communications Leads who are all engaged in the NAA work.

**2.5** In addition, two tools are shared below in Appendices (Appendix 1: Table 1: Progress on a Page, and Appendix 2: Figure 1: NAA Strategy Map). These have been developed to support wider sharing of the work and progress, recognising and responding to the stakeholder engagement feedback and work plan to deliver the NAA vision. The Progress on a Page Table 1 is updated below to reflect the current plans and risks/impacts on each of the key work areas.

### **2.6 NEXT STEPS**

To support ongoing progress and achievement of the NAA vision, it is proposed that a longer term strategy and supporting collaborative action plan are co-created from the vision through effective engagement and involvement of stakeholders

across all member trusts. The NAA Board supported the suggestion that this is undertaken in Q4 to include learning and opportunities from Covid. The resultant co-produced strategy, plan and work streams should have the structures, governance, time and resource to support implementation and action, with clear accountability alongside shared outcomes.

The NAA Board approved the proposal to develop a longer term (3-5 year) plan with defined 2021/22 impacts, outcomes and outputs from prioritised work streams, aligned with the learning from NAA work to date and complementing member trusts' transformation plans .

### **3. LEGAL and/or GOVERNANCE IMPLICATIONS**

There are no legal implications associated with the content of this report.

### **4. RECOMMENDATIONS**

It is recommended that the NWAS Trust Board discuss and note the content of the report and plans outlined regarding the current position and plans to progress the NAA work programme.

In particular, it is recommended that the NWAS Trust Board:

- Notes the current position and progress of the work streams.
- Endorses the tools to share NAA work: website; Annual Report; Strategy Map; Progress on a page.
- Continues to support and challenge the work streams.
- Recognises the risks identified and supports the mitigations, and proposed next steps for the work streams, in particular proposals for:
  - avoidable conveyance and telecare work stream
  - common CAD work stream, and,
  - general risk regarding Covid pressures, alongside
  - general prioritisation of resource for NAA work.
- Supports the proposal to undertake stakeholder engagement and involvement in future NAA strategy and planning in Q4.

Appendix 1: Table 1: NAA Work Stream Progress on a Page – including plans for work streams during Q3/Q4 2020-2021

	On track							
	Off track							
PROJECT	ELEMENT	CURRENT SUMMARY	Jul-20	Aug-20	Sep-20	Oct-20	Forecast Nov-20	Plan for Q3/4 Activity
QUALITY IMPROVEMENT	OVERALL STATUS	Delay due to Covid. Re-baselined, good progress & representation. Forecast reflects Covid impact.	RED	GREEN	GREEN	GREEN	RED	Work progressing with best endeavours no significant impact/risk if activity paused in Q3 & restarted in Q4.
	TIME	No current issues	RED	GREEN	GREEN	GREEN	RED	
	SCOPE	No current issues	RED	GREEN	GREEN	GREEN	GREEN	
	RISKS & ISSUES	Covid continues to impact on capacity	NA	GREEN	GREEN	GREEN	RED	
TRANMAN	OVERALL STATUS	Slippage against original timescales; project now on track. Phase 1a stage closure report completed. Phase 2 commenced 16.10.20 - Digital Programme Board	RED	RED	GREEN	GREEN	GREEN	Work progressing well. Will continue as planned. No risk or impact. Monitored through Tranman Project Board reporting into Digitisation Programme Board (DPB).
	TIME	No current issues	GREEN	GREEN	GREEN	GREEN	GREEN	
	SCOPE	Project within original scope	GREEN	GREEN	GREEN	GREEN	GREEN	
	RISKS & ISSUES	Risk that the finance interface will not integrate with our NHS systems. Risk review ongoing	GREEN	GREEN	GREEN	GREEN	GREEN	
TELECARE DECISION SUPPORT TOOL	OVERALL STATUS	Slippage due to Covid. Revised plan in place. Project re-scoped in Sept/Oct wrt delivery within secondment. Forecast reflects sickness absence of lead.	RED	RED	RED	GREEN	RED	Good recent progress. Work paused wrt sickness absence of lead. Agreed with TSA & telecare providers. Plan to restart Jan 2021, complete March 2021. No significant risk or impact of pause.
	TIME	Slippage against key milestones due to Covid.	RED	RED	RED	GREEN	RED	
	SCOPE	Tasks out of original scope. Project re-scoped.	RED	RED	RED	GREEN	GREEN	
	RISKS & ISSUES	Significant risk-will not achieve the objectives. Forecast reflects sickness absence of lead.	RED	RED	RED	GREEN	RED	
AVOIDABLE CONVEYANCE	OVERALL STATUS	Slippage due to Covid. Revised plan in place. Project re-scoped in Sept/Oct wrt delivery within secondment. Forecast reflects sickness absence of lead.	RED	RED	RED	GREEN	RED	Good recent progress. Work paused wrt sickness absence of lead & capacity of key stakeholders. Plan to restart Jan 2021,
	TIME	Slippage against key milestones due to Covid.	RED	RED	RED	GREEN	RED	

	<b>SCOPE</b>	Project within original scope	GREEN	GREEN	GREEN	GREEN	GREEN	complete March 2021. No significant risk or impact of pause.
	<b>RISKS &amp; ISSUES</b>	Significant risk-will not achieve the objectives. Forecast reflects sickness absence of lead.	RED	RED	RED	GREEN	RED	
<b>COMMON CAD</b>	<b>OVERALL STATUS</b>	Delay due to Covid. SOC approved Sept 20. OBC by May21. Forecast reflects Covid & other capacity impact.	GREEN	GREEN	GREEN	GREEN	RED	Good recent progress, monitored through CAD Project Board & DPB. Capacity issues reflected in accepted 3 month delay and timelines adjusted. Key stakeholders / groups continuing to meet with best endeavours, working on areas that can be progressed. Exploring option for capacity from external consultancy. All monitored & under review at DPB. No significant risk / impact of slowed pace if restarted as planned in Jan 2021.
	<b>TIME</b>	Workplan re-baselined to include OBC & FBC	GREEN	GREEN	GREEN	GREEN	RED	
	<b>SCOPE</b>	Project within original scope	GREEN	GREEN	GREEN	GREEN	GREEN	
	<b>RISKS &amp; ISSUES</b>	High risk-strategic risks escalated to Digitisation Programme Board including resource/SME availability. Risks to be reviewed at DPB meetings.	NA	RED	RED	RED	RED	



Appendix 2: Figure 1: NAA Strategy Map

NAA Strategy Map (based on the Public Sector Scorecard, Moullin 2017)

<b>VISION</b>	<b>Collaboration to improve health outcomes for patients &amp; deliver greater benefits for the local population</b>						
<b>IMPACTS</b>	Improve quality & service delivery		Innovation		Efficiency		Standardisation
<b>OUTCOMES</b>	Safe Reduction in Avoidable Conveyance		Improved patient care & response times			Improved productivity, performance & reduced unwarranted variation	
<b>OUTPUTS</b>	Share & implement evidence & practice re avoidable conveyance	Test a telecare triage tool	QI methodology embedded	Procure common CAD	Procure fleet management system	Identify corporate service productivity & efficiencies	
<b>ACTIVITIES: 2020/21 work streams</b>	Avoidable Conveyance & Telecare Decision Support Tool		QI Virtual Academy	Common CAD	Fleet: Tranman	Corporate Services: Legal Services HR: Talent Management, ESR benefits realisation, quality benchmarking	
<b>PROCESSES</b>	Staff & Stakeholder Engagement	Share & implement: evidence; practice & training	Quality improvement capability, capacity & sustainability of QI methodologies		Identify efficiencies from: joint procurement; economies of scale; common & shared services & quality benchmarking		
<b>CAPABILITY: Innovation &amp; Learning Resource Management Leadership</b>	Shared NAA Vision	Effective engagement & joint working	Efficient & effective project management	Trained, skilled & valued workforce	Innovation, Continuous Improvement, Quality Assurance & Evaluation	Evidence based practice & applied research	Clinical & Corporate Governance & Accountability Systems & Processes
<b>LEADERSHIP FROM THE NAA BOARD</b>							

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# REPORT

**Board of Directors**

<b>Date:</b>	25 November 2020									
<b>Subject:</b>	Estates Strategy Review (COVID)									
<b>Presented by:</b>	Director of Finance									
<b>Purpose of Paper:</b>	For Decision									
<b>Executive Summary:</b>	<p>The Trusts 5 year Estates Strategy 2018 – 2023 was approved by the Board of Directors in 2018. The strategy is now in its second year and because of the recent significant developments affecting the Estate, a review and revision has been undertaken to assess the impact and lessons learnt from experiences of operating an estate in a COVID environment.</p> <p>As part of this review the following changes have been made to the strategy:</p> <ul style="list-style-type: none"> <li>• Section 2.6 Covid-19 and Lockdown 2020 added</li> <li>• Section 2.7 NHS People Plan added</li> <li>• Section 2.8 Delivering a Net Zero NHS added</li> <li>• Section 3.3 Covid-19 (lessons and practice) added</li> <li>• Section 8.2 Estates Oversight Forum structural detail added</li> <li>• Data and name changes throughout have refreshed and updated to details known as of September 2020</li> <li>• Appendix 1 facet tables replaced by data taken from 2020 surveys.</li> <li>• Contents page updated.</li> </ul>									
<b>Recommendations, decisions or actions sought:</b>	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>• Support and approve the changes to the strategy</li> </ul>									
<b>Link to Strategic Goals:</b>	<b>Right Care</b>	<input type="checkbox"/>		<b>Right Time</b>	<input type="checkbox"/>					
	<b>Right Place</b>	<input type="checkbox"/>		<b>Every Time</b>	<input checked="" type="checkbox"/>					
<b>Link to Board Assurance Framework (Strategic Risks):</b>										
<b>SR01</b>	<b>SR02</b>	<b>SR03</b>	<b>SR04</b>	<b>SR05</b>	<b>SR06</b>	<b>SR07</b>	<b>SR08</b>	<b>SR09</b>	<b>SR10</b>	<b>SR11</b>
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<b>Are there any Equality Related Impacts:</b>	EIA included within strategy
<b>Previously Submitted to:</b>	Executive Leadership Committee / Resources Committee
<b>Date:</b>	11 November 2020 / 20 November 2020
<b>Outcome:</b>	Recommended for approval

## 1. PURPOSE

The purpose of this report is to seek approval from the Board of Directors for the revised Estates Strategy.

## 2. BACKGROUND

The Trusts 5 year Estates Strategy 2018 – 2023 was approved by the Board of Directors in 2018. The strategy is now in its second year and given this, and the recent significant developments affecting the Estate, a review and revision has been undertaken to assess the impact and lessons learnt from experiences of operating an estate in a Covid environment.

The government initiated a lockdown in response to Covid-19 in March 2020. During the period of March to July 2020, the Trusts estate experienced various pressures and underwent a number of changes in response to the threat posed by the virus to support the front line, enhance services, and provide a safe environment for staff, patients and visitors. The response was exceptional and effective to this unprecedented event, the opportunity to learn lessons has been taken and incorporated into the revised document. In addition, two new NHS plans have since been released, (NHS People Plan and Delivering a Net Zero NHS), which have also been included in the review. However, the main thrusts of the strategy, approved by the Board in 2018, remains the same:

- Set the direction and priorities of the estate to have fewer but larger operational sites (Hub & Spoke and Make Ready), hence having a planned strategic development rather than an opportunity driven one
- Identifies and learn from the key lessons learnt from other Trust when delivering the hub and spoke model
- Refresh our understanding of the whole of the Trust's estate, the needs and future requirements. The strategic developments for EOC's, workshops, PTS, 111 and training need to be fully supported to provide an estate that compliments and facilitates these services.

As part of this review the following changes have been made to the strategy: -

- Section 2.6 Covid-19 and Lockdown 2020 added
- Section 2.7 NHS People Plan added
- Section 2.8 Delivering a Net Zero NHS added
- Section 3.3 Covid-19 (lessons and practice) added
- Section 8.2 Estates Oversight Forum structural detail added
- Data and name changes throughout have refreshed and updated to details known as of September 2020
- Appendix 1 facet tables replaced by data taken from 2020 surveys.
- Contents page updated.

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

There are no legal requirements associated with the development of the strategy document.

**4. RECOMMENDATIONS**

The Board of Directors is asked to:

- Approve the revised Estates Strategy 2018 – 2023.



# Estates Strategy

## 2018 – 2023

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Date of Issue:		Date of Review	

Recommended by	Executive Leadership Committee
Approved by	Board of Directors
Approval date	
Version number	1.1
Review date	October 2021
Responsible Director	Director of Finance
Responsible Manager (Sponsor)	Assistant Director of Estates, Fleet & FM
For use by	All Trust employees

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

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## Change record form

Version	Date of change	Date of release	Changed by	Reason for change
0.1	04/07/18		Neil Maher	Development of up to date document to cover the years 2018-2023
0.2	31/08/18		Neil Maher	Revised following review and support from EMT 15/08/18
1.0	08/10/18	08/1018	Neil Maher	Received Trust Board approval 26/09/18
1.1	19/10/20		Neil Maher	Revision and review; inclusive review of Covid experiences Mar-Aug 2020 and lessons learnt.

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# 1. Introduction

The Estates Strategy must be closely aligned to the Trust objectives and strategies as they develop. The Trust faces a number of challenging strategic and operational issues over the short, medium and longer term, all of which must be clearly understood in the current and future economic climate.

The Estates Strategy is principally concerned with the Trust's usage of its estate and the capital investment up to 2023 to ensure that the Trust can achieve its service objectives. As a part of the Greater Manchester Combined Authority Memorandum of Understanding between Greater Manchester bodies (Estates), the Trust's Estates Strategy links into and contributes to the Authority's Strategic Estates Group's Strategic Estates Plans. Other STPs are now establishing similar groups, and the Trust needs to link in with these as their and the Trusts plans develop. The Northern Ambulance Alliance (Nwas, Neas and Yas) has been established to work collaboratively on efficiencies and quality across the three organisations and has a specific estates and workshop work stream which includes estates operations and environmental and sustainability initiatives. The strategy covers all the Trust's estate.

The Estates Strategy 2013-18 has been very successful in reducing the overall estate and footprints, increasing the efficiency of the estate, and delivering an overall younger estate. Since its inception, R1 and R2 have been replaced by the Ambulance Response Programme (ARP). Although there was a central thrust to move to Hub and Spoke the Trust has to date largely moved forward using opportunity as the main driver. There is a need to set out a long-term plan in terms of the operational estate, moving away from opportunistic driven developments of the past.

There is a need to set out a long-term plan in terms of the operational estate:

- where the estate needs to be
- what it will look like
- what facilities will be there
- only then can opportunities be fully explored

NHS Improvement (Carter Report) focus is moving from acute to ambulance trusts. For the number of sites the Trust is in the ball park with some of its peers. However, they have a significantly smaller footprint! This is because they have a few larger main sites (hubs) and higher numbers of much smaller unmanned sites (spokes).

We all want improved modern facilities for our people to support them being at their absolute best where hubs positively support providing excellent patient care. We all want the best value for money, the NHS demands it. We all want maximum efficiency, ensuring our people are deployed doing the job they were employed to do. We all want to enhance our quality support and supervision to ensure our people are at the top of their game. There is now an opportunity to challenge the direction of travel for the estate and adjust for next 5 years

The benefits of the hub and spoke model are improved quality and performance. In addition, there are potential savings by reducing the estate, centralising medicines management, reducing pool vehicles, reducing backlog maintenance and reducing stock via better stock control.

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Therefore, the aims of the strategy are to:

- Set the direction and priorities of the estate to have fewer but larger operational sites, hence having a planned strategic development rather than an opportunity driven one
- Identify the benefits and challenges in delivering the above
- Set the factors when prioritising and locating hubs and spokes
- Identify and learn from the key lessons learnt from other Trusts when delivering the hub and spoke model.
- Refresh our understanding of the whole of the Trust's estate, the needs and future requirements. The strategic developments for EOC's, workshops, PTS, 111 and training need to be fully supported to provide an estate that compliments and facilitates these services.

The government initiated a lockdown in response to Covid-19 in March 2020. During the period of March to July 2020, the Trusts estate experienced various pressures and underwent a number of changes in response to the threat posed by the virus. A workshop was undertaken on the 18 August 2020 to explore those experiences, to see what lessons could be learnt and how to apply them for the future. Therefore, although the strategy was not scheduled for review until October 2021, the opportunity has been taken to the review in 2020 in light of recent the Covid-19 experience.

## 2. Background

### 2.1 Trust Overview

For operational estate purposes, the area covered by the North West Ambulance Service NHS Trust (NWAS) is divided into 3 groups, namely; Cumbria & Lancashire, Cheshire & Merseyside, and Greater Manchester. The tables below summarises some key Trust data.

<b>The Trust:</b>	
Geographical Area	15,165 km <sup>2</sup>
Employees (Whole Time Equivalent)	6236.10 WTE

**Table 1 – Trust data (at September 2020)**

Today the Trust is comprised of 130 sites, with the most recent addition of Burnley.

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Type	Number and Details
Stations (inc. HART & PTS)	110 stations - including 2 HART sites, 8 PTS standalone, 21 shared sites
Control / Operations Centres	3 Emergency Operations Centres (Broughton, Estuary Point, Parkway) 111 Call Centres (Parkway, Middlebrook, Estuary Point & Carlisle) 1 Support Centre (Carlisle) PTS Control Centres (Broughton, Carlisle, Chester & Oldham)
Workshops	8
Training / admin buildings	Headquarters (Ladybridge Hall), Cumbria Office (Salkeld Hall), Cheshire & Merseyside office (Estuary Point), Greater Manchester Office (Whitefield), Lancashire Office (Broughton), The Centre (Preston), Accrington Training Centre, Bolton South Training Centre, Transport Logistics (Preston), Medicines Management Hub (Preston)
Mast Sites	6 (Anfield, Billinge, Blackpool, Broughton, Carlisle, Countess of Chester)
Bunkered Fuel sites	14

**Table 2 – Summary of the NWS Estate (at September 2020)**

## 2.2 Age Profile and Size of the Estate

The current NWS estate is a mix of buildings that have evolved over the last 150 years. However, the Trust's profile has changed since its inception in 2006 and is summarised in the table below.

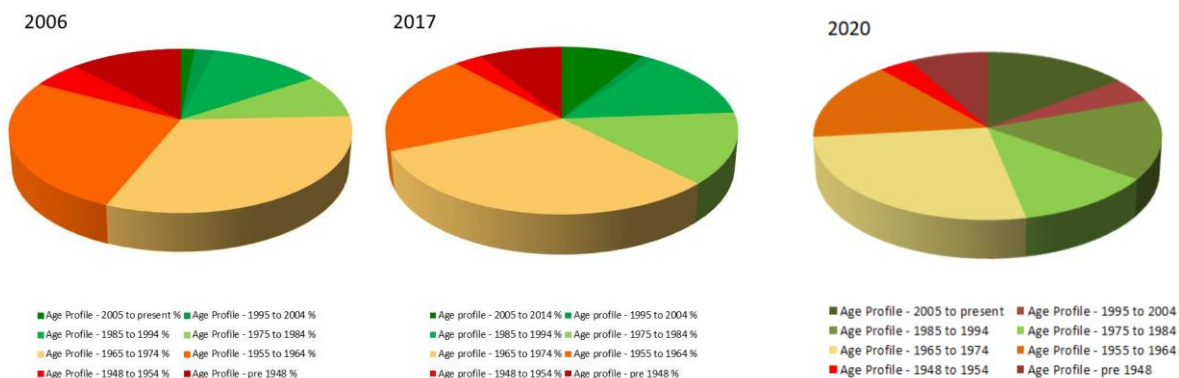
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2019/20
Number of sites	125	125	125	125	123	119	127	126	126	125	131	130
Floor Space (m2)	63,380	63,390	97,859	97,904	66,921	66,962	66,961	69,220	69,220	66,420	69,797	68,419
Number of Staff	3,632	4,201	4,361	4,888	4,185	4,785	4,721	4,737	4,832	5,133	5,574	6,236
M2 per staff	17.5	15.1	22.4	20.0	16.0	14.0	14.2	14.6	14.3	12.9	12.5	11.0

**Table 3 – Summary of the NWS Estate profile change 2006-2020**

The Trust's overall estate is more complex than that of 2006. Although the Trust has disposed of 23 sites, over the period its overall property base has grown from 125 sites to 130<sub>(2020)</sub>. This is because of the re-introduction of PTS in the GM area, growth of 111, introduction of HART and centralised medicines management and some expansion of PES in the Cheshire and Mersey area. In addition to this, NWS are now co-located on 23 shared stations.

The above table and the following pie charts show that the current 5 year strategy has been very successful in reducing the overall estate footprint, reducing significantly its carbon footprint, increasing the efficiency of the estate, and delivering an overall younger estate.

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**Table 3 – Changing age profile of NWAS estate, from formation of Trust, prior to start of this strategy and current position (2020)**

### 2.3 Property Condition (Six Facet Surveys)

The Trust has a statutory duty to safeguard the physical assets of the Trust. In order to establish the current levels of backlog maintenance Oakleaf Group were appointed to carry out a survey of the Estate in 2020. The results of this survey will help inform this strategy and future allocation of capital investment. Each NWAS owned property was appraised against three criteria; physical condition, energy performance and statutory compliance. Full details of the survey exercise are held by the estates team but a summary of the findings can be found in Appendix 1.

The survey report provided the estates team with a comprehensive, clear and independent assessment of the current condition of the estate. It is good practice to have an independent assessment of the estate condition carried out at regular intervals and the introduction of the NHSI’s Model Ambulance Trust will make having a clear view of the condition of the estate a necessity.

### 2.4 Financial and Economic outlook

The financial and economic outlook will be the overall driver for efficiencies in the estate towards:

- More co-location/partnership initiatives e.g. with other blue light services/public bodies
- Reduction in the number of sites
- More operating efficiencies derived from the proposed reduction in the estate footprint

This strategy clarifies the key issues and actions required over the next five-year period. The strategy will need to be reviewed as other Trust strategies develop.

The strategy will be used as the basis for determining the 5-year and annual estates plan for the Trust.

### 2.5 Carter Report (NHSI Model Ambulance Trust) and the Naylor Report

There are two specific reports that have an influence upon the Trust’s estate:

#### Carter Report

One of the outputs from the Cater Report was the development of the “Model Hospital”, which provided a benchmarking tool to inform Trust Boards, highlighting areas where efficiencies maybe gained. The

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model is now embedded and is proving to be effective. Following the success of the model, in 2017 NHSI started to develop the “Model Ambulance Trust” with a planned go live date of 1<sup>st</sup> April 2019 for all English ambulance Trusts. The model covers a number of aspects, but with regards to estates there are 3 main areas of focus:

- Operational estate
- General estate
- Fleet

The NHS Improvement Estates and Facilities team have been working with ambulance providers to improve the categories and definitions of the Estates Returns Information Collection (ERIC) data collection from 2019/20 to enable more appropriate benchmarking and identification of potential improvement opportunities.

To facilitate the transformation of ambulance services, the NHSI team are supporting the availability of capital via the STP capital bidding process, and current guidance is for bids focusing on:

- Changes to operational fleet in relation to ARP and/or fleet operating efficiencies.
- Introduction and development of the Make Ready system (inc. Make Ready Hubs and Spokes).
- Control Centres, deriving efficiencies in operation and resilience.

### **Naylor Report**

In 2016 Sir Robert Naylor was commissioned to conduct an independent review and make recommendations on the options to realise better value from NHS property and to deliver targets to release £2 billion of assets for reinvestment and land for 26,000 houses. In January 2018 the government responded to the report describing its vision of an efficient, sustainable and clinically fit-for-purpose estate, one where the NHS:

- Makes sure local strategic estates planning reflect changing delivery models
- Replaces what cannot be cost-effectively maintained and releases what it no longer needs, maximising receipts which can be reinvested into premises and services, and creating new homes
- Understands the costs of its estate, with comprehensive, accurate and comparable information underpinning estates-related decision making
- Proactively takes steps to maintain its assets and reduce backlog maintenance

### **2.6 Covid-19 and Lockdown 2020**

The government initiated a lockdown in response to Covid-19 in March 2020. During the period of March to July 2020, the Trusts estate experienced various pressures and underwent a number of changes in response to the threat posed by the virus to support the front line, enhance services, provide a safe environment for staff, patients and visitors. The response was exceptional and effective to this unprecedented event, the opportunity to learn lessons has been taken and is covered later in the document.

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## 2.7 NHS People Plan

We are the NHS: People Plan 2020/21 – action for us all, along with Our People Promise, sets out what our NHS people can expect from their leaders and from each other. It builds on the creativity and drive shown by our NHS people in their response, to date, to the Covid-19 pandemic and the interim NHS People Plan. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as take action to grow our workforce, train our people and work together differently to deliver patient care.

This plan sets out practical actions for employers and systems, as well as the actions that NHS England and NHS Improvement and Health Education England will take, over the remainder of 2020/21. It includes specific commitments around:

- Looking after our people – with quality health and wellbeing support for everyone
- Belonging in the NHS – with a particular focus on tackling the discrimination that some staff face
- New ways of working and delivering care – making effective use of the full range of our people’s skills and experience
- Growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return

The challenge of Covid-19 has compelled the NHS to make the best use of our people’s skills and experience, to provide the best possible patient care. People have risen to the challenge and have been flexible and adaptable – with many colleagues rapidly brought into services outside their normal scope of practice, and new teams created around people’s experience and capabilities rather than traditional roles.

Successes in teams were made possible by good communication, high levels of trust, distributed leadership, and rapid decision-making, as bureaucracy fell away and people felt empowered to do what was needed. Teams also blurred sector boundaries, with greater collaborative working with colleagues in social care. We must all now build on this momentum to transform the way our teams, organisations and systems work together, and how care is delivered for patients.

The arrival of Covid-19 acted as a springboard, bringing about an incredible scale and pace of transformation, and highlighting the enormous contribution of all our NHS people. The NHS must build on this momentum and continue to transform – keeping people at the heart of all we do. The Trusts estates should be seen as an enabling asset and the Trusts facilities management an enabler.

## 2.8 Delivering a “Net Zero” National Health Service

More intense storms and floods, more frequent heat waves and the spread of infectious diseases from climate change threaten to undermine the years of health gain. Two clear and feasible targets emerge for the NHS net zero commitment:

- For the emissions we control (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach 80% reduction by 2028 to 2032.

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- For the emissions we can influence (our NHS Carbon Footprint), net zero by 2045, with an ambition to reach 80% reduction by 2036 to 2039.

The plan sets out the interventions required to meet these targets, of which the estate (contributing to 15% of the NHS Carbon Footprint), has a key role in decarbonising the NHS.

## 2.9 Current Operational Model for 2020/21

Currently the Trust, in the main, operates a traditional ambulance station estate. In considering how the estate will support front line service delivery into the future, and taking account of the introduction of the ARP in 2017, it is critical that the Trust determines the future service models.

## 2.10 The Way Forward

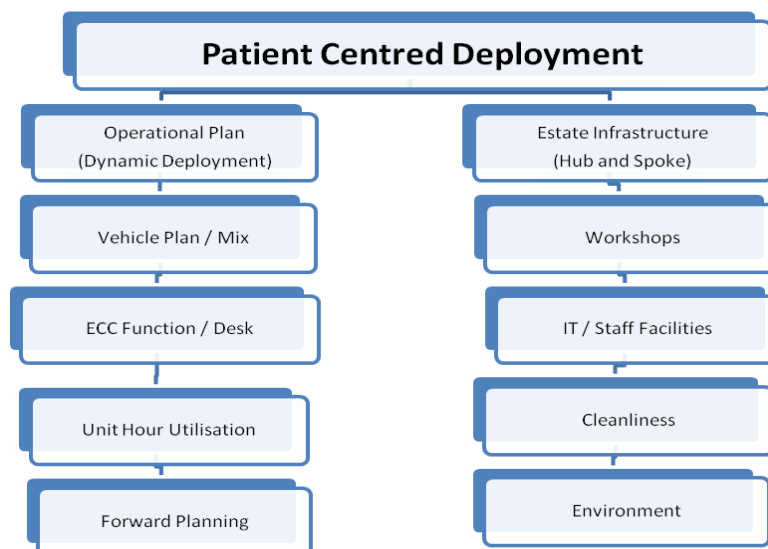
The Trust’s strategic vision is to become the ‘Best Ambulance Service in the UK’, by achieving our goals of delivering the Right Care, at the Right Time in the Right Place, Every time.

The key elements of this strategic vision include the redesign of ambulance responses to align with the requirements of the Ambulance Response model (ARP) ensuring patients receive the most appropriate type of response; and to continue to move towards reducing the number of Paramedic Emergency Service (PES) patients conveyed to A&E. This will be achieved by increasing the proportion of patients helped by offering telephone advice (Hear and Treat) and the continued development of the See & Treat model as suitable alternatives where possible.

Key to improving patient care is the development of deployment plans that position ambulance resources as close as possible to patients at the time of despatch. This concept of intelligent deployment plans based upon accurate and reliable activity data is called Patient Centred Deployment (PCD). The foundations to support PCD are represented in the two pillar diagram shown in Figure 1.

**The Estates Strategy focuses on providing the elements in the right hand pillar of the PCD model.**

The Service Modernisation Partnership Group produced the NWS Emergency Service Resource Deployment Strategic Outline (included in Appendix 2) which supports the development of PCD.



**Figure 1 - Patient Centred Deployment model**

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Before proceeding, it would be helpful to revisit the main definitions of Hub and Spoke, being:

Definitions

- Hub & spoke – An operational model whereby estates support the provision of physical estate
- Make ready – An operational system within and supports the hub & spoke model
- Stocking & washing – A support service incorporated within a make ready system

What is a hub?

- Central reporting point for all staff and vehicles
- Includes management, welfare, training and make ready facilities
- Strategically located within 5 miles of major acute/district hospital or on a major route where the majority of ambulance flow takes place

What is a spoke?

- Strategically located response point - unmanned
- Rest and welfare facilities

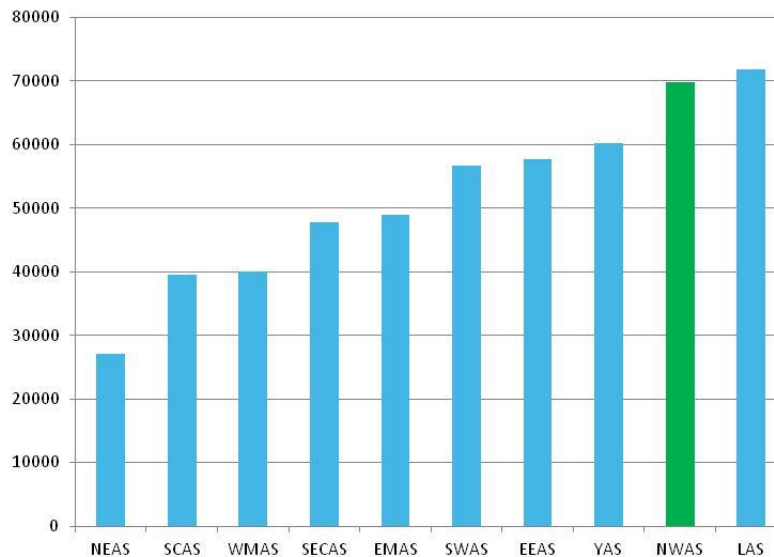
In comparing Nwas with other ambulance Trusts it is worth considering the following 2 tables which include data taken from the Estates Return Information Collection (ERIC) annual returns.

Trust Site Numbers	
NEAS	55
LAS	86
EMAS	91
SCAS	99
YAS	106
WMAS	115
SECAS	119
<b>NWAS</b>	<b>131</b>
EEAS	133
SWAS	162

**Trust site numbers – all ambulance Trusts June 2017**

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### Gross Internal Floor Area (m2)



**All ambulance Trusts June 2017**

What is this telling us? For the number of sites we are about in the ball park with some of our peers, for example WMAS, SECAS. However, they have a significantly smaller footprint! This is because they have a few larger main sites (hubs) and more of the much smaller unmanned sites (spokes).

Recently the NHSi, who are leading on implementing the Carter Report, cited WMAS as an exemplar, and the following is a quotation:

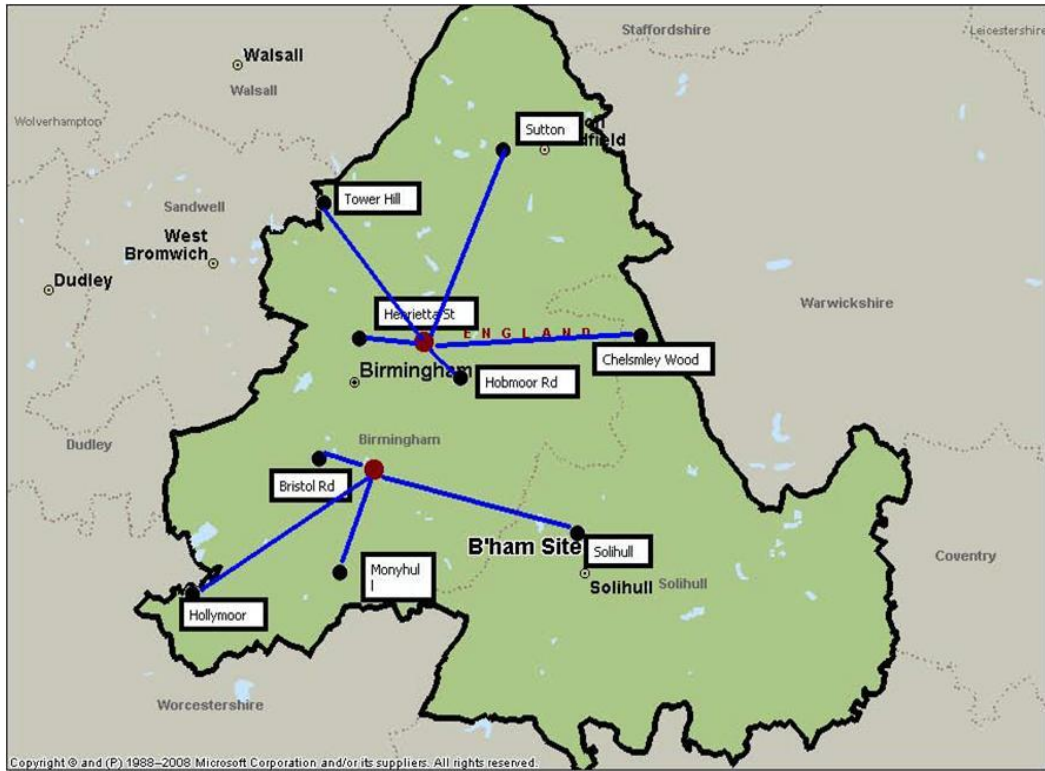
*In WMAS the success of this approach is based on a radical shift from 70 traditional ambulance stations to 15 hubs supported by community access sites, (originally >100, now reducing to 50), which provide rest facilities for staff but no stocks, lockers, offices or vehicle storage.*

Examples of the hub sizes in terms of people and vehicle numbers and hub and spoke configuration have been obtained from WMAS and are presented below to enhance perspective.

WMAS Locality		Site	Staff	DMA	RRV
West Mercia	1.	Shrewsbury	212	30	20
	2.	Hereford	110	15	13
	3.	Worcestershire	231	28	25
C&W	4.	Warwick	74	15	11
	5.	Coventry	229	33	25
B'ham	6.	W'wood Heath	270	44	21
	7.	Ladywood	211	21	29
Black Country	8.	Willenhall	206	21	17
	9.	Dudley	216	32	21

**Example of hub size in terms of staff and vehicle numbers taken from WMAS**

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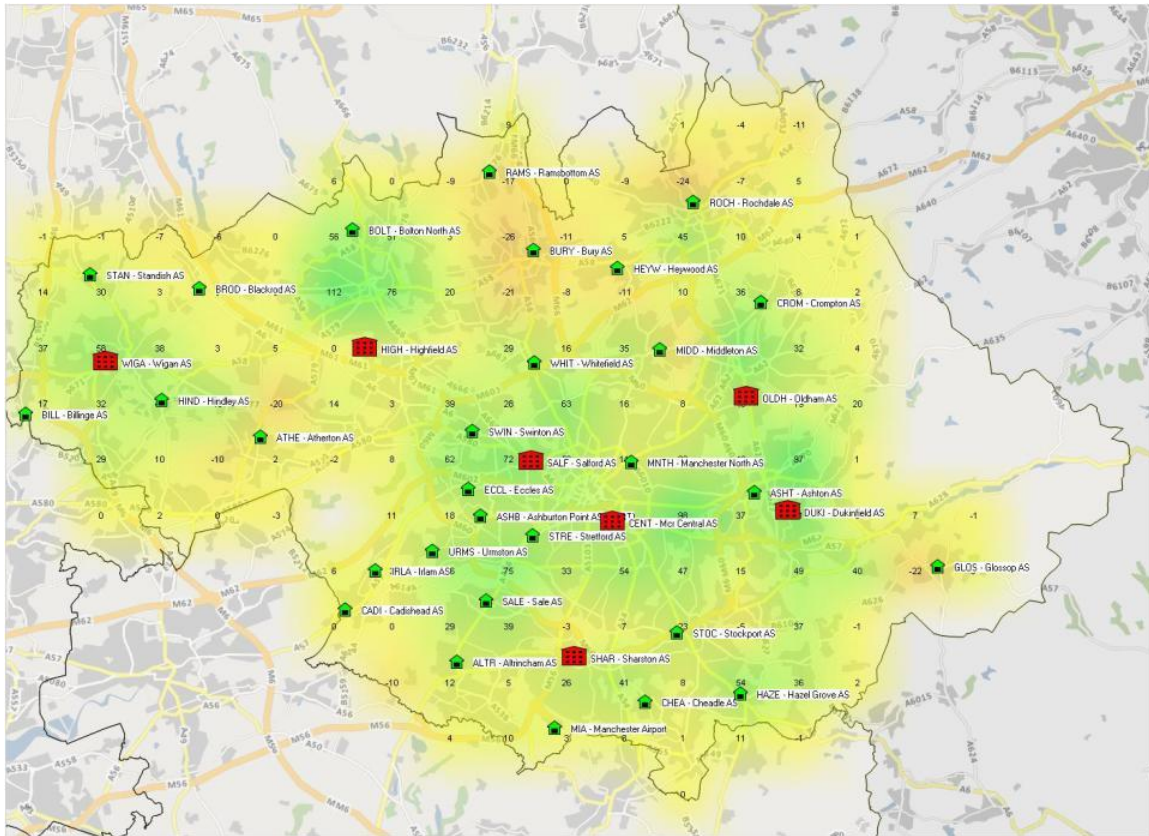
**Example of Hub & Spoke coverage taken from WMAS**

In addition, the work undertaken prior to ARP clearly demonstrated the improvement on performance when moving to a hub and spoke model, but particularly so with a more flexible meal break regime applied within the model, illustrated below.

	Meals at home (EL1)			Meals at nearest base (EL3)		
	V3.1 results: R2 perf change	R2 perf change	Change to R2 incidents reached within 8 mins (over 7 mo)	V3.1 results: R2 perf change	R2 perf change	Change to R2 incidents reached within 8 mins (over 7 mo)
NWAS	0.08%	0.13%	293	1.35%	1.51%	3502
CL	-0.24%	0.18%	115	0.65%	0.67%	420
GM	0.17%	0.11%	107	2.44%	2.68%	2516
CM	0.24%	0.09%	71	0.56%	0.75%	566
CL NORTH						
CUMBRIA	-0.31%	-0.21%	-17	0.87%	0.60%	49
CL MORECAMBE						
BAY	-0.50%	-0.46%	-42	0.49%	0.52%	48
CL FYLDE	-0.42%	0.10%	14	0.56%	0.56%	76
CL SOUTH						
LANCASHIRE	-0.51%	-0.02%	-3	0.82%	0.87%	118
CL EAST						
LANCASHIRE & RIBBLE	0.26%	0.91%	163	0.56%	0.72%	129
GM WEST	1.62%	1.63%	343	3.49%	3.67%	772
GM EAST	-1.07%	-1.27%	-265	1.40%	1.44%	300
GM CENTRAL	0.11%	0.10%	26	2.69%	2.69%	694
GM SOUTH	0.06%	0.01%	3	2.16%	2.85%	750
CM NORTH	-0.17%	-0.17%	-45	0.70%	0.72%	190
CM EAST	0.85%	0.20%	40	0.50%	1.26%	255
CM WEST	0.59%	0.52%	84	0.99%	0.71%	115
CM SOUTH	-0.39%	-0.07%	-8	-0.20%	0.05%	6

**Hub & spoke predicted performance gains against baseline**

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**Heat map of predicted performance gains against baseline when taking meal at the nearest location (greater the gain deeper the green, more negative impact deeper the red)**

On the 3<sup>rd</sup> November 2017 an EMT estates strategy day workshop was held at the Anderton Centre with the aim to inform the future estates strategy 2018-23 in terms of:

- Setting the direction and priorities of the estate to have fewer but larger operational sites (Appendix 3), hence having a planned strategic development rather than an opportunity driven one
- Identifying the benefits and challenges in delivering the above
- Setting the factors when prioritising and locating hubs and spokes
- The key lessons learnt by other Trusts when delivering the hub and spoke model

Having first considered the current position and context, attendees were challenged to undertake four activities to produce key outputs to inform future estates developments. The four outputs are summarised below.

**OUTPUT 1 - How many hubs are needed in that area? What groupings of stations would form each hub?**

Three separate groups tackled the same questions, however their conclusions and observations were broadly similar, summarised as follows:

1. Consensus was that this should be looked at NWS wide, beyond current sector/area boundaries.

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2. Agreement that we need fewer large sites, as few as 3-4 hubs in each current area. The work produced the hubs and groups shown in Appendix 3, (these clusters are indicative only in general location and size).
3. More rural areas such as Cumbria and parts of Cheshire may not necessarily lend itself to hub and spoke treatment because the areas consist of a number of small towns/villages which are widely dispersed. These areas of the Trust may just require some estates rationalisation and modernisation. These are also shown in Appendix 3, but should be considered as groupings of resources rather than hubs as in 2 above.
4. PTS numbers have not been factored into this exercise, so need to be included.

**OUTPUT 2 - what factors determine our priorities in developing this hub and spoke model?**

The key factors are a balance of performance and quality improvements, local context, resource and efficiencies. The full list is presented at Appendix 4.

**OUTPUT 3 – what benefits and challenges are there in moving to the hub and spoke model?**

Benefits mirror some of the key factor for prioritising and the principles of the NWAS Emergency Service Resource Deployment Strategic Outline, (Appendix 2):

- Performance (assuming operational systems are adapted)
- Reduced overheads/running costs
- Capital receipts (for reinvestment)
- Possible reduction in fleet pool size?
- Reduction of backlog maintenance burden
- Facilitates make ready and the benefits (financial and other ) arising from that
- Better staff facilities
- Better management support
- Improved training/education
- Improved quality assurance

Challenges are reflected in the lessons learnt (see later). The full list is presented at Appendix 4.

**OUTPUT 4 - what criteria are important when considering locations for hub and spoke stations?**

It was found that the key criteria also mirrored the principles of the NWAS Emergency Service Resource Deployment Strategic Outline, (Appendix 2). In practice, it will likely be a balance of

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performance (the prime criteria), logistics and communications routes. The full list is presented at Appendix 4.

## Key Lessons Learnt From Other Trusts

The workshop activities produced a further discussion about lessons learnt from other Trusts. Discussions have been had with all Trusts who have or are implementing hub & spoke to gain an insight to how well benefits identified in the business case were realised and lessons learnt. The breadth and scope varied between each Trust; however, there was consistency in several themes:

- Key benefits of operational efficiency savings have not been realised. New ways of working did not materialize, staff travel back to Hub for meal breaks and rests mitigating any efficiencies derived from applying make ready. Examples of how they have addressed these issues and lessons learnt are:
- Several Trusts have now set a £5 meal scheme at acute hospitals to allow crews to eat there billed against the Trust. They have also now allowed crews to carry food on vehicles to response points.
- Education of what the Trust was trying to achieve had been poor. There should have been more communication and evidence reason for the changes. Communication should have included EOC.
- There was a need for better education to staff that the hub is a facility aimed at getting crews out and staying out on the front line.
- Provide response posts where staff have breaks/meals during their shift not the hub. Introduced cooler bags to support this.
- When the above are addressed, make ready provides efficiency in resource deployment (when employed as designed) and provides quality of assurance of equipment and IPC.
- Prior communication internally and externally is key to delivery and implementation. Focus on benefits not costs/closures.
- The make ready/hub should be seen as a hub for making ready vehicles and deploying crews at the start of shift, and staying out to serve patients. Regular comments “don’t make hubs comfortable; provide facilities at spokes to encourage staff to stay out”. “Don’t provide too large a spoke, they revert to traditional ambulance stations”
- Management and supervision efficiencies and effectiveness gained.
- Trusts tried to implement as part of day job which proved too difficult. Some set up dedicated transformation team. This is not an estates managed programme but a whole system approach.

For NWAS, the hub and spoke configuration supports PCD particularly in concentrated high activity and dynamically changing urban areas. A more traditional ambulance station deployment would be more appropriate in the less densely populated and widely dispersed areas such as Cumbria and Cheshire.

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It should also be noted that not all Trust provide Patient Transport Services. This is a competitively tendered commercial contract service provision, and NWS was awarded 5 year contracts from July 2016 for Greater Manchester, Mersey, Lancashire and Cumbria through until July 2022. Therefore, the estate is required to support both service performance and be provided within the prevailing contracted financial envelope. To gain efficiencies in not only operation, but with respect to make ready and deep cleaning, the supporting estate should be considered within the hub and spoke model, and only where operationally/geographically necessary as a standalone site.

### COVID-19 Lessons Learnt

The government initiated a lockdown in response to Covid-19 in March 2020. During the period of March to July 2020, the Trusts estate experienced various pressures and underwent a number of changes in response to the threat posed by the virus. A workshop was undertaken on the 18th August 2020 to explore those experiences, to see what lessons could be learnt and how to apply them for the future. This section covers those lessons learnt specifically related to the Trust's Estates Strategy.

Lessons learnt could broadly be broken down to those related to either strategic application or operational application. Operational lessons learnt will be used when revising operational policies. Strategic lessons learnt are summarised as follows:

- The estate is made up of stock of varied ages, the main bulk of which is older than 25 years. The older estate was found to be more difficult to adapt than the more modern estate. There was a requirement to expand call taking functions quickly and there was pressure to find space to do so. However, there were large parts of estate that were under-utilised, (20-30% occupancy), with many staff working from home or elsewhere within the Trust. However, the under-utilised stock was not used for expansion due to location and particularly the facilities to undertake the change not being appropriate.
- Agile working, which had previously been explored by the Trust but not rolled out, was put into practice by default in following the government's line to work from home where practical to do so. During August/September 2020 the facilities management (FM) team discussed this aspect with a wide variety of managers whilst facilitating them in establishing a more normal 'business as usual' working practice whilst working within a Covid-19 environment. Overall managers found that the increased use of home working and communications technology had positive benefits of:
  - Direct reduction of risk to the individuals and colleagues
  - Rotational working created staff bubble of contact, and hence reduced the risk of taking out a whole department/function/team in the event of a track and trace issue
  - Overall reduction of footfall on a number of sites contributed to risk reduction
  - Managers consistently reported increased productivity and flexibility of the workforce, facilitated by the increased use of technology
  - A significant reduction in mileage, (and lost time through travelling), has been seen
  - Increased carbon savings due to reduced mileage
  - Health and wellbeing have been maintained by establishing good local team routines

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- However, some functions and for some individuals due to their specific needs, it is less effective and their requirements have been facilitated on sites
- Because many parts of the estate are of an older stock, inherited from former organisations, with varied standards of fixtures, fittings and design, hampered responding quickly in terms of reconfiguration, cleaning, security and the application of prevailing guidance.
- The Trusts Green Plan abruptly stopped and works suspended. This needs to be quickly picked up again, become embedded within the organisation as a way we do things.
- Partnership working at co-located sites, at which some partners closed for the period, proved difficult in some cases to establish information sharing and to assure compliance.
- Transport logistics and central stores had previously been a small backwater operation providing a number of unseen services to the Trust and other Trusts and had seen little investment over the years. During the Covid-19 crisis the operation was essential and proved to be an important an essential element to the delivery of front line service and the health and wellbeing of the Trust's staff. Very quickly the operation and site had to be built up to service the front line 24/7 with PPE and other essential supplies. The site now has the capability and capacity to deliver and maintain high levels of stock to the Trust across the 5 counties. However, for expediency the infrastructure was established using temporary structures which will need addressing for the longer term provision.
- A variety of new ways of working evolved locally as teams adapted to follow guidance and also deliver their services. It is worth learning from these experiences and facilitating teams to enable them to work efficiently and effectively, which is also borne out by the recently release NHS People Plan. It was clear at the time managers where not sure what they could/couldn't do, an updated working from home policy and managers guidance would have proven useful.

### 3. Future Provision

#### 3.1 Supporting Service Delivery

The successful implementation of this Estates Strategy will enable the provision of safe, secure, high quality buildings and an infrastructure capable of supporting current and future models of service delivery (see 2.7).

The Trust estate will be maintained over the next 5 years in such a way that it will be designed to be flexible and adaptable with the ability to change appropriately to the needs of the Trust across the communities it serves. However, there are a number of constraints highlighted in the following sections. Therefore, the estates team will lead on the development of a Paramedic Emergency Service 5 Year estates implementation plan based upon Optima modelling to assure ARP provides the prime focus. The plan will also take into context Patient Transport Service developments based upon demand analysis and contractual parameters. The two key aims of the plan are to identify high-level detail and priorities for delivery and financial resources to deliver.

In order to support the new service model the focus of estates activities will include:

- The development of modern bases, which will provide the full range of facilities required to support the service strategy.

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- The capacity to support a more diverse vehicle base.
- The potential to introduce a hub and spoke model across the region, based on a single large ambulance station at the hub, and spokes consisting of serviced and un-serviced ambulance standby points.
- Facilities for training, both centralised and ‘out in the field’
- Facilities for vehicle fleet maintenance and deep cleaning service that will complement and improve vehicle availability and reduce ambulance crew downtime.
- A modern, well maintained estate that allows estates maintenance costs to be controlled and avoids the need to invest significantly in backlog.
- Implementation of the Trust’s Green Plan that delivers the requirements of the NHS Carbon Reduction Strategy for England.
- The provision of appropriate facilities for the corporate functions within NWS.
- The provision of appropriate facilities to support the control functions for emergency, 111 and planned care services.
- Opportunities for rationalisation, co-location and reduction in cost.
- Opportunities for to learn from the lessons learnt from Covid-19 lockdown and incorporate these in future developments.

## 3.2 Key Drivers

### 3.2.1 Ambulance Response Programme (ARP) & Patient Centred Deployment (PCD).

Following the largest clinical ambulance trials in the world, NHS England implemented new ambulance standards across the country in 2017. The changes focus on making sure the best, high quality, most appropriate response is provided for each patient first time. Key to this is the development of deployment plans that position appropriate resources as close as possible to patients at the time of despatch, known as PCD (section 2.10). To support PCD, resources are deployed within an area to maximise coverage and performance.

### 3.2.2 Financial and Economic Outlook

In 2020/21 following guidance from NHSE/I in relation to the response to Covid-19, all NHS Trusts and Foundation Trusts for an initial period of 1<sup>st</sup> April to 31<sup>st</sup> July 2020 and then extended to 30<sup>th</sup> September 2020, applied a suspension of the usual contracting arrangements. The NHS moved to block contract payments on account for all services commissioned by NHSI/E and CCGs to ensure that Trusts have sufficient funding to respond to the crisis. During this period the requirement for efficiencies was suspended. For the latter part of 2020/21 there is an expectation that financial balance will be achieved within a system wide envelope seeing a return to the usual financial disciplines.

During the period this strategy relates to, 2018 to 2023, the Trust has continued to demonstrate strong financial management. In 2018/19 the Trust delivered a surplus position of £5.319m which included £2.131m Provider sustainability / sustainability and transformation fund income (PSF/STF). To achieve this the Trust delivered a cost improvement programme (CIP) of £9.834m.

In 2019/20 the Trust delivered a surplus position of £2.875m which included £0.875m expenditure directly related to Covid-19 and the Trust delivered a CIP programme of £9.808m.

Going forward a key requirement is to deliver efficiencies in the estate to support the continued frontline service delivery.

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### 3.2.3 Environmental Factors

The Climate Change Bill which introduced the world’s first long term legally binding framework to tackle the dangers of climate change was introduced into parliament on 14 November 2007 and became law on 26th November 2008.

The Act created a new approach to managing and responding to climate change through: setting ambitious targets, assuming powers to help achieve them, strengthening the institutional framework, enhancing the UK’s ability to adapt to the impact of climate change and establishing clear and regular accountability.

The Trust as part of its board approved Green Plan has undertaken a climate change risk assessment and developed an appropriate climate change adaptation plan which is reviewed on a regular basis to maintain its currency.

The NHS Carbon Reduction Strategy 2009 was developed and introduced to ensure compliance with the Climate Change Act target of 80% reduction in CO2 emissions by 2050 compared to 1990 emission. The 2050 target has now been revised to net zero by this date.

The NHS, public health and social care system recognises that the current system is not sustainable without radical transformation. It suggests that environmental and social sustainability can be addressed alongside economic sustainability challenges and has developed a NHS ‘Long Term Plan’ and the ‘For a Greener NHS’ campaign. These initiatives propose that a sustainable system protects and improves health & wellbeing by reducing carbon emissions, minimising waste and pollution, building resilience to climate change and nurturing community strengths.

From an NWAS’ perspective, the Trust’s Green Plan is managed by the Trust Sustainability Steering Group, and has signed up to the NHS Sustainability Development Unit’s (SDU) new Sustainable Development Assessment Tool (SDAT). The SDAT forms the basis of the Trusts action plan to target and maintain continuous improvement to its overall organisational commitment to sustainability.

The SDAT also highlights the Trust’s contribution to the United Nations Sustainable Development Goals (SDGs). The 2030 Agenda for Sustainable Development, adopted by all United Nations member states in 2015, including the UK, provided a shared blueprint for achieving peace and prosperity for people and the planet both for now and into the future.

At its heart are the 17 sustainable development goals (SDGs) which is an urgent call for action by all countries in a global partnership. They recognise that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, spur economic growth and at all times tackling climate change along with working to preserve our oceans and forests.

### 3.2.4 Legal and Regulatory Framework

The Trust is required to comply with all statutory and regulatory requirements. In the field of estates this is constantly developing, particularly with regards to health, safety and environmental legislation. There is specific legislation related to the estate associated with asbestos, legionella and waste that pose risks to the Trust, staff, visitors and patients. Management of these risks and the associated policies and procedures will continue and will be reflected in the annual estates action plans.

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### 3.3 Covid-19 (lessons into practice)

With regards to the Estates Strategy lessons learnt can best be applied in the way the Trust develops and uses its estate now and particular benefit could be gained in planning for future estates developments. Broadly, these would be:

- **Specification for both buildings and fixture and fittings:**
  - Buildings – to incorporate physical guidance measures and control points
  - Single corporate standard – for fixture, fittings and premises systems to facilitate maintenance and management
  - Communications systems – general flexible communications systems to support building adaption and remote working/dispersed working
- **Functional expansion/adaption** – have a holistic approach to developing a future flexible estate, considering building not as functional but Trust assets that in a crisis are more readily configurable for other uses i.e. using corporate offices for call taking or training.
- **Support the delivery of the NHS People Plan (New ways of working)** – accepting that currently there is no end date to the Covid-19 threat. Therefore, the Trust has to provide a working environment (both hard physical and soft cultural) that is Covid-19 safe. This is not just about making physical changes but also the way we work and how staff conduct themselves at work. The greater the footfall in an office or building the greater the risk, therefore flexibility is needed in taking a team approach in how to deliver services in the safest way that best suits that particular operation. The strategy needs to link to the NHS People Plan and new ways of working: People policies and guidance need to be refreshed in light of the Covid-19 experience to support managers and staff in developing and applying new ways of working and need to cover:
  - Working from home
  - Guidance for managers
- **Transport Logistics and Central Stores** – This contribution to the front line initially and throughout the Covid-19 crisis should not be underestimated. Similar feedback has been gained from all ambulance Trusts on the value of central stores and distribution in light of the crisis and sustaining the benefits gained going forward. Therefore, the temporary structures should be replaced with permanent facilities and retained as a key Trust assets.

### 3.4 Stations

Since April 2012 the following stations have been closed or relocated, generating capital receipts for reinvestment of c£3.9M:

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## Annual Capital Receipts

Site	Date of Sale	Capital Receipt (£)	Area
Stretford	Aug-13	181,000	Greater Manchester
Wardle	Dec-13	166,966	Greater Manchester
Cown Top Mast	Jul-13	8,000	Greater Manchester
Barnoldswick	Aug-13	190,000	Lancashire & Cumbria
Belle Vue	Mar-14	200,000	Greater Manchester
Preston - Deepdale	Apr-14	220,000	Lancashire & Cumbria
Darwen	Apr-14	75,000	Lancashire & Cumbria
Newton le willows	Apr-14	65,000	Cheshire & Mersey
Cadishead	Jul-15	90,000	Greater Manchester
Birkenhead	Sep-15	50,000	Cheshire & Mersey
Clitheroe	May-15	68,000	Lancashire & Cumbria
Standish Station	Dec-16	160,000	Greater Manchester
Standish Gardens	Apr-16	30,000	Greater Manchester
Maghull Station	Oct-16	242,000	Cheshire & Mersey
Hazel Grove	Jun-17	65,000	Greater Manchester
Crompton	Jul-17	253,000	Greater Manchester
Wigan	Sep-17	220,000	Greater Manchester
Millom	Dec-17	50,000	Lancashire & Cumbria
Atherton	Dec-17	240,000	Greater Manchester
Hindley	Dec-17	140,000	Greater Manchester
Ulverston	Jan-18	50,000	Lancashire & Cumbria
Burnley	Jun-18	350,000	Lancashire and Cumbria
Nelson	Sep-19	130,000	Lancashire & Cumbria
Formby	Apr-19	175,000	Cheshire & Mersey
Barrow	Jul-20	260,000	Lancashire & Cumbria
Billinge	Jun-20	270,000	Greater Manchester
<b>Total Sales to Date</b>		<b>£3,948,966</b>	

## Pending Capital Receipts

Site	Estimated Date of Sale	Estimated Capital Receipt (£)	Area
Huyton	Jan-21	140,000	Cheshire & Mersey
<b>Total Pending Sales</b>		<b>£140,000</b>	

The focus has now moved to developing the hub and spoke configuration because it supports the objectives of ARP. Make ready is a system that maximises clinical patient facing vehicle time (CPFVT) through the provision of an ambulance vehicle preparation service (AVPS) at strategically located hubs

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that restocks, maintains, refuels and cleans vehicles prior to shift commencements, negating the need for expensive ambulance clinicians to do daily vehicle preparation. Trusts that operate make ready produce a CPFVT of c97% of operational hours. The make ready hub and spoke model facilitates estate consolidation and reduces the overall footprint, with alignment to meet modern demand patterns no longer served by a legacy estate. This is the most appropriate operational model for the mainly urban geographical areas which experience concentrated activity.

The process for identifying options and developing the hub and spoke model is outlined in the flowchart which forms Appendix 5 of this document. However, the hub and spoke model is not necessarily suited to all areas covered by NWAS. The longer distances in the rural areas combined with the smaller communities does not lend itself to this approach. The approach which will be adopted in these areas (mainly Cumbria and Cheshire) will be to look at:

- Opportunities to share facilities with other blue light services/public bodies.
- Refurbishment/replacement of the existing NWAS facilities.

### 3.5 Contact Centres

In recent years the number of 999 contact centres reduced from four to three. 999 contact centres are located in Cheshire and Mersey, Lancashire and Greater Manchester, and the former Cumbria EOC operates as the NWAS Support Centre. Greater Manchester control relocated to the refurbished 'Parkway 3' in early 2012, under a site-sharing agreement, co-located with NHS Manchester Clinical Commissioning Group (CCG). However, the former CCG have advised their intent to vacate the property in December 2018 and the sub-leased areas to revert to NHS Property Services (PS). This head-lease expires in 2023, and PS have stated they have no intention to renew the lease at this moment in time. Therefore, the Trust will need to consider the long term future of the site within the lifetime of this strategy.

The Liverpool EOC (based at Elm House) which was identified as unsuitable for a 21<sup>st</sup> century ambulance service has now been closed and services relocated to the new corporate flagship building at Estuary Point. The Elm House site will be marketed for disposal at the earliest opportunities as soon as complexities around Airwaves provision from site, mast and liabilities have been concluded.

During the winter of 2017/18, Southwest Ambulance Service Trust (SWAST) suffered a catastrophic failure that simultaneously disrupted both of their EOCs. The estates team have established communications with their peers in SWAST to see what lessons can be learnt from the incident and applied in NWAS. Some of the lessons learnt have been adapted and employed at the main EOCs and will be incorporated into future builds.

As part of NHSI's work on the Model Ambulance Trust and in providing capital via STP capital funding, NHSI have identified that due to legacy resilience reasons there are 23 emergency ambulance control centres across the sector, with each trust having at least two centres which offer significant variances in the resilience afforded per trust. A number of trusts have not addressed their ageing infrastructure; and no standard platform for telephony and computer aided dispatch (CAD) systems exists, which presents limited interoperability across the sector. Through a capital investment programme, and increased collaboration and standardisation, it is assumed that year on year savings across the areas of IM&T, staffing and estates can be realised. Additionally, it is supposed that a national configuration of control centres has the potential to support improved operational and patient outcomes, as well as

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enhanced resilience and interoperability. Although the NHSI's work is at an early stage, it can be reasonably assumed that during the life of this strategy, greater detail and potentially influence will emerge that will have an impact on the Trusts development of its EOC estate.

PTS control centres are located at Salkeld Hall and Broughton. Following the recovery of the PTS contract in Greater Manchester in July 2016, NWAS continues to use the site previously used by Arriva, at Oldham, as the PTS control centre for the Greater Manchester area. The lease to the Countess of Chester site was surrendered when the services moved to Estuary Point in 2018/19.

### 3.6 Workshops

The fleet & workshop review was approved by the Board of Directors in June 2011. The stated aim of the review was to determine short, medium and long term objectives to reconfigure the Trust's workshops to support the current and future operational models. The aim is to improve the quality of service delivery, and help achieve better value for money by introducing new ways of working within the fleet and workshops.

To date the short term objectives to permanently close Ellesmere Port and Burnley workshops have been achieved, along with the interim consolidation of Greater Manchester workshops. This involved the expansion of the Bury workshop and closure of the Salford workshop which was completed in the first quarter of 2013/14.

The long term aim is to provide 3 centralised workshops (Manchester, Lancashire and Mersey) and a satellite workshop in Cumbria. A centralised workshop and Regional Logistics Centre (RLC) in the Cheshire & Mersey area was completed in February 2016, which not only provides workshop facilities but also other services for the whole of the NWAS fleet, such as stores, fuel, insurance and insurance claims management, waste, make ready and deep cleaning contracts management. A second centralised workshop in Lancashire was completed in 2017, providing the basis for further consolidation within the county planned for 2020/21. Further, work to consolidate the Bolton and Bury workshops is to be undertaken in 2020/21. In addition the Cumbria workshop will be moving premises by November 2021 due to current site limitations and lease end date.

### 3.7 HART/USAR/ Resilience

In line with the Home Office National Capability Programme, NWAS hosts two Hazardous Area Response Teams (HART). The Manchester HART and Trust resilience team operate from Trafford Park. The Liverpool HART team is set up in extended and converted facilities on the site of the Mersey Fire and Rescue Service Training centre in Croxteth. The Trust is aware that the fire service is reviewing provision at the Croxteth site; therefore, the Trust will need to maintain links with the service to ensure that any proposed changes are appropriately planned for.

### 3.8 Education & Learning Facilities

Changes to the occupancy and purpose of corporate sites over recent years has resulted in the reduction of training capacity for core induction training and mandatory training. In particular, the redevelopment of the Ladybridge Hall site and the closure of the former training rooms at Elm House. Although the Trust retains The Centre in Preston, Parkway, Broughton, and the additional training facilities available at Estuary Point, this does not provide sufficient capacity to meet the needs of the Trust going forward. This has resulted in rising costs for the temporary hire of suitable accommodation for training.

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The strategy includes a review of training provision with the aim of centralising provision for the majority of core induction training, recognising that there may need to be ad hoc temporary provision to meet the needs of Cumbria. In addition, the development of hub and spoke provision in PES will incorporate training facilities capable of delivering mandatory training for the area in which they are situated.

### 3.9 Corporate and Headquarters Services

When the Trust was formed in 2006 three area offices and a headquarters were established at Elm House, Broughton, Whitefield, and Ladybridge Hall respectively. Following a review by Deloitte, a programme of works was undertaken during 2014-16 to redevelop the Ladybridge site as the Trust's corporate headquarters, consolidate a number of support services on to the site and close Whitefield and Highfield corporate offices. The programme of work was completed in February 2016. Whitefield has subsequently been retained due to the re-introduction of PTS staff and vehicles into the site. The future use of the Whitefield site will be reviewed going forward.

The strategy incorporates the development and delivery of a NWS corporate branding inclusive of all soft facilities and commensurate service levels at headquarters and other core NWS premises. This includes the development and oversight of the Trust's clear desk policy; Simple Steps to Smarter Working, centralised systems and procedures such as; room bookings, tracked mail, ID badge production and distribution, franking machine contracts and office assignment management.

### 3.10 Partnership with other services

The Trust is a signatory of the Greater Manchester Combined Authority Memorandum of Understanding between Greater Manchester bodies (Estates), and therefore the Trust's Estates Strategy links into and contributes to the authority's Strategic Estates Group's Strategic Estates Plans. Other STPs are now establishing similar groups, such as the Cheshire and Mersey Strategic Estates Board, and the Trust needs to maintain links with these as their and the Trusts plans develop. The estates team will continue to investigate opportunities to develop the estate in conjunction with other organisations should the opportunities arise and that they fit in with the Trust's strategic direction. These will include other NHS Trusts, local government organisations as well as private sector developers. The Trust has completed a number of initiatives:

- Closure of Formby Ambulance Station and co-located with Merseyside Fire and Rescue Service at the new Formby Community Fire & Ambulance Station.
- Closure of Southport Ambulance Station and co-located with Merseyside Fire and Rescue Service at the new Southport Community Fire & Ambulance Station.
- Closure of Newton le Willows Ambulance Station and co-located with Merseyside Fire and Rescue Service at the new Newton le Willows Community Fire & Ambulance Station.
- Closure of Barnoldswick Ambulance Station and co-located with Lancashire Police at the Police Station at Barnoldswick.
- Closure of Stretford Ambulance Station and co-located with Greater Manchester Police at the Police Station at Stretford.
- Closure of Wardle Ambulance Station and co-located at the local hospital.
- Closure of Preston Ambulance Station and co-located to Preston Fire Station.
- Closure of Darwen Ambulance Station and co-located to Darwen Fire Station
- Closure of Clitheroe Ambulance Station and co-located to Clitheroe Community Hospital.

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- Closure of Birkenhead Ambulance Station and co-located with Merseyside Fire and Rescue Service at the new Birkenhead Community Fire & Ambulance Station.
- Co-location at Bootle & Netherton Community Fire & Ambulance Station (previously Maghull A/S)
- Co-location of the HART team at Croxteth Community Fire Station with Merseyside Fire & Rescue Service
- Co-location at Poynton Fire Station with Cheshire Fire & Rescue Service
- Co-location at Birchwood Fire Station with Cheshire Fire & Rescue Service
- Co-location at Whitefield fire station with Greater Manchester Fire and Rescue Service
- Co-location at Phillips Park fire station with Greater Manchester Fire and Rescue Service
- Co-location at Irlam fire station with Greater Manchester Fire and Rescue Service
- Co-location at Whitefield fire station with Greater Manchester Fire and Rescue Service
- Closure of the Wigan group of ambulance stations and the creation of a co-located Hub site at Wigan Community fire and ambulance station with Greater Manchester Fire and Rescue Service
- Co-location of PTS at Bolton Central fire station with Greater Manchester Fire and Rescue Service

The Northern Ambulance Alliance (Nwas, Neas and Yas) has been formed to work collaboratively on efficiencies and quality across the three organisations has a specific estates and fleet work stream which includes estates operations and environmental and sustainability initiatives. Partnership initiatives have a number of benefits:

1. Reduction in estate running costs
2. Avoidance of the need for Nwas to invest capital monies in new facilities in the future
3. Reduction in backlog maintenance
4. Sales proceeds from Nwas sites to invest in new facilities
5. Staff relocated into new modern facilities
6. Increased opportunities for partnership working with other blue light services/public bodies

## 4. Sustainability and Energy

### 4.1 Carbon Reduction and Energy Management

In September 2020 the Board of Directors approved the Trust’s first Green Plan and the aim of the Green Plan is to identify measures which can be taken in order to achieve the carbon reduction targets set out in the NHS Carbon Reduction Strategy and the UK government’s objective of achieving net zero carbon by 2050.

The more recent NHS ‘Long Term Plan’ and the ‘For a Greener NHS’ campaign both require the NHS to prioritise and integrate sustainability into its service delivery models. These initiatives consider sustainability in respect of health care services and provide the framework for achieving targets for the reduction of CO<sub>2</sub>e emissions, air pollution, and NHS generated waste.

The NHS Long Term Plan has focussed on five target areas which are listed below:

- 51% reduction in carbon by 2025 (1990 baseline)
- Net zero carbon by 2050
- Cut business mileages and fleet air pollutant emissions by 20% by 2023/24
- Ensuring that at least 90% of the NHS fleet uses low-emissions engines (including 25% ultra-low emission) by 2028
- Phasing out primary heating from coal and oil fuel in NHS sites

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The Trust Sustainability Steering Group oversees the implementation of the Green Plan and progress towards these objectives is reported to the Resources Committee on a regular basis.

In 2014/15 the Trust invested £1.8 million installing various energy saving technology initiatives at 11 sites. This resulted in an 11% reduction of the Trusts overall energy emissions. Following on from this success the Trust is continuing to target investment in energy saving technology and reduction by estates rationalisation where appropriate.

Technology currently being considered is:

- Solar photo voltaic (PV) roof panels
- Combined heat and power units (CHP's)
- Light emitting diode (LED) lighting
- Hydrogen fuel cells
- Interlocking garage door/heating systems
- Building management systems
- Double glazing, insulation and draught proofing in identified vulnerable areas
- Battery storage
- Electric vehicles and EV charging infrastructure

Work in progress at the moment is the development of a Sustainability Impact Assessment (SIA) template which will be used as an analysis tool when considering all future projects and procedures.

#### **4.2 Energy Performance of Buildings**

The Trust's building stock has a below average standard of energy performance. This is reflected in the age profile of the estate with just over 80% of the Trust estate being over 25 years old and was constructed before proper consideration was given to sustainability and energy management. The Carbon Reduction and Energy Management Programme outlined in section 4.1 specifically addresses this issue and all measures are intended to ensure a good return on investment.

New buildings will be designed to achieve zero carbon standards. They will be developed with flexibility and adaptability being key components of the detailed design stage.

### **5. Performance Measures and Benchmarking**

Achieving service quality is more than performing well financially. There is a need for measures across all aspects of performance relating to the estates function. On a monthly basis the reactive maintenance of the estate is reviewed at the estates and fleet senior management team meetings. Separate contract meetings are regularly held with the service providers to review their performance.

There must also be measures which relate to the overall strategic direction that has been set in order to provide a comprehensive view of performance in that respect. To this end, estate measures will include:

- Progress against the NHS Carbon Reduction Strategy
- Progress against compliance with new legislation
- Asset utilisation (space efficiency; cost of occupation; asset productivity; asset deployment; quality)

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The Trust utilises an ambulance service specific assurance tool to facilitate assurance against a wide variety of legislative and regularity requirements associated with the estates. The estates team will review and consider changing to the NHS Premise Assurance Model (PAM), designed for acute settings, in light of emerging developments of the model.

The Trust is a member of the National Heads of Estates and Facilities forum along with all NHS ambulance trusts across the country. NWAS actively participates in benchmarking between member organisations, as well as benchmarking against the Department of Health’s annual Estates ERIC Returns. ERIC is a key source of data for the “Model Ambulance Trust” with a planned go live date of 1<sup>st</sup> April 2019 for all ambulance trusts, (see section 2.5). The estates and facilities management systems will be adjusted to align with the model to facilitate reporting and benchmarking from 2019, the 3 main areas of focus are:

- Operational estate
- General estate
- Fleet

## 6. Health, Safety and Hygiene

### 6.1 The Estates Policy

The Estates Policy defines responsibilities and accountability for the delivery of a quality estates function and encourages a partnership approach with all stakeholders. The focus of the policy is on the provision and maintenance of properties which support service delivery and are safe, hygienic, legally compliant, and sustainable. The Trust will assess its compliance against requirements using the Compliance Tool Kit.

### 6.2 Premises Cleaning

The Care Quality Commission as part of its inspection programme seeks to ensure that NHS Trusts are meeting the requirements of the Health and Social Care Act 2008 with particular regard to healthcare associated infections (HCAI’s). In order to meet with those requirements NWAS is expected to provide and maintain premises which are safe, kept in good repair, fit for purpose and which facilitate the prevention of HCAI’s. A Trust wide premises cleaning contract has been in place since January 2013 with the aim of ensuring consistent, quality, cleaning of buildings. The performance of the cleaning contractor and cleanliness is monitored internally by operational managers and the facilities management team. The process of retendering for the service concluded in June 2018 and a new 4 year contract awarded. However, the service has been enhanced following the onset of Covid-19.

### 6.3 Waste Management

The Waste Management Policy, approved by the Board of Directors in 2018, sets out the Trust’s approach to waste management taking into consideration legislative, health, safety and environmental factors. This will be reviewed and the revised policy will be presented to the board by November 2020. The cross-departmental Sustainability Steering Group continues to support the improvement of waste management across the Trust with an additional focus on education and engagement of staff and supporting the Trust’s sustainability objectives.

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## 6.4 Legionella Prevention

A Trust policy for the control and prevention of Legionella is in place and has been implemented to ensure that the requirements of the Health & Safety Executive Approved Code of Practice L8 and NHS HTM 04-01 (where appropriate) are met. All Trust premises have a legionella risk assessment which is reviewed periodically according in line with ACOP L8 guidance. Monthly water monitoring is undertaken and the results are regularly reviewed at bi-monthly water hygiene management meetings.

## 6.5 Asbestos Management

A Trust Asbestos Policy is in place which sets out responsibilities and obligations under the Control of Asbestos Regulations. All Trust premises have undergone an asbestos management survey to identify the presence of asbestos containing materials (ACM's). All known ACM's are recorded in an asbestos register and re-inspected at regular intervals

# 7. Financial Plan

## 7.1 Depreciation, revenue and capital funding

The estate is an asset of the Trust. It consists of a mix of buildings in good condition, some in fair condition and others in poor condition. The asset value of the estate for land and buildings (excluding assets under construction) at 31<sup>st</sup> March 2020 is £36.836m. The total depreciation value of the Trust's estate for 2019/20 was £1.982m. The depreciation value is an indicator of the cost to re-instate and maintain the value of the assets. The planned capital expenditure for the estate in 2019/20 is £3.678m.

The revenue budget available for the estate is £6.664m.

## 7.2 Capital Programme

The estates and finance teams prepare annual and five-year capital and revenue investment plans with the aim of producing an estate that will enable the provision of safe, secure, high quality buildings and an infrastructure capable of supporting current and future models of service delivery.

## 7.3 Cost Improvement Programme (CIP)

As described in section 3.2.2, the requirement for efficiencies in the early part of financial year 2020/21 is suspended. For the latter part of 2020/21, there is an expectation that financial balance will be achieved within a system wide envelope seeing a return to the usual financial disciplines.

The Trust must always demonstrate that it is giving optimum value in all areas of business. All NHS Trusts are subject to mandatory efficiency targets. As such, the aim will be to drive through efficiencies from the estates, to achieve reduction in running costs over the period 2018/19 – 2022/23. The key elements of this plan will be:

- Rationalisation
- Reduction in running costs
- Energy efficiency

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## 8. Delivery Plan

In order to deliver the 'Future Provision' detailed in Section 3 of this strategy, and taking into consideration the issues outlined in Sections 4 and 5, the delivery plan must be in place to enable successful implementation. Key parts of this plan are detailed in this section.

### 8.1 Design Considerations

The 'Design Considerations' for Ambulance Stations and Ambulance Deployment Points' document was approved by the Estates Rationalisation Project Board in December 2012. This document provides an outline specification for the planning and commissioning of new all NWAS ambulance stations and deployment points for use by all NWAS operational staff. However, since the approval there has been some significant changes brought upon us by the Covid-19 pandemic, this has given the Trust and other organisations some challenges to which they have had to respond.

The government has issued guidance, which continues to evolve, which has been reviewed and applied by the Trust and it will need to continue to do so. It is clear that guidance not only affects the way we design and build our premises but also change is required for all in the way we think and behave at work (the new normal), to adhere to the safeguarding of all staff and visitors to its premises.

The Trust has also embarked on a set of single standards that will be applied across all sites, this will see the Trust develop future schemes where all premises in terms of finishes, furniture, signage etc., will become the corporate brand for the Trust. Single standards will also facilitate application of social distancing and premises cleaning. Other new elements that will be incorporated in design are zero carbon standards for new buildings in the NHS, this is known as zero net energy (ZNE).

In December 2017 the first full hub and spoke premises serving the Wigan area was established and the new corporate site Estuary Point designed and fitted out in 2018. The lessons learnt from these two developments, along with the recent experience of operating in a Covid-19 environment, are to be reviewed and incorporated into the revised design document, the design document will also take into consideration any new emerging factors and will be reviewed on a regular basis.

### 8.2 Estates Oversight Forum (EOF) and Area Estates Groups

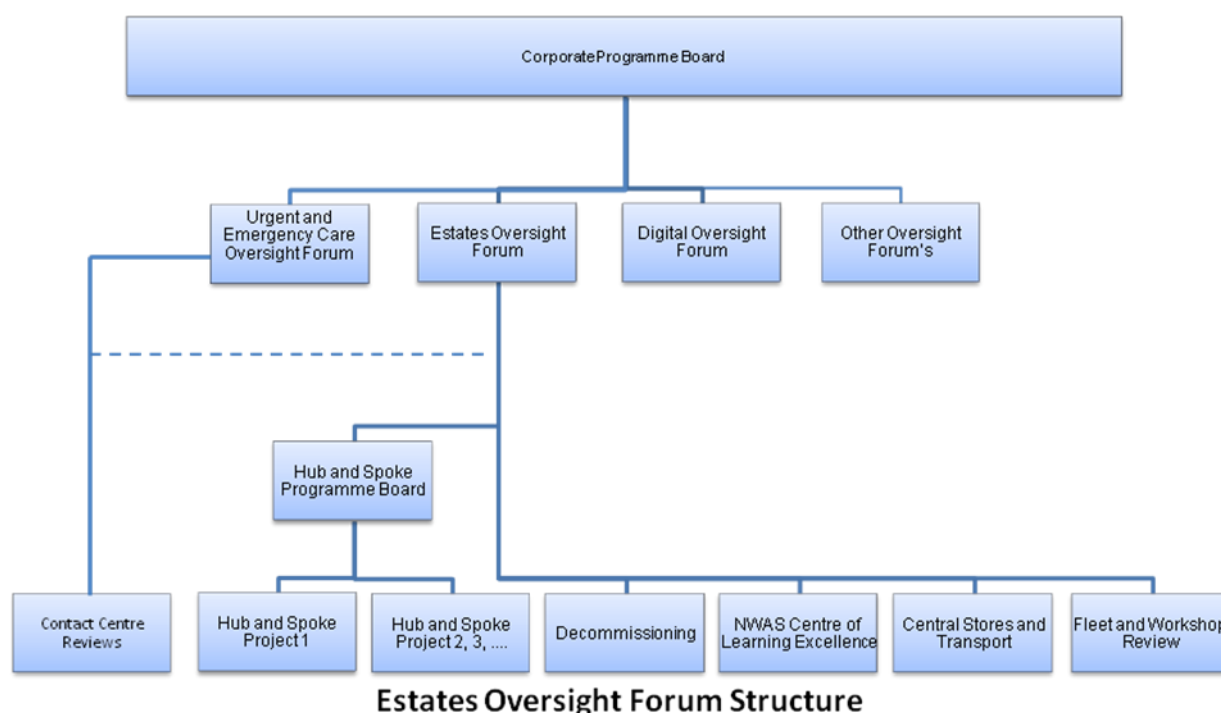
The EOF and Area Estates Groups provide the overarching structure for the governance and delivery of the strategy. These groups meet regularly and provide supportive mechanisms for the delivery of significant parts of the Estates Strategy. Their remit, functions and composition is detailed in the terms of reference document.

The Area Estates Groups provide scrutiny, advice and recommendations regarding proposals for the in-service operational estate within its area to support local operational needs. Output from the group will provide a key input to the following year's capital planning (section 7.2) and tactical changes in year works.

The EOF forms part of the Trusts Corporate Programme Board governance structure, (highlighted in the diagram below), and will undertake responsibilities for:

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- The EOF will oversee the delivery of the Estates Strategy and Hub and Spoke Strategic Implementation Plan by the ongoing development and delivery of projects and services that drive NWS strategic direction.
- The EOF will develop a clear work plan for the forum which will outline clear deliverables and accountable owners and will ensure consistency, compatibility, co-ordination and sustainability between various projects and programmes.
- The EOF will provide monthly updates to the Corporate Programme Board which includes an overview of the delivery of the estates portfolio alongside escalation of any emerging risks and issues associated with the estates programme.
- The EOF will take assurance from relevant projects which will oversee the delivery of the programmes of work whilst managing the portfolio of the estates and fleet programme as a whole.



### 8.3 Annual Estates Plan and Five Year Estates Plan

In order to plan and monitor the progress of individual activities and projects the estates team produce a 5 year and an annual estates plan that will highlight estates schemes for the following financial year. This includes:

- The estates capital programme
- Estates strategic implementation programme (strategy)
- Planned maintenance programmes
- Areas of development for the estates team
- Full review of the risk register for the estate with an action plan for removal/management of significant risk(s)
- Tasks necessary to ensure legislative requirements are met
- Projects carried over from the previous year
- 

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## 9. Stakeholder Engagement and Communications

The successful implementation of the Estates Strategy will be dependent on effective engagement with staff, staff side and external stakeholders in all elements of its development. In particular, involvement will be essential in the review of the existing estates and the vision and design of the future estates provision. This will ensure they are fit for purpose for delivering effective patient care and provide an appropriate working environment for staff.

The *'Future Focus: Right Care Right Time Right Place'* document, produced by the corporate communications department, outlines the hub and spoke configuration and explains how this model of service delivery links to serving communities and patients.

There is a Communications Plan in place for the estates strategic implementation projects and the plans will continue to be used and developed.

## 10. Equality Impact Assessment

The Trust will ensure that all premises and their grounds comply with relevant legislation. All new building specifications will have the potential to impact both staff and services with regards to equality. Therefore, there is a requirement to carry out a detailed Equality Impact Assessment; this will be carried out in consultation with the Deputy Director of People.

The Equality Impact Assessment for the Estate Strategy is at Appendix 6.

## 11. Conclusion

The previous Estates Strategy 2013-18 has been very successful in reducing the overall estate and footprints, increasing the efficiency of the estate, and delivering an overall younger estate. Since its inception, R1 and R2 has been replaced by ARP. Although there was a central thrust to move to hub and spoke the Trust has to date largely moved forward using opportunity as the main driver. During the lockdown initiated by the government in response to Covid-19, which occurred in March 2020, and between March and July 2020, the Trusts estate experienced a number of pressures and underwent a number of changes in response to the threat posed by the virus. There is a need to set out a long term plan in terms of the operational estates moving away from opportunistic driven developments of the past and incorporating the lessons learnt from the period of lockdown.

NHSi (Carter Report) focus is moving from acute to ambulance Trusts. For the number of sites we are about in the ball park with some of our peers, for example WMAS, SECAS. However, they have a significantly smaller footprint! This is because they have a few larger main sites (Hubs) and higher numbers of much smaller unmanned sites (spokes).

The outputs from the EMT estates strategy day workshop, 3<sup>rd</sup> November 2017 has provided input to inform the future Estates Strategy 2018-23 in terms of:

- Setting the direction and priorities of the estate to have fewer but larger operational sites (Appendix 3), hence having a planned strategic development rather than an opportunity driven one
- Identifying the benefits and challenges in delivering the above
- Setting the factors when prioritising and locating hubs and spokes

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- Identifying and learning from the key lessons learnt from other Trust when delivering the hub and spoke model

This Estates Strategy is intended to support the service delivery models, in some cases the most suitable service delivery model is the hub and spoke configuration. This document outlines the prime estates activities which are necessary for the delivery of the strategy and the enabling structures.

Key issues to be addressed, as identified in this document, are:

- Estates rationalisation and the strategic estate development
- Maintenance of the estate
- Compliance with legislation
- Application of prevailing government guidance with respect to Covid-19 and lessons learnt
- Improved energy management and carbon reduction
- Continuous monitoring of the performance of the estate

In order to ensure successful delivery of the strategy annual plans will be agreed prior to the commencement of the financial year and will reflect the resource assumptions for delivery of the business plans of the Trust, based upon agreed capital and revenue funding. Annual plans and risk assessments will be subject to an ongoing review of progress in order to ascertain necessary variations to the strategy because of changes in expected demand and internal and external environment.

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## Appendix 1: Definitions of six facet survey criteria

- **Physical Condition** - The physical condition of all elements pertaining to the building stock of the Trust
- **Functional Suitability** - The appropriate provision of space, building fabric, services, amenities and equipment.
- **Space Utilisation** - The objective of the space utilisation survey is to assess whether the space available matches the needs of the service and its functional and future planned requirements. The exercise should identify surplus requirements as well as the need for expansion or space re-provision.
- **Quality** – This is a rating of the overall quality of the working environment. This takes into account factors such as overcrowding, lighting, heating, staff facilities, layout, and interior design.
- **Energy Performance** - To classify the overall energy efficiency of buildings indicating energy usage per unit volume – GJ/100 cubic metres.
- **Statutory Performance** - Compliance of premises with statutory requirements of Fire Safety Regulations, Environmental Protection Act, Health and Safety at Work Act, Waste Management Regulations and other Statutory Obligations.

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The following tables show a summary of the NWS estate infrastructure as of October 2020

Site	Area	Tenure	Physical Condition (External) (a)	Physical Condition (Office) (b)	Physical Condition (Garage) (c)	Functional Suitability	Space Utilisation	Quality	Energy Performance	Fire, Health & Safety Requirements	Backlog (2020)
Accrington	CLA	Freehold	C	B	C	C		C	C	B (C)	£394,550
Altham	CLA	Freehold	B	B (C)	B (C)	C		C	B	B (C)	£89,650
Altrincham	GMA	Freehold	B (C)	C	C	C		B	C	B (C)	£39,300
Ambleside	CLA	Freehold	C	B (C)	B (C)	C		B	C	B (C)	£64,050
Anfield	CMA	Freehold	B (C)	B (C)	B (C)	C	4	B ↓	C	B	
Anfield Finance Dept	CMA	Freehold	B (C)	C	n/a	n/a	1	B ↓	C	B	£423,550
Arrove Park	CMA	Leased (on hospital site)	B	B (C)	B (C)	C		B	B	B (C)	£25,850
Ashton-under-Lyne	GMA	Freehold	B (C)	B (C)	B (C)	C		C	C	B (C)	£100,500
Audenshaw PTS	GMA	Leasehold	C	C	C	B		B	B	B	(see note)
Barnoldswick Ambulance / Police station	CLA	Lease with Lancs. Police	B	B	B	B		B	B	B	(see note)
Barrow-In-Furness : The Alfred Barrow Centre	CLA	Leasehold	A	A	A	A		A	A	A	(see note)
Bebington	CMA	Freehold	B	B (C)	B (C)	C		B ↓	C	B	£16,480
Birchwood Fire Station	CMA	Lease with Cheshire FRA	B	B	B	B		B	C	B (C)	(see note)
Billinge Hill Radio Mast	GMA	Freehold	B (C)	B (C)	B (C)						not surveyed
Birkenhead Community Fire & Ambulance Station	CMA	Lease with Merseyside FRA	B	B	B	B		A	A	A	(see note)
Blackburn	CLA	Freehold	C	B	C	B	4	B	C	B	£183,150
Blackpool	CLA	Freehold	C	B	B	C	4	B	B	B (C)	not surveyed (for re-development)
Blackrod	GMA	Freehold	C	B	B (C)	B		B	C	B	£183,900
Bolton Central Fire Station	GMA	Lease with Greater Manchester FRA	B	B	B	B		B	B	B	(see note)
Bolton North	GMA	Freehold	B	B (C)	B (C)	B		B	C	B (C)	£56,850
Bolton South (inc workshop)	GMA	Freehold	B	C	C	B		B	B*	B (C)	£152,100
Bootle	CMA	Long leasehold	B (C)	B	B	B		B ↑	B*	B (C)	£34,950
Bootle & Netherton Community Fire & Ambulance Station	CMA	Lease with Merseyside FRA	B	B	B	B		A	A	A	(see note)
Brough	CLA	Freehold	C	C	B	B		C	C	B (C)	£73,300
Broughton EOC	CLA	Freehold	B	B		B		A	B*	B	
Broughton House	CLA	Freehold	C	B (C)		B		B	C	B (C)	
Broughton PTS Control	CLA	Freehold	B (C)	B (C)		B		B	B	B	
Broughton AS	CLA	Freehold	B (C)	B	B	B		B	C	B	£571,750
Broughton PMO	CLA	Freehold	C	B		B		B	C	B	
Broughton Fleet	CLA	Freehold	C	B	B	B		C	B	B (C)	
Broughton Estates Office	CLA	Freehold							B		
Burnley AS	CLA	Long leasehold	A	A	A	A		A	A	A	not surveyed
Burscough	CLA	Freehold	B	B	B	B		B	B	B	£6,600
Bury AS & workshop	GMA	Freehold	B (C)	B	B	C		B	C	B (C)	£492,700
Capital Building 111 call centre	GMA	Leasehold	B	B	B	B		B	B	B	(see note)
Carlisle AS	CLA	Freehold	C	C	C	C	4	C	C	B (C)	£132,850
Central	GMA	Not registered	B	B	B	B	4	B	B*	B	£49,200
Central Store & Transport Logistics	CLA	Freehold	B	B	B	B		B	C	B	£60,550
Cheadle	GMA	Freehold	B (C)	B (C)	B (C)	C		B	C	B (C)	£109,200
Chester	CMA	Freehold	B	B	B (C)	B		B ↑	C	B	£68,350
Chorley	CLA	Freehold	B	B (C)	B (C)	B		B	B	C	£59,000
Clitheroe Ambulance Station/Community Hospital	CLA	Leasehold	B	B	B	B		B	B	B	(see note)
Congleton	CMA	Freehold	B (C)	B	B	B		B	C	B (C)	£81,750
Countess of Chester Mast Site	CMA	Freehold	B (C)	B (C)	n/a	A		B			not surveyed
Crewe	CMA	Freehold	B (C)	B	B (C)	B		B ↑	C	B (C)	£249,200
Crosby	CMA	Freehold	C	C	B	B		B ↓	C	B (C)	£101,175
Darwen Fire and Ambulance Station	CLA	Lease with Lancs. FRA	B (C)	B (C)	B (C)	B		B	B	B	(see note)
Distington	CLA	Freehold	C	B (C)	B (C)	B	4	B	B*	B	£87,750
Dukinfield	GMA	Freehold	B (C)	C	B (C)	C		B	C	C	£395,250
Eccles	GMA	Long leasehold	C	C	C	C		B	C	C	£92,225
Egremont	CLA	Long leasehold	B	C	B	B		B	B*	B	£46,400
Ellesmere Port	CMA	Freehold	B (C)	B	B	B		B ↑	B*	B	£189,300
Elm House - (CMA Area Hq)	CMA	Freehold	C	C	n/a	B	1	C ↓	C	B (C)	not surveyed (vacant)
Estuary Point	CMA	Long leasehold	B	B	n/a	A		A	B	A	£175,500
Fazakerley	CMA	Freehold	B	B	B	B		B ↑	B*	B	£18,850
Fleetwood	CLA	Freehold	C	B	C	C		B	C	C	£182,100
Flimby	CLA	Long leasehold	B	C	B (C)	B		C	B*	C	£24,900
Formby Community Fire & Ambulance Station	CMA	Lease with Merseyside FRA	B	B	B	B		A	A	A	(see note)
Glossop	GMA	Freehold	B (C)	C	B	B	1	C	C	B (C)	£197,300

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Site	Area	Tenure	Physical Condition (External) (a)	Physical Condition (Office) (b)	Physical Condition (Garage) (c)	Functional Suitability	Space Utilisation	Quality	Energy Performance	Fire, Health & Safety Requirements	Backlog (2020)
Grange-Over-Sands	CLA	Leasehold	B	B	C	B		B	B	B (C)	£10,250
HART Liverpool (Croxeth Fire Station)	CMA	Lease with Merseyside FRA	B (C)	B (C)	B (C)	B		B	C	B (C)	(see note)
HART Manchester	GMA	Long leasehold	B	B	B	A		B	B*	B	£60,800
Haydock Regional Logistics Centre	CMA	Leasehold	B	B	B	B		A	A	A	£79,500
Heswall	CMA	Freehold	B (C)	B	B	B		B	B	B (C)	£60,600
Heywood	GMA	Long leasehold	B (C)	B (C)	B (C)	C		C	C	C	£90,400
Huyton	CMA	Freehold	B (C)	B (C)	B (C)	C	4	C	C	B (C)	£94,100
Irlam Fire, Police and Ambulance Community Station	GMA	Lease with Greater Manchester FRA	B (C)	B (C)	B (C)	B		B	B	B	(see note)
Kendal	CLA	Freehold	C	B	B (C)	B	4	C	B	B	£75,200
Keswick	CLA	Freehold	C	B (C)	B (C)	B		B	C	C	£35,400
Kirkby	CMA	Freehold	B	B	B	B		B	B	B (C)	£23,250
Knutsford	CMA	Freehold	B (C)	B	B (C)	B		B	C	B (C)	£107,600
Ladybridge Hall Lodge	GMA	Freehold	B	B	B	B	4	B	C	B	£130,550
Ladybridge Main Hall	GMA	Freehold	B (C)	B	B (C)	C		B	C	B	£436,900
Lancaster PTS Site	CLA	Freehold	C	B	B	B		B	C	B (C)	£156,800
Lancaster Fire and Ambulance station	CLA	Lease with Lancs. FRA	B	B	B	B		B	B	B	(see note)
Leyland	CLA	Freehold	B (C)	B (C)	B (C)	C		B	B	B (C)	£18,850
Lillyhall Workshop	CLA	Leasehold	B	B	B (C)	B		B	B	B (C)	£6,220
Lytham	CLA	Freehold	C	B (C)	B (C)	C		B	C	B	£127,250
Macclesfield	CMA	Freehold	B (C)	B (C)	B (C)	B	4	B	C	B (C)	£427,450
Medicines Management Hub (Fulwood)	CLA	Leasehold	B	B	B	B		B	B	B	(see note)
Middleton	GMA	Freehold	B (C)	B (C)	B	B		B	C	B (C)	£37,950
Milom (Community Hospital)	CLA	Long leasehold	A	A	A	B		B	B	B (C)	(see note)
Milton Green	CMA	Lease (no formal agreement)	B	B (C)	n/a	C		B	C	B	£125,150
Morecambe	CLA	Freehold	C	B	C	C		B	C	B	£101,500
Moreton	CMA	Freehold	B	B	B (C)	B		B	C	B (C)	£59,350
Newton Le Willows Community Fire & Ambulance Station	CMA	Lease with Merseyside FRA	B (C)	B	B	B		A	A	A	(see note)
Northwich	CMA	Freehold	B (C)	B	C	B		B	C	B (C)	£283,850
Old Swan	CMA	Freehold	B	B (C)	B	B		B	B	B	£36,750
Oldham	GMA	Long leasehold	B (C)	B (C)	B (C)	B		B	C	C	£285,550
Oldham PTS	GMA	Leasehold	B (C)	B (C)	B (C)	B		B	B	B	(see note)
Parkway	GMA	Lease with NHS Propco	B (C)	B (C)		B		B	B	B	(see note)
Penrith (Community Fire Station)	CLA	Lease with Cumbria CC	B	B	B	B	4	B	B	B	(see note)
Penrith	CLA	Freehold	C	C	C	B		C	C	B (C)	£132,000
Philips Park Community Fire Station	GMA	Lease with Greater Manchester FRA	B (C)	B (C)	B (C)	B		B	B	B	(see note)
Poynton Fire Station	CMA	Lease with Cheshire FRA	B (C)	B (C)	B (C)	B		B	C	B (C)	(see note)
Preston Fire and Ambulance Station	CLA	Lease with Lancs. FRA	B (C)	B (C)	B (C)	B		B	B	B	(see note)
Ramsbottom	GMA	Freehold	B (C)	B (C)	C	C		B	C	B	£90,100
Rochdale	GMA	Freehold	B (C)	B (C)	B (C)	B		B	C	B	£209,300
Rossendale Health Centre	CLA	Leasehold	B	B	B	B		B	B	B	(see note)
Runcorn	CMA	Freehold	B	B	B	B		B	B*	B	£245,300
Sale	GMA	Freehold	C	B	C	B		B	C	B	£146,500
Salford	GMA	Freehold	B (C)	B		C	4	C	C	B	£318,965
Salkeld Hall (Carlisle)	CLA	Freehold	C	C	B	A		B	B		£195,900
Sandbach	CMA	Freehold	B (C)	B (C)	B (C)	B		B	C	B (C)	£238,400
Sedbergh	CLA	Leasehold	B (C)	B (C)	C	C		B	B	B	£34,600
Sefton House (111 call centre)	GMA	Leasehold	B	B		B		B	B	B	(see note)
Sharston	GMA	Freehold	B (C)	B (C)	B (C)	B		B	C	B	£171,400
Skelmersdale	CLA	Freehold	B	B	B	B		B	C	B	£37,550
South Liverpool	CMA	Long leasehold	B	B	B	B		B	B	B (C)	£46,150
Southport Community Fire & Ambulance Station	CMA	Lease with Merseyside FRA	B	B	B	B		A	A	A	(see note)
St Helens	CMA	Freehold	B (C)	B	B (C)	C		B	B	B	£408,400
Stacksteads	CLA	Freehold	B (C)	B (C)	B (C)	B		B	B	B	£57,000
Stockport	GMA	Freehold	B (C)	C	C	C		C	C	B (C)	£219,700
Stretford Police station	GMA	Lease with GM Police	B (C)	B (C)	B (C)	B		B	C	B	(see note)
Stretford PTS	GMA	Leasehold	C	B (C)	B (C)	B		B	B	B	(see note)
Swinton	GMA	Freehold	C	B (C)	B (C)	B		B	C	B (C)	£98,100
Thornton	CLA	Freehold	C	B (C)	B	B		B	C	B (C)	£99,200
Toxeth	CMA	Freehold	B	B	B (C)	B	4	B	C	B (C)	£76,350
Ulverston	CLA	Freehold	B	B	B	C		B	C	B (C)	£138,500
Urmston	GMA	Freehold	B (C)	B	B	C		B	C	C	£82,100
Wallasey	CMA	Freehold	B (C)	B	B	B		B	B*	B	£179,000

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Site	Area	Tenure	Physical Condition (External) (a)	Physical Condition (Office) (b)	Physical Condition (Garage) (c)	Functional Suitability	Space Utilisation	Quality	Energy Performance	Fire, Health & Safety Requirements	Backlog (2020)
Walmer Bridge	CLA	Freehold	C	C	C	C		C	C	C	£87,000
Warrington	CMA	Freehold	B (C)	B	B (C)	B		B	B*	B (C)	£198,850
Wesham	CLA	Freehold	C	C	B (C)	B		B	C	C	£100,850
Westmoreland Ambulance Station	CLA	Leasehold	B (C)	B (C)	B (C)	B		B	B	B	(see note)
Whiston	CMA	Freehold	B (C)	B (C)	B (C)	B		C	C	B (C)	£115,000
Whitefield - Area Office / PTS Base	GMA	Freehold	B (C)	B	B	C	4	C	B	B	£332,350
Whitefield AS	GMA	Lease with Greater Manchester FRA	B (C)	B (C)	B (C)	B		B	B	B	(see note)
Widnes	CMA	Freehold	B (C)	B (C)	B	B	4	B	C	B (C)	£128,350
Wigan Community Fire & Ambulance Station	GMA	Lease with Greater Manchester FRA	B	B	B	B		B	B	B	(see note)
Wigan PTS	GMA	Leasehold	B (C)	B (C)	B (C)	B		B	B	B	(see note)
Wigton	CLA	Freehold	B	B (C)	B	B		B	C	B	£94,400
Wilmslow	CMA	Freehold	B	B	B	B		B	C	C	£126,300
Winery Lane The Centre	CLA	Freehold	B	B (C)	B (C)	B	4	B	B	B	£19,900
Winsford	CMA	Freehold	B (C)	B (C)	B	B		B	C	C	£202,550
<b>Totals</b>											<b>£12,731,365</b>
Note: Although not surveyed as part of this exercise leased site which may have a repair obligation included in the lease terms.											
KEY TO 6 FACET METHODOLOGY											
Physical Condition			Quality								
As new	A		A	High degree of satisfaction							
Sound and operationally safe showing only minor deterioration	B		B	Acceptable. No major change necessary							
Currently at B but will fall to C within 10 years	B (C)		C	Below an acceptable standard							
Operational but major repairs or replacement needed to bring up to B	C		D	unacceptable							
Operationally unsound and in imminent danger of failure	D		↓	Declining							
			↑	Improved							
Functional Suitability			Space Utilisation								
Satisfactory	A		1	Empty							
Acceptable / Reasonable. No Major change necessary	B			Underused							
Below an acceptable standard	C			Adequate							
Unacceptable in it's present condition	D		4	Overcrowded							
Fire, Health & Safety requirements			Energy Performance								
Complies with current Fire and Health & Safety Legislation	A		A	Fully compliant with current legislation							
Fully complies with current Fire and Health & Safety Legislation with minor (none serious) deviations	B		B	Acceptable. No major change necessary							
Currently at B but will fall to C within 10 years as a consequence of lack of investment or impending legislative changes	B (C)		C	Below an acceptable standard							
Contravention of current Fire and Health & Safety Legislation which requires remediation	C		D	unacceptable performance							
Dangerously below conditions A and B	D		*	Site has received CEF funding							

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## Appendix 2: NWS Emergency Service Resource Deployment Strategic Outline (from Service Modernisation Partnership Group)

### NORTH WEST AMBULANCE SERVICE NHS TRUST EMERGENCY SERVICE RESOURCE DEPLOYMENT STRATEGIC OUTLINE

This document is designed to assist in the development and implementation of a North West Ambulance NHS Trust (NWS) estates strategy relating to the emergency service and therefore provides an outline of how the mobile resources (Ambulances, Rapid Response Vehicles, etc) can be tactically positioned to ensure the optimum clinical response to those requiring a response is achieved.

The Trust has more than one hundred ambulance station sites scattered across its five counties. These locations have in most cases been in the same locations for many years, one or two since the late nineteenth century.

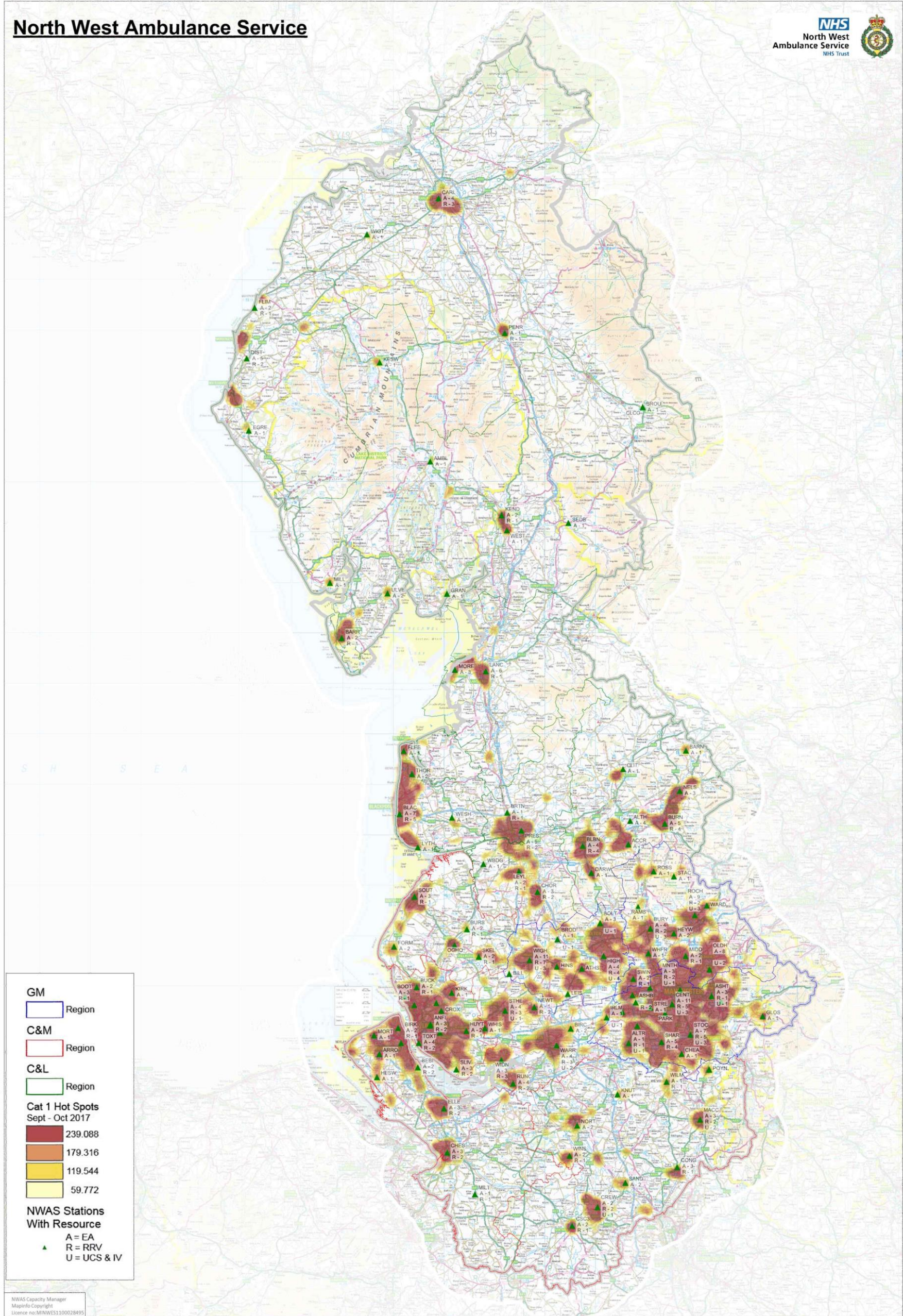
The principles below will determine the physical estate positioning:

- The positioning of the resources should be determined from a regional 999 demand analysis, disregarding county borders.
- The resources will be deployed utilising a dynamic deployment model with resources positioned within a number of plan areas across the Trust.
- The building profile will be of the hub and spoke system.
- The hubs, set around a common specification, will be the 'home' of the resource in that area and will be the place where staff start and end their tour of duty.
- The hubs will be the location of make ready systems and contain all the facilities for the staff based at that site including training rooms, etc.
- Resources will decant from the hubs to the deployment locations as determined by the dynamic deployment system.
- The spokes have at their end either a social deployment point or a simple deployment point (stand-by location); again both would be set around a common specification.
- The view is that a hub will in most cases be an Ambulance Service only location whereby the spokes could be a shared/joint premises or a small Ambulance Service only location.

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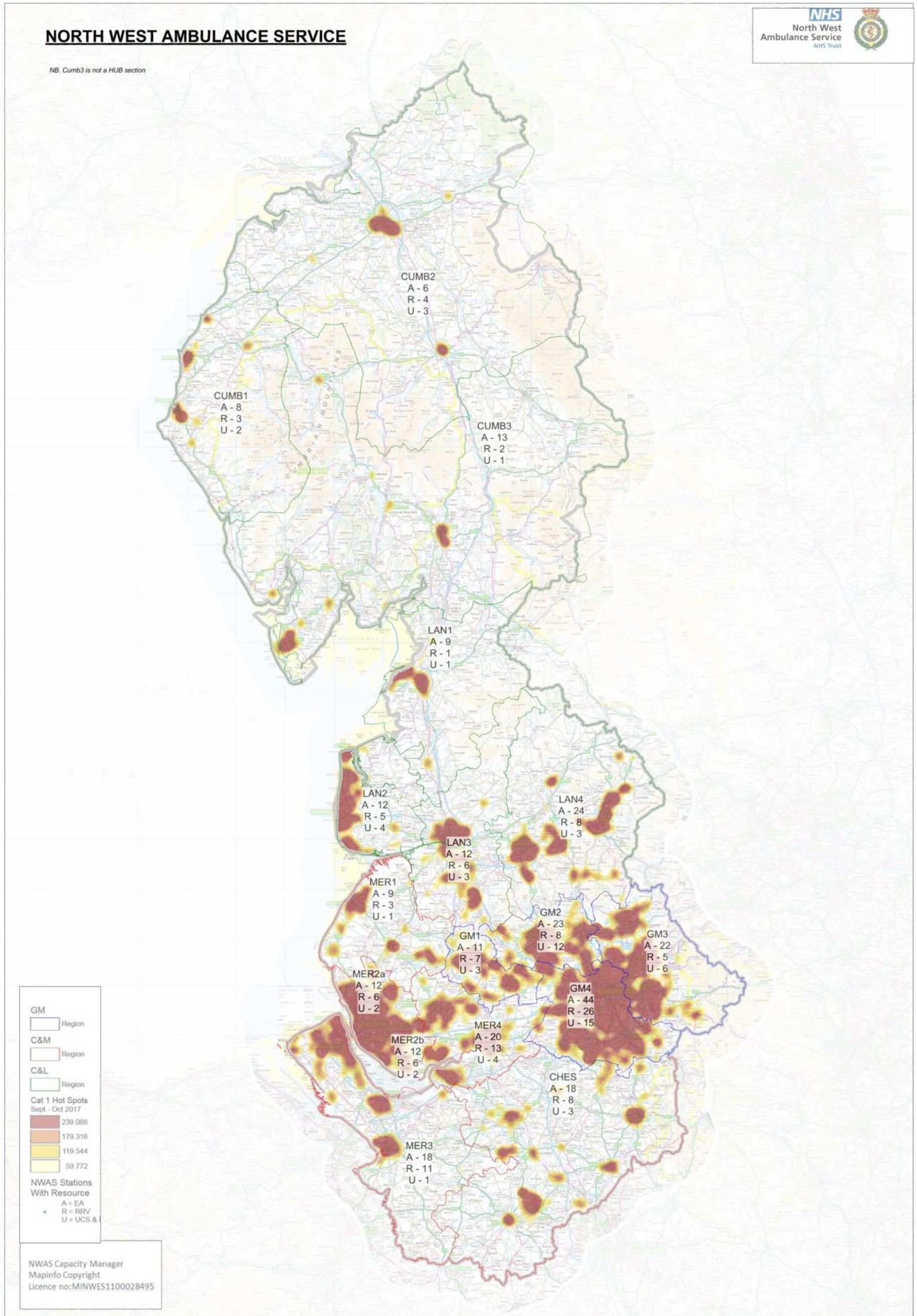
Appendix 3

Appendix 3a: Existing sites Hub & Spoke



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Appendix 3b: Hub & Spoke Groupings retain Wigan Hub



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## Appendix 4: Outputs 2-4, from the EMT Workshop held 3<sup>rd</sup> November 2017

### OUTPUT 2 - what factors determine our priorities in developing this hub and spoke model?

Determinant Factors:

- Improving Performance – ARP/PTS
- Improve Quality
- Improved IPC
- Improved Meds Management
- Improved Safety
- Age of Estate/Physical Suitability
- Current Lease Agreements (Breaks/Duration)
- Financial Efficiencies
- Stock levels (Make Ready)
- Reduced Vehicle levels
- Fuel (travel costs/bunkered fuel costs)
- Meal breaks
- Saleability of sites
- Backlog Maintenance
- Stakeholders views/Priorities
- STP's
- CCFS
- Local Authorities
- Distance travelled
- Does it support Make Ready?
- 'Soft' tasters
- Training
- Contact time
- Working environment.

### OUTPUT 3 – what benefits and challenges are there in moving to the hub and spoke model?

Benefits identified were:

- Performance (assuming operational systems/practices are adapted to full H&S model)
- Financial
- Reduced overheads/running costs
- Capital receipts (contributing to fund a programme of major development)
- Increased efficiency
- Possible reduction in fleet pool size?
- Reduction of backlog maintenance burden
- Facilitates make ready and the benefits (operational and quality ) arising from that
- Better staff facilities
- Improved training/education
- Benefits of co-location with NHS/blue light partners
- Quality assurance
- CQC compliance
- Stock control

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- Improved management-staff visibility in both directions

Challenges identified were:

- Identifying and sourcing spokes
- Making sure we use them (“Golden spokes” to make them attractive to staff )
- Hub and spoke will only reap true benefits if we exploit the use of the spokes
- Required operational changes
- Aligning staff T’s and C’s inc.
- Shift patterns and meal break management
- Staff engagement
- Geographical moves not always welcome/possible/resistance to change
- Capital cost of implementation!
- Make ready has to be self-funding
- Change management (needs holistic approach to this as more than just an estates project)
- Political/devolution (radical estates plans will be met with resistance due to the perceived threat to service delivery)
- Other NHS influences (e.g. hospital closures/reconfigurations)
- Not all areas lend themselves to the model
- Internal cultural challenges (e.g. breaking down area borders etc.)
- BCM – risk associated with putting all eggs in one basket at a hub.

**OUTPUT 4 - what criteria are important when considering locations for hub and spoke stations?**

Criteria determined for a Hub:

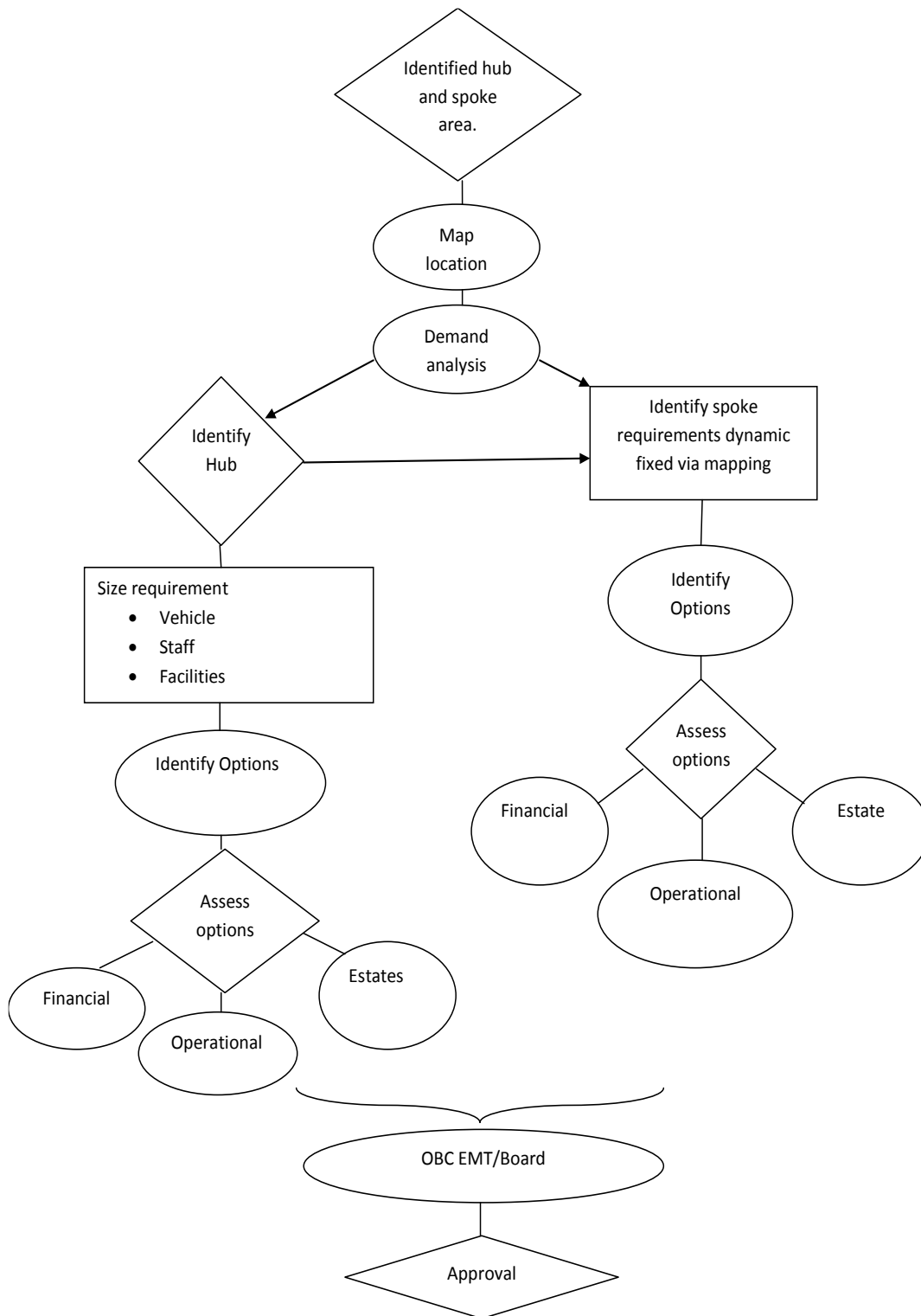
- Fits with the NWS vision and values
- Viable road network
- Improves staff health & wellbeing
- Stakeholder Engagement: community/OSCs/MPs etc./staff/patients
- Financial Envelope
- Demography & Geography
- Operational Demand
- Relationship with Spokes
- Green Agenda: Access for staff and visitors– public transport/parking – vehicles, cycles/sustainability
- Make Ready
- Patient flow: ED/Specialist Centres/UC
- Security
- Resilient IT infrastructure
- Recruitment
- Flagpole & maintain NWS Identity

Criteria determined for a Spoke:

- Location – proximity to Hub, demand and access
- Collaboration –Blue Light/Local Authority/NHS/Other
- Site availability
- IT infrastructure
- Security/safety
- Maintain NWS identity.

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# Appendix 5: Hub & Spoke Programme Flow Chart



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## Appendix 6: Equality Impact Assessment

**Name of strategy, Service or Function**

**Estate Strategy– NWAS**

**Equality Impact Assessment carried out by** (include name and job title):

Neil Maher – Assistant Director of Estates and Fleet

**Date of Equality Impact Assessment**

15.10.2020

**Step 1: Description and Aims of Policy, Service or Function**

**Overall aims**

To define and explain the Strategy for the Trust Estates function over the five year period from 2018 to 2023

**Key elements of policy, service, process**

The strategy is written for the Estates department and Trust to be systematic in its approach in the control of the quality and development of the Estate.

**Who does the policy, service or function affect?**

All Trust staff

Visitors

Contractors

**How do you intend to implement the policy or service change (if applicable)**

The strategy requires approval by the ELC and Board of Directors. It will be made available by intranet for all internal staff, contractors and public. The Strategy will be reviewed and amended to take into account any future service developments.

**Step 2: Data Gathering**

**Summary of data available and considered**

All data and informatics has been gathered from existing Estate records

**Outcomes of data analysis**

**Equality Group**

**Evidence of Impact**

Gender

Inappropriate gender mix facilities reflection of organisation of mid 20<sup>th</sup> century.

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Race/Ethnicity	None
Disability	The strategy is a written document and there may be an impact on those with visual impairments or those with conditions such as dyslexia.  With regards to the estate and disability: <ul style="list-style-type: none"> <li>• We will eliminate unlawful discrimination.</li> <li>• Advance equality of opportunity.</li> <li>• Foster good relations when exercising their functions.</li> </ul>
Sexual Orientation	None
Religion or belief	None
Age	None
General (Human Rights)	None

### Step 3: Consultation

*Please note you may want to return to this section following Steps 4 & 5*

### Summary of consultation methods

Internal E+D Coordinator

Estates Managers

Health and safety Practitioners and Managers.

Operations.

### Outcomes of consultation

#### Equality Group

#### Evidence of Impact

Gender Part of capital programme gender mix will be addressed to reflect mix of organisation.

Race/Ethnicity None

Disability The policy is a written document and there may be an impact on those with visual impairments or those with conditions such as dyslexia. This document will be available in alternative formats upon request by contacting the Estates Department.

Amend the estate managers planning check list used to develop new builds, upgrades and extensions to incorporate DDA, thereby capital programmes will check and adjust DDA facilities as they develop.

Sexual Orientation None

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Religion or belief            None

Age                                None

General (Human Rights)    None

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# REPORT

<b>Board of Directors</b>				
<b>Date:</b>	25 November 2020			
<b>Subject:</b>	Trust Procurement Strategy – 2020/21 to 2024/25			
<b>Presented by:</b>	Director of Finance			
<b>Purpose of Paper:</b>	For Decision			
<b>Executive Summary:</b>	<p>This report introduces the Procurement Strategy - 2020/21 to 2024/25. It identifies some of the key achievements from the previous three strategies, including:</p> <ul style="list-style-type: none"> <li>• Frequent reporting to Trust committees</li> <li>• Procurement staff development</li> <li>• Trust CIP support</li> </ul> <p>This procurement strategy will provide the framework to ensure that procurement supports the delivery of the Trust objectives, during the five year period, however the strategy will also evolve as the national procurement landscape develops.</p> <p>The scope of expenditure covered by this strategy incorporates all non-pay revenue and capital expenditure areas. Non-pay expenditure in the Trust is circa £96m (revenue and capital).</p> <p>This procurement strategy will support all the Trust’s key strategies and values.</p>			
<b>Recommendations, decisions or actions sought:</b>	<p>The Board of Directors is recommended to:</p> <ul style="list-style-type: none"> <li>• Approve the Procurement Strategy – 2020/21 to 2024/25.</li> </ul>			
<b>Link to Strategic Goals:</b>	<b>Right Care</b>	<input type="checkbox"/>	<b>Right Time</b>	<input type="checkbox"/>
	<b>Right Place</b>	<input type="checkbox"/>	<b>Every Time</b>	<input checked="" type="checkbox"/>

**Link to Board Assurance Framework (Strategic Risks):**

SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09	SR10	SR11
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any Equality Related Impacts:</b>				This attached EIA document outlines how goods and services are procured in a none discriminatory, fully open, fair and transparent manner. This ensures compliance to both the latest Trust governance and regulatory legislation.						
<b>Previously Submitted to:</b>				Executive Leadership Committee / Resources Committee						
<b>Date:</b>				18 November 2020 / 20 November 2020						
<b>Outcome:</b>				Recommended for approval						



## **1. PURPOSE**

- 1.1 The purpose of this report is to seek approval from the Board of Directors of the five year Procurement Strategy 2020/21 – 2024/25.
- 1.2 The strategy defines the Trust's approach to Procurement and builds on the achievements resulting from the previous three strategies, the preceding strategy being 2015/16 to 2019/20.
- 1.3 The Procurement Strategy was also presented to the Executive Leadership Committee on the 18 November 2020 and the Resources Committee on the 20 November 2020.

## **2. BACKGROUND**

- 2.1 The previous Trust Procurement Strategies were developed to comply with the latest regulatory guidance whilst building on the key procurement evolutionary improvements gained previously. This procurement strategy (2020/2021 – 2024/2025) will be the Trust's fourth approved version. Some of the key achievements of the previous strategies included:

- Identify a Board member with responsibility for procurement strategy and performance – The Director of Finance is the nominated Board member with responsibility for Procurement. There is also a Non-Executive Director with commercial expertise and Chairs the Resource Committee who provides advice and support.
- Set quantified and dated procurement efficiency targets and report progress quarterly to the Board – Quarterly Procurement reports were submitted to the Resources Committee showing progress against the Trust's Procurement Strategy and the annual work plan. Due to the revised frequency that this committee meets reporting will reduce to three reports per year.
- Roll out End User Requisitioning (EUR) across the Trust with paperless ordering now common place.
- Aim to deliver annual savings; the Procurement Team have supported a number projects which have produced annualised savings and cost avoidances across non-pay (revenue and capital) expenditure.
- The capacity within the department structure has changed to support the commercial and corporate objectives. Utilising vacancies as they arose and realigning existing budget, technical capacity within the team has increased with 100% of the Strategic Team MCIPS qualified, whilst remaining within budget.
- During this period Procurement were both accredited and reaccredited at Level 1 of the NHS Standards of Procurement and also accredited at Level 2

of the latest standards. This is a significant achievement as NWS Procurement is the first NHS ambulance service to achieve both Level 1 and Level 2. It demonstrates that NWS Procurement is consistently operating at a high standard

- 2.2 This procurement strategy will provide the framework to ensure that procurement supports the delivery of the Trust objectives, during the five year period, however the strategy will also evolve as the national procurement landscape develops.
- 2.3 The scope of expenditure covered by this strategy incorporates all non-pay revenue and capital expenditure areas. Non-pay expenditure in the Trust is circa £96m (revenue and capital). As in previous versions, this Procurement Strategy will take account of the economic climate and support the Trust to deliver its core operations whilst achieving its annual cost improvement plan (CIP).
- 2.4 The Trust recognises that the Procurement Strategy incorporates a spectrum of activities which cannot be managed as a single entity but which can be described as part of a total supply chain of the Trust. The Trust therefore, reaffirms that the strategy is applicable across all areas of the organisation and will be adopted by each Directorate regardless of traditional practices.
- 2.5 The Procurement Strategy will support all Directorate strategies and produce an annual work plan, it is vital that Procurement is effectively linked to all Directorates overall planning processes. It also underpins all other NWS strategies and supports the key NWS values.

### **3. LEGAL and/or GOVERNANCE IMPLICATIONS**

- 3.1 This Procurement Strategy 2020/21 to 2024/25 acknowledges compliance to the all the latest regulatory and legislative requirements which govern all public sector expenditure.

### **4. RECOMMENDATIONS**

- 4.1 The Board of Directors is recommended to:
- Approve the Procurement Strategy – 2020/21 to 2024/25.



# North West Ambulance Service NHS Trust

## Procurement Strategy

2020/21 – 2024/25

REFERENCE: FD.P.001



Our aim is to be the best  
ambulance service in the country  
by delivering the right care, at the  
right time, in the right place; every time.

## Document Control/ Changes

Recommended By	
Written By	Head of Procurement
Approved by	
Approved Date	
Version Number	0.6
Review Date	
Responsible Director	Director of Finance
Responsible Manager (Sponsor)	Deputy Director of Finance
For use by	All Directorates, contracted service providers.

## Change Record Form

<i>Version</i>	<i>Date of Change</i>	<i>Date of release</i>	<i>Changed by</i>	<i>Reason for Change</i>
0.5	06 Nov 2020		Procurement	Draft submitted to ELC
0.6	12 Nov 2020		Director of Finance	Director review and submission to Resources

<b>Abbreviation/Term</b>	<b>Description</b>
BCP	Business Continuity Plan
CIPS	Chartered Institute of Procurement and Supply
CSR	Corporate Social Responsibility
CIP	Cost Improvement Plan
CCS	Crown Commercial Service
FT	Foundation Trust
GS1	Global Standard / universal barcode solution
IT	Information Technology
NWAS	North West Ambulance Service
NWPD	North West Procurement Development
PEPPOL	Pan European Public Procurement Online
PDP	Personal Development Plan
PO	Purchase Order
P2P	Purchase to Pay
SBS	Shared Business Service
SME	Small, Medium Enterprises
SFI	Standing Financial Instructions
SRM	Supplier Relationship Management

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# 1. Introduction

## What is Procurement?

**Procurement** is the acquisition of goods, services or works through a **compliant** process in order to obtain **Best Value**. The procurement process spans the whole process from identification of needs, through to the end of the service contract or the end of the useful life of an asset.

The Crown Commercial Service (CCS) Public Procurement Policy states:

*“The over-riding procurement policy requirement is that all public procurement must be based on value for money, defined as “the best **mix of quality and effectiveness** for the **least outlay** over the period of use of the goods or services bought”. This should be achieved through competition, unless there are compelling reasons to the contrary.*

*Public sector procurement is subject to a legal framework which encourages free and open competition and value for money, in line with internationally and nationally agreed obligations and regulations. As part of its strategy, the government aligns procurement policies with this legal framework, as well as with its wider policy objectives.”*

*“The Finance and Procurement Mission is to provide financial and procurement support and expertise to enable the Trust to deliver the right care, at the right time, in the right place; every time to the patients of the North West. We work to protect the trust by ensuring our plans deliver sustainability, efficiency, value for money and comply with statutory requirements”*

*(Trust open day, 2019)*

## Why is it important?

The Trust spends circa **£96m** on goods, services and works. This is spent with around circa **1,000 suppliers** and is almost a quarter of the Trust’s annual income. How we manage this spend is therefore critical to assuring the Trust is a financially sustainable organisation.

As a public sector organisation, the Trust is bound by public procurement regulations; it is the responsibility of the Procurement department to ensure that the Trust's supply and procurement activities relating to non-pay expenditure encompass the requirements of the **Standing Financial Instructions (SFI's)**, Standing Orders, EU Procurement Directives and all specific NHS and Department of Health Policies.



## 2. Purpose

The purpose of this **strategy** is to provide a **framework** which outlines the scope and responsibilities for all the organisations procurement activity in relation to non-pay expenditure.

The Trust has a **dedicated** and effective Procurement department whose main role is to ensure that NWAS achieves value for money on all of its purchases from the most appropriate suppliers, whilst complying with the relevant rules, regulations and legislation in order to maximise the funds available for frontline services and patient care.

To deliver this the Procurement department manage the **Five Rights of Procurement;**

1. Inputs of the **right** quality
2. Delivered in the **right** quantity
3. To the **right** place
4. At the **right** time
5. For the **right** price

The 5 Rights of Procurement align with the overall NWAS vision. This Procurement Strategy will support the Trusts, values and objectives and forms an essential part of the business cycle and activities of the Trust. It is central to the delivery of the Trust Financial Strategy and the delivery of ongoing efficiencies.

**Our vision is to be the best ambulance service in the UK by delivering the right care, at the right time, in the right place; every time.**

This document sets out the 5 year Procurement Strategy for the Trust for the period 2020/21 to 2024/25. The strategy defines the Trust's approach to Procurement and builds on the achievements resulting from the three previous strategies.

The **strategic areas (1 to 7)** within this document align to the criteria with the NHS Standards of Procurement. It underpins all other NWAS strategies listed below and supports the key NWAS values.

Effective procurement ensures that a fully informed decision making process is followed which enables the Trust to secure the most appropriate goods and services from the most appropriate suppliers in the most efficient and cost effective manner.

The Procurement Strategy will ensure the delivery of improvements in the quality and appropriateness of goods and services secured by the Trust.

The Procurement Strategy will ensure that risks associated with the procurement process are **minimised** and mitigated where possible.

The Procurement Strategy outlines and defines individual and collective **responsibility** of Trust officers and staff with regard to procurement.

In addition this Strategy seeks to support National **procurement initiatives**, including the Operational Productivity and Performance in English Ambulance Trusts: Unwarranted Variation (2018).

The Strategy incorporates a commitment to collaborate with other government bodies and ambulance services where there is a benefit in doing so whilst promoting competition in the market place via fair, open and transparent processes.

Urgent and Emergency  
Care Strategy

Digital Strategy

Workforce Strategy

Estates and Fleet  
Strategies

Quality (Right Care)  
Strategy

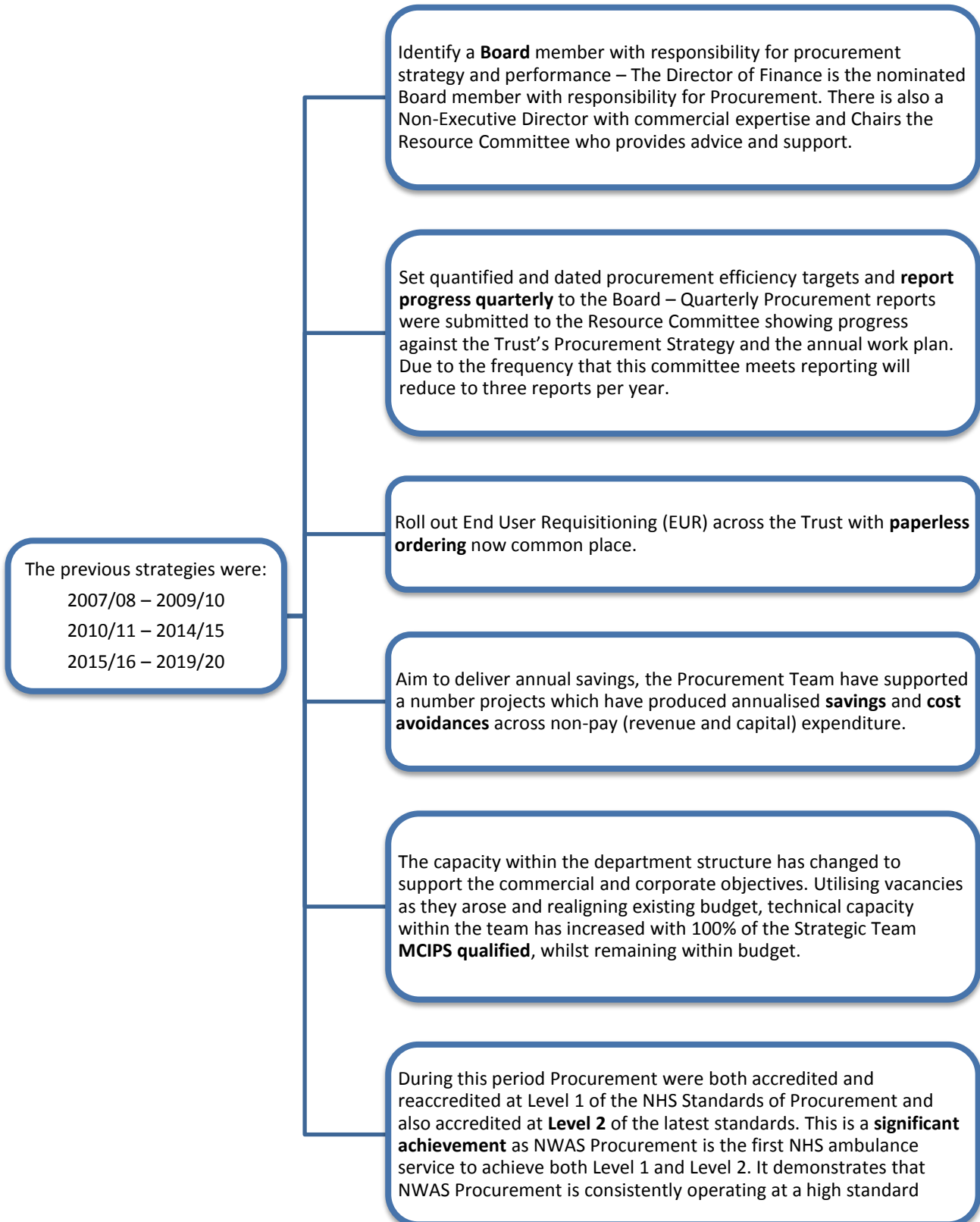
Finance plan - long term  
financial model

Communications and  
Engagement Strategy

Business and Commercial  
Development Strategy

### 3. Previous Strategy Achievements

The previous Trust Procurement Strategies were developed to comply with the latest regulatory guidance whilst building on the key procurement evolutionary improvements gained previously. This procurement strategy (2020/21 – 2024/25) will be the Trust’s fourth approved version.





## 4. Scope

This procurement strategy will provide the **framework** to ensure that procurement supports the delivery of the Trust objectives, during the **5 year period**, however the strategy will also evolve as the national procurement landscape develops.

The scope of expenditure covered by this Strategy incorporates all non-pay revenue and capital expenditure areas. Non-pay expenditure in the Trust is circa **£96m (revenue and capital)**. As previously, this version of the Procurement Strategy will take account of the economic climate and support the Trust to deliver its core operations whilst achieving its annual Cost Improvement Plan (CIP).

The Trust recognises that the Procurement Strategy incorporates a spectrum of activities which cannot be managed as a single entity but which can be described as part of a total supply chain of the Trust. The Trust therefore, reaffirms that the strategy is **applicable across all areas** of the organisation and will be adopted by each Directorate regardless of traditional practices.

The procurement strategy will **support** all Directorate strategies and produce an annual work plan, it is vital that Procurement is effectively linked to all Directorates overall planning processes.

### Drivers for Procurement.

Throughout all procurement activities the Trust is required to adhere with legislation and local governance, including:

- Statutory and mandatory public procurement regulations.
- NHS policy and guidance.
- Trust Standing Orders and Standing Financial Instructions.
- Other relevant legislation such as, but not limited to: the Bribery Act 2010, Equality Act 2010, Freedom of Information Act 2010, Public Services (Social Value Act) 2012 and Modern Day Slavery Act 2015.

In addition, the **National profile for Procurement is increasing** with various Governmental, Department of Health and Social Care, and NHS initiatives launched. The Trust will consider and where appropriate implement these recommendations to position procurement as a strategic function within the Trust. Key publications include:

- NHS Standards of Procurement (June 2013), updated (June 2016).
- Improving procurement in the NHS - Better Procurement, Better Value, Better Care (August 2013).
- NHS procurement: improving transparency and understanding performance – Dashboard (November 2013).
- NHS Procurement Transparency (March 2014).
- NHS eProcurement Strategy (May 2014).
- Operational Productivity and Performance in English Ambulance Trusts: Unwarranted Variation (2018).

The Trust must also ensure that it is a responsible user of goods and services and consider the impact of procurement decisions under **Social Value** and **Corporate Social Responsibility (CSR)** in areas such as:

- Small and Medium Sized Enterprises (**SME's**) – Advertise via the Government's Contracts Finder portal and ensure that SME's are not disadvantaged through procurement activity.
- **Sustainable & Environmental** procurement – achieve value for money on a whole life basis for the Trust, whilst trying to generate benefits to the local community, the economy and minimising the impact to the environment.
- **Ethical trading** – assessment will be included in relevant commodity areas.
- **Equality & Diversity** – promote these issues and any initiatives where appropriate to do so within the procurement activity.

## 5. Responsibility

### Board of Directors

- The approval of this Strategy, the identification of an Executive Director and a Non-Executive Director with responsibility for Procurement and for the monitoring of performance with regards to the Procurement Strategy performance.
- The Board of Directors will delegate the monitoring and assurance role for Procurement to the **Resource Committee**.

### All Executive (and Associate) Directors

- Ensure their department's contribution to the development of, and the delivery of, the Trust Procurement Strategy and annual work plans.
- Ensuring the **compliance** of their departments with this strategy and any professional advice and support provided by the Procurement Department.

### The Director of Finance

- Executive Director "**Champion**" of the Procurement function within the Trust, ensuring that the function is integrated and fully supported within NWAS.
- Support the development of a Procurement Strategy taking into account Government direction, NWAS' aspirations together with current issues and possible future developments.
- Support and ensure an appropriate procurement structure including the leadership and engagement of a directly accountable procurement specialist at senior manager level.
- Develop a system of performance management to enable the Board to monitor and assess implementation of the strategy and the resultant outcomes, including formal reports as a minimum.

### The Deputy Director of Finance

- Offer support and guidance for the Head of Procurement with regards to procurement matters, policy developments and enforcement.
- **Enable** the procurement function to contribute to the efficient operation of the service.

### All Heads of Department (and budget holders)

- Encourage **early engagement** with the procurement department
- Delivering targets assigned to their areas of responsibility as identified in the Annual Procurement Work Plan.
- Ensuring that the selection of goods and services is undertaken with full regard to the aims and objectives of the Trust Procurement Strategy. Focusing on areas such as specification design, product rationalisation and demand management.
- Ensure that the P2P procurement processes are followed, including raising requisitions for goods or services prior to receiving them and the timely checking and receipting to ensure payments can be made once received.

## 5. Responsibility Continued

### Procurement Team

- The Head of Procurement has responsibility for the operational delivery and transformation of the Procurement Department and reports directly into the Deputy Director of Finance.
- As recognised experts in the field the Procurement Team must ensure they continue to be approachable, **visible**, dedicated and **empowered** to make informed decisions.
- **Deliver** the annual Procurement Work Plan.
- **Comply** with all relevant legislation whilst ensuring efficient processes and controls are followed.
- Establishing clear **relationships** with external agencies with regards to Procurement processing.
- The strategy and work plan will translate into various projects that can be included in individual team personal development plans **(PDP) and objectives**.
- Ensuring that the selection of goods and services is undertaken with full regard to the aims and objectives of the Trust Procurement Strategy. Following the fundamental principles of procurement “**right product, right place, right time, right price, and right quality**”.
- Seek to secure best value for every pound spent on goods, service and works and generate **savings** and **efficiencies** that can be used to re-invest in other activities to support the **frontline** service.

## 6. Strategic Areas

The Procurement Strategy continues to build on the success of previous strategies. The implementation of this strategy will be incremental and based on continuous improvement structured around the following areas.

•These areas are aligned to the NHS Standards in Procurement:



# • Strategy & Trust

- The Board are fully accountable and committed to delivering best value across all areas of non-pay expenditure to the tax payer, ensuring that goods and services are fit for purpose and support delivery of patient care.
- Appropriate commercial leadership is in place, engaging with stakeholders both internally and externally to reduce expenditure, increase efficiency, improve patient care, reduce risk and improve governance.
- A procurement strategy, approved by the Board and clear evidence that the procurement strategy is being implemented regularly provided to the Resource Committee. NWAS' culture is evolving as more directorates can see the added value of Procurement and that *"Procurement finger prints are on everything the Trust does"*.
- There are Executive Level advocates for procurement (Director of Finance and Non-Executive Director).
- Build and develop joint working between procurement and directorates through actively working with clinicians, Head of Service and stakeholders to become a trusted advisor.
- Commercially trained staff proactively collaborates in significant product areas/categories to deliver non-pay expenditure efficiencies and maximise income where appropriate.

NWAS' dedicated Procurement Team play a **vital role** in supporting the delivery of all other NWAS Strategies:

Urgent and Emergency Care Strategy

Digital Strategy

Workforce Strategy

Estates and Fleet Strategies

Quality (Right Care) Strategy

Finance plan - long term financial model

Communications and Engagement Strategy

Business and Commercial Development Strategy

All the strategic areas that follow within this document will support the **NWAS Values**. Working within the framework of this strategy all staff will be positively supporting the delivery of these values when undertaking procurement activity.



Working Together for Patients



Commitment to Quality of Care



Respect and Dignity



Compassion



Everyone Counts



Improving Lives

## • People & Skills

All staff involved throughout the procurement and commercial life cycle require access to the appropriate **professional support**. The Trust aims to have the appropriate commercial capability to ensure that efficiencies are made in non-pay expenditure whilst maintaining/improving the patient experience. In recent years a decision was made to **elevate** procurement to a more strategic level, in recent years a move from a transactional based “supplies” function to a **value adding** procurement service.

Developing and **retaining talent** in the procurement profession is important now more than ever as the demand of procurement and commercial skills in all sectors (including the NHS) is far greater than supply available. Therefore, affording the talent we have the ability to **develop** in their role as well as progress is critical to the successful delivery of a **high quality** procurement service.

- The Procurement leadership team will actively participate and undertake appraisals with all team members focusing on **support**, development and objective outcomes.
- Work to enhance competencies of all Procurement staff and anyone involved in procurement activity.
- Engaging and **empowering** all staff to develop, adapt and embrace new ways of working.
- Ensure that **responsibility** and **accountability** for procurement is clear throughout the Trust and that all staff are aware of procurement procedures, governance and what they need to do.

## • Strategic Procurement

**The first step** in the procurement process is the identification of the **need**. Early **engagement** is paramount, the procurement department will proactively seek to manage demand from departments to ascertain the organisations requirements over a given period. NWS Procurement will:

- Develop and maintain a **contracts database** and long-term work plan,
- Define, select and implement **strategic sourcing activity** ensuring that procurement processes are **proportionate** to the value, complexity and risks associated with each particular requirement, and that potential suppliers are not excluded through overly bureaucratic processes,
- Key suppliers will be identified and structured measures embedded in contract management, following **Supplier Relationship Management (SRM)** principles,
- Ensure specifications are developed, governed and evaluated by stakeholder groups taking into account **whole life costing**, and challenged where appropriate.
- Develop **relationships** with stakeholders (Internal and External). Working collectively to encourage continual improvement in the quality of goods and services that are provided and, where it is in the public interest, stimulate and support innovation and target new service areas to encourage new entrants to the market.
- Manage all non-pay expenditure in a **professional** and **compliant** manner, minimising clinical risk, improving patient care and evidencing best value against all such activity. Emphasis will be on ensuring **expenditure compliance** in line with regulation and Trust Standing Financial Instructions (SFI's).
- Undertake regular reviews of non-pay expenditure with a view to **optimising** commercial opportunity. Each commercial arrangement should have benefits in terms of a reduction in **Cost**, a reduction in Delivery **time**, or an increase in **Quality**. Procurement will record all tangible & non-tangible

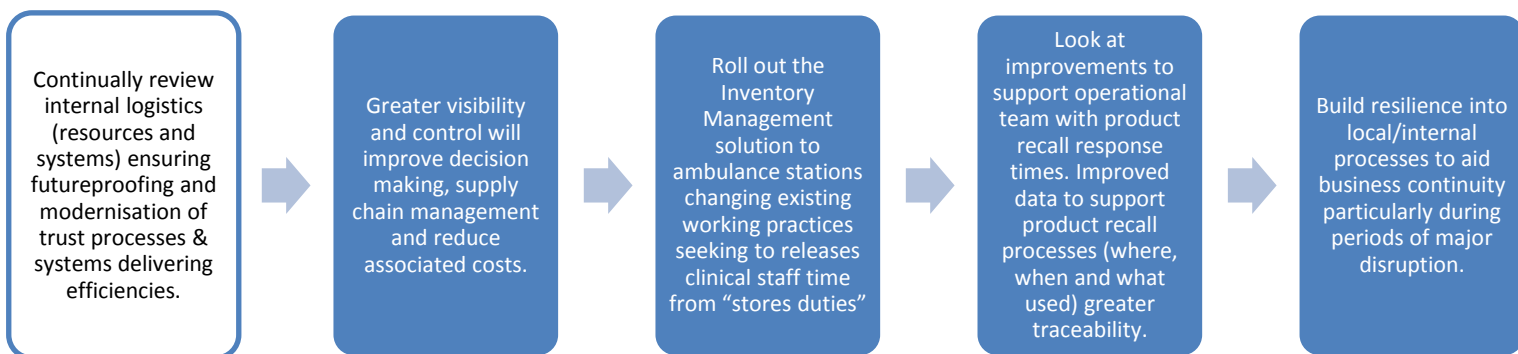
savings and efficiencies.

Area 4

# • Supply Chain

Knowing and managing assets will enable efficient and effective use and planning of resources to reduce waste through obsolescence, release space and ensuring the right product is at the right place at the right time. This reduces expenditure and risk, whilst improving patient safety. The procurement of a GS1 accredited Inventory Management solution will allow NWAS to improve the timely supply of medical consumables to frontline Ambulance operations

Procurement will:



Area 5

# • Collaborative Procurement

The Trust will continue to maximise opportunities by collaborating with other organisations on procurement and supply activity in the following ways

<p>The Head of Procurement will lead the Trust's relationship with the North Ambulance Alliance (NAA) and National Ambulance Service Procurement Group (NASPG), identifying and agreeing the joint sourcing work plan and ensuring that savings performance targets are delivered.</p>	<p>NHS Supply Chain. The Trust will continue to access contracts and services offered where they deliver appropriate benefits and best value.</p>	<p>Crown Commercial Services (CCS). The Trust will continue to access CCS arrangements for common goods and services where they make sense and offer best value for money without diluting NWAS' requirements</p>	<p>Engaging with other Trusts, Public Sector Organisations, Procurement Hubs and the Department of Health in a collaborative manner to aggregate spend and maximise buying power</p>
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The Procurement Department will explore alternative collaborative opportunities when they arise and will make a commercial judgement as to their relevance, including other emergency services.

- The criteria for supporting such as decision include:
- Goods or services are commodity items or a common specification can be put together without exhaustive effort or resource.
- Goods or services are almost a commodity within the blue-light sector, where aggregation will significantly reduce prices.
- There is an existing benchmark or clear indicative evidence that a saving can be made through wider aggregation.
- There are no conflicts of interest with potential collaborative partners.

## Area 6

# • Data Systems & Performance Management

Efficiencies are made and risks reduced through effective and automated processes which enables and tracks everything that is purchased from point of demand to use with agreed pricing and electronic invoice matching and payment. Fully electronic systems with extensive catalogue coverage facilitate reporting and performance measurement. Procurement performance within the Trust is reported monthly to the Deputy Director of Finance and quarterly to the Resource Committee. Procurement will be working toward improving performance against **key metrics** and driving **compliance** to the following targets identified by the Carter Review:

- 80% addressable spend transaction volume on catalogue,
- 90% addressable spend transaction volume with a purchase order,
- 90% addressable spend by value under contract.

There is an intrinsic link between the strategic sourcing and the transactional elements of the Procure to Pay (P2P) procurement process. Working with colleagues within the Finance Directorate, the Operational Procurement team will continue to manage the **(P2P)** ordering processes, whilst promoting the wider benefits to “e-Procurement” such as:

- The adoption of Pan European Public Procurement Online (**PEPPOL**) for seamless machine integration of for purchase order, advice note and invoice messaging.
- Enforcing a **No PO No PAY** policy for all invoices/orders with all suppliers. By enforcing this policy more information related to what the Trust is purchasing will be visible to the procurement department therefore spend can be categorised which in turn may create additional opportunities to tender and drive out further savings.
- Supplier rationalisation, identifying key strategic suppliers and engaging in a closer dialogue will enable the exploration of opportunities to take cost and process out of the current relationships.

The Operational Procurement Team will always consider the following factors:

- Selection – choosing the right goods and services. Driving standardisation, aggregation and substitution across all categories.
- P2P – ensuring that the goods are ordered, received and paid for in the most efficient way.
- Price – achieving the best possible prices undertaking price benchmarking to review national and local pricing.
- Stock – ensuring reliable supply while minimising stock levels.
- Usage – using the right amount of goods to ensure that there is no waste.
- People – relating to the optimum skills and ability mix.
- Collaboration – where possible, ensuring the maximum benefits of working with strategic partners and other organisations.
- Sustainable Procurement – ensuring that



purchasing activities will support sustainable objectives.

- Business Continuity – to support the Trust’s core

activities during unique circumstances.

Area 7

## • Policies & Procedures

All procurement systems and process are designed and implemented to ensure **value for money** is achieved in getting the **right product to the right place at the right time**. An appropriate audit trail will ensure governance and reduce risk. The procurement policy will pro-actively consider the impact of commercial decisions on the wider health and social care economy, and latest government guidance. Procurement will

- Maintain a **procurement manual**, which incorporates procurement **‘best practice’** regarding the way the Trust will manage its activities, business relationships with suppliers, and our corporate social responsibilities together with the engagement, utilisation, and authority of the key stakeholders at all stages in the procurement cycle.
- Maintain all strategic documents including the Procurement Timetable, Workplan, Templates etc
- Maintain Transactional Procurement Guides and Crib Sheets,
- Introduce sustainable and Corporate Social Responsibility (CSR) into wider procurement and commercial opportunities, training, induction and development activity. Seek to improve the local social value of contracts and frameworks going forward, removing barriers to SMEs, and improving the opportunities for local suppliers wherever possible.
- All staff with procurement responsibilities will have agreed approval limits in line with the SFI’s.
- Introduce procurement guidance available to all staff on the trust’s intranet and delivery courses to end users and managers.
- Promote the enforcement of No PO No Pay to ensure high level of compliance of 90% or more of addressable purchases are against a PO.
- Enforce Conflicts of Interests checks on all tenders both internal and external
- Develop mechanisms to gather stakeholder feedback, analyse and review and where appropriate improve service quality.
- Ensure that the procurement department complies with the Trust’s Business Continuity obligations. Maintaining the Procurement department business continuity plan ensuring the department remains operational particularly periods of major disruption.

## 7. High Level Strategic Objective Development

The key actions and objectives to deliver the strategy can be outlined in the table below:

Objective	2020/21	2021/22	2022/23	2023/24	2024/25
Approve Procurement Strategy	✓				✓
Review/ Update Procurement Strategy		✓	✓	✓	✓
Review Equality & Diversity Impact Assessment		✓	✓	✓	✓
Triannual reporting to Trust Resource Committee	✓	✓	✓	✓	✓
Review/ Agree annual work plan	✓	✓	✓	✓	✓
Maintain NHS Standards for Procurement Level 1 Accreditation	✓				
Maintain NHS Standards for Procurement Level 2 Accreditation	✓				
Consider NHS Standards for Procurement Level 3 Assessment		✓	✓		
Review procurement competencies and agree training and development strategy with regard to procurement.	✓				
Review department BCP	✓	✓	✓	✓	✓
Conduct staff PADR reviews	✓	✓	✓	✓	✓
Monitor national procurement landscape development	✓	✓	✓	✓	✓
Review Procurement training and develop strategy		✓			
Implement any internal audit recommendations	✓	✓	✓	✓	✓

## 8. Conclusion

The Procurement Strategy 2020/21 – 2024/25 builds on the **successes** of the previous strategies. It has been designed to meet the **current** and **future** needs of the Trust whilst ensuring that all relevant key regional and national procurement initiative are supported.

With Executive and senior management support, this Procurement Strategy is intended to provide a **framework** to allow NWAS build on the **achievements** already made by the Procurement Department and to continue to move the Procurement function forward becoming even more **integrated** within the organisation.

# Appendix 1 Equality Impact Assessment Report

Impact Assessment Statement:

There is no adverse impact on Equality or Diversity within this Strategy or the Procurement Function.

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

**Name of strategy and major project being reviewed:** Trust Procurement Strategy

**Equality Impact Assessment completed by:** Daren Hopkinson, Head of Procurement

**Initial date of completion:** 04<sup>th</sup> November 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 Procurement Strategy covers all aspects of the Trust's non pay expenditure.

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

All staff and suppliers

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

The strategy requires approval by the ELC and Board of Directors. It will be made available on the intranet and staff and on the Trust's website for external suppliers. There will be updates to the intranet site on procurement, a communications briefing for all staff and updates to relevant training for staff on procurement as appropriate.

### 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?

The strategy will be used by staff and managers so in terms of equality, the strategy aims to make sure the diversity of staff and patients is considered as part of this strategy.

For research, we have also reviewed the enei document 'Inclusive Procurement'.

The strategy acknowledges the barriers facing smaller organisations in being able to trade with SMEs and seeks to address this through advertising via the Government portal, open to all. We request the Equality,

Diversity and Inclusion Policy of all organisations we work with and there is scope to progress this further, by requesting gender pay gap information etc as well.

Please document activity below:

Equality Group	Findings of the data
Age	This document outlines how goods and services are procured in a non discriminatory, fully open, fair and transparent manner. This ensures compliance to both the latest Trust governance and regulatory legislation. There is data available about the age ranges of staff.
Disability – considering visible and invisible disabilities	Just over 3.5% of staff within NWAS have disclosed a disability on ESR but approximately 20% of staff survey respondents have disclosed a disability or long-term condition.  There is no data about the percentage of patients we respond to with disabilities or long-term health conditions. The strategy allows for the purchases of such equipment as and when clinical staff advise of a need.
Gender	No staff groups have been approached for feedback about the strategy re gender. The make-up of the Procurement team is 50-50% male female and staff have had the opportunity to view and comment on the strategy. There is scope for us to look at gender pay gap data from organisations we are working with.
Marital Status	No data has been collated about the strategy with reference to marital status.
Pregnancy or maternity	No data has been collated about the strategy with reference to pregnancy or maternity.
Race including ethnicity and nationality	We are able to request information about the ethnicity of staff from a company we work with, to ensure they are as committed to positive action as NWAS.
Religion or belief	We have data about staff demographics relating to religion and belief. There is no data available to us as this time relating to patients.
Sexual Orientation	We collate data on sexual orientation relating to staff. We have made purchases supporting the LGBT network and this strategy will continue to enable that.
Trans	There is no data available to us re staff who are trans. This group is supported by the LGBT network, as per 'sexual orientation' above.
Any other characteristics e.g. member of Armed Forces family, carer, homeless, asylum seeker or refugee	The strategy also refers to the Modern Slavery Act.

### Section 3: Consultation

Having considered the data above:-

- ✓ Can you or must you consult with different groups?
- ✓ What else should you be considering?

Please document the outcome of consultation below:

Equality Group	Feedback from groups
Age	<p>We don't propose to circulate the strategy to staff and stakeholders specifically with regards to age. Staff within the Procurement Team has had the chance to view and comment on the strategy, with ages ranging from 20-60 years old, which is within a representative range of the NWAS workforce demographics.</p>
Disability – considering visible and invisible disabilities	<p>We don't propose to circulate the strategy to staff specifically with disability in mind. However we do engage with staff via the Disability Forum as appropriate.</p> <p>Not every member of staff with a disability will require specific equipment purchases to carry out their role.</p> <p>We engaged with this group over the last 12-18 months in order to discuss and seek to improve the process for purchasing equipment as a reasonable adjustment for staff with disabilities. Forums were then halted from March 2020. We will engage with the Disability Forum when sessions are re-established as and when possible.</p> <p>We will look to obtain feedback with regards to equipment relating to patients and various conditions as necessary. There is scope to link in with patient experience groups via the Patient Engagement Team and also to speak to the members of the Patient and Public Panel too.</p>
Gender	<p>We do not seek to share this with staff or stakeholders specifically re gender.</p>
Marital Status	<p>We do not seek to share this strategy specifically relating to marital status. The strategy has a focus on non-staff expenditure.</p>
Pregnancy or maternity	<p>As above</p>
Race including ethnicity and nationality	<p>We have had feedback on the difficulty in processing room bookings for ad hoc events in community centres aiding diverse recruitment which aren't on the Redfern portal. This strategy will allow for case-by-case procurement as appropriate.</p>
Religion or belief	<p>We haven't shared the strategy with the Religion and Belief Forum within NWAS as it is still developing.</p>
Sexual Orientation	<p>We have had feedback about the difficulty in purchasing resources for specific diverse events. These have been dealt with on a one-to-one basis; this strategy will also allow for that.</p> <p>There is scope to share this strategy with the LGBT network if requested.</p>
Trans	<p>Please see sexual orientation, as the Trust network supports both protected characteristics. There may be needs for this group including the purchase of uniform for staff transitioning but these would be dealt with on a case-by-case basis with the manager/staff member. This strategy will allow that.</p>

Any other characteristics e.g. member of Armed Forces family, carer, homeless, asylum seeker or refugee	The Armed Forces Network has benefitted from the flexibility afforded within procurement and this strategy doesn't indicate any future barriers. There is scope to liaise with the network directly if required.
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#### Section 4: Impact Grid

Having considered the data and feedback through consultation, please detail below the impact on different groups:

Equality Group	Evidence of Impact	Is the impact positive or negative?
Age	No indication that this strategy will impact on staff or patients of particular ages.	Neutral
Disability – considering visible and invisible disabilities	The team links in with the Disability Forum for feedback from staff. We are able to support individual requirements through reasonable adjustments.	Positive
Gender	There is no indication that the strategy will negatively impact on staff or patients re gender. NWAS has a role to play in requesting information about gender and making procurement decisions in response to how organisations view equality and inclusion, potentially through analysing gender pay gap information.	Neutral
Marital Status	There is no indication staff of particular marital status will be affected.	Neutral
Pregnancy or maternity	There is scope for the purchase of particular equipment or uniform for staff during pregnancy.	Positive
Race including ethnicity and nationality	There is no indication that staff or patients from particular ethnic groups will be affected. We are able to support events at local venues and purchases relating to the workforce strategy on inclusion.	Positive
Religion or belief	There is no information to indicate that the strategy will not be able to respond to individual patient or staff needs about religion, as and when required. As the Religion and Belief Forum develops, there is scope for the Procurement Team to seek feedback as appropriate.	Neutral/positive
Sexual Orientation	There is no negative impact for staff or patients re procurement and sexual orientation. The issue is more about making sure the strategy allows some flexibility to respond to individual needs and the LGBT network as a group.	Positive
Trans	As for sexual orientation above, particularly re individual needs for uniform.	Neutral

Any other characteristics for patient or staff e.g. member of Armed Forces family, carer, homeless, asylum seeker or refugee	No negative impact, again providing the ability to respond to individual needs is there.	Positive
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### Section 5 – Action plan

At this point, you should prepare an action plan which details the group affected, what the required action is with timescales, and expected progress. You may still be seeking further information as part of your plan. You can use the tables above to form the relevant plan and attach to this.

*An action plan is being collated.*

*The Procurement team participate in the Trust annual enei benchmarking exercise on equality and inclusion. This includes completing the relevant section on procurement processes and considering further actions. (might be worth including this on your action plan – Dan usually does this each summer though I didn't ask him this summer as there was enough going on!).*

*This EIA has been reviewed by the HR Advisor for Workforce and Equality.*

### 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.

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### 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

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# REPORT

<b>Board of Directors</b>	
<b>Date:</b>	Wednesday 25 November 2020
<b>Subject:</b>	Q2 Board Assurance Framework Review & Corporate Risk Register (CRR)
<b>Presented by:</b>	Angela Wetton, Director of Corporate Affairs
<b>Purpose of Paper:</b>	For Decision
<b>Executive Summary:</b>	<p>The Board of Directors have been provided with the Q2 Review of the Board Assurance Framework (BAF), along with the Corporate Risk Register (CRR).</p> <p>The BAF risks are reviewed at Board Committees providing the opportunity to identify where assurances support potential mitigation of risks. In support of this process, the Head of Risk and Assurance has collated assurance information throughout the quarter onto the Assurance Map.</p> <p>The review of the CRR takes place monthly at the Executive Leadership Committee (ELC) to ensure risks are actively being managed. The CRR can be viewed for information in <b>Appendix 1</b>. The proposed Q2 position (at 30 September 2020) of the BAF with the associated CRR risks scored <math>\geq 15</math> can be viewed in <b>Appendix 2</b>. The BAF Heat Maps for 2020/21 year to date can be viewed in <b>Appendix 3</b>.</p> <p>As part of the Q2 review, the proposed changes have been identified;</p> <ul style="list-style-type: none"> <li>• SR02: reduction of risk score from 25 to a 20</li> <li>• SR03: reduction of risk score from 25 to a 20</li> <li>• SR06: increase of risk score from 8 to a 12</li> <li>• SR10: re-instigation of the Brexit strategic risk from the 2019/20 BAF.</li> </ul>
<b>Recommendations, decisions or actions sought:</b>	<p>The Board of Directors are requested to:</p> <ul style="list-style-type: none"> <li>• Agree the decrease in risk score for SR02 from 25 to 20</li> <li>• Agree the decrease in risk score for SR03 from 25 to 20</li> </ul>

	<ul style="list-style-type: none"> <li>• Agree the increase in risk score for SR06 from 8 to 12</li> <li>• Agree the re-instigation of the Brexit strategic risk (SR10) from the 2019/20 BAF</li> <li>• Agree the Q2 position of the Board Assurance Framework</li> </ul>										
<b>Link to Strategic Goals:</b>	<b>Right Care</b>			<input checked="" type="checkbox"/>	<b>Right Time</b>			<input checked="" type="checkbox"/>			
	<b>Right Place</b>			<input checked="" type="checkbox"/>	<b>Every Time</b>			<input checked="" type="checkbox"/>			
<b>Link to Board Assurance Framework (Strategic Risks):</b>											
<b>SR01</b>	<b>SR02</b>	<b>SR03</b>	<b>SR04</b>	<b>SR05</b>	<b>SR06</b>	<b>SR07</b>	<b>SR08</b>	<b>SR09</b>	<b>SR10</b>	<b>SR11</b>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Are there any Equality Related Impacts:</b>				None Identified							
<b>Previously Submitted to:</b>				Assurance Committees, ELC and Audit Committee							
<b>Date:</b>				Throughout Q2							
<b>Outcome:</b>				For Assurance							

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## 1. PURPOSE

The Board of Directors has overall responsibility for ensuring that systems and controls are in place are adequate to mitigate any significant strategic risks which threaten the achievement of strategic objectives.

This paper provides an opportunity for the Board of Directors to review the Q2 Review of the Board Assurance Framework (BAF) position along with the Corporate Risk Register (CRR), risks scored 15 and above that are aligned to each BAF risk. In addition, themes and gaps identified by the Head of Risk and Assurance, as part of the risk profiling work completed, this work has informed discussions with Directors and Senior Manages across the organisation.

## 2. RISK ASSURANCE PROCESS

The BAF risks are reviewed at Board Committees providing the opportunity to identify where assurances support potential mitigation of risks, commission where appropriate, additional assurance and identify any associated risks that may require escalating or de-escalating through the Chair's Assurance Reporting process. Risks identified on the CRR are mapped to the BAF risks and are included within the reports, providing the position in terms of the progression of each risk. This in turn, supports the identification of any additional assurances that may need to be commissioned by the Chair as well as recognising where the achievement of risk mitigation may impact positively or negatively on the BAF risks.

To support the Q2 review of the BAF, the Head of Risk and Assurance has collated assurance information reported throughout the quarter onto the Assurance Map. The information has been identified through attendance at Board Committee Meetings and review of the Chair's Assurance Reports from both Management Groups and Board Committee meetings. The assurance mapping has been used to support discussions with Executive Directors and assist with updating of the BAF risks.

## 3. REVIEW OF THE CORPORATE RISK REGISTER

The review of the CRR takes place at the Executive Leadership Committee (ELC) as well as the Board Committee meetings in the organisation. Here, assurances is sought that controls and mitigations are applied and actions are in place to ensure that the risk is being actively managed. The CRR can be viewed for information in **Appendix 1**.

## 4. REVIEW OF STRATEGIC RISKS Q2

The quarterly review process provides an opportunity for the Director Lead to meet with the Head of Risk and Assurance, to discuss the updates of their relevant risks. These meetings have taken place either with Director Leads or their senior manager responsible for updating the BAF. Adjustments to the BAF risks has subsequently been undertaken. The proposed Q2 position for the BAF risks with associated Corporate Risk Register risks scored 15 and above can be viewed in **Appendix 2**.

The Heat Maps for 2020/21 year to date can be viewed in **Appendix 3**.

Following a full review of the controls and assurances across the BAF, there has been the following changes proposed:

**SR02: If we do not have effective financial management, this may impact on the Trust's financial position**

- Reduction in risk score for Q2 from a 25 to a 20.

Opening Score 01.04.2019	Q1 Risk Score	Q2 Risk Score	Exec Lead
25 5x5 CxL		20 5x4 CxL	Ms C Wood

This risk has decreased in risk score from the 2020/21 Opening Score following review, with the following rationale applied by the Executive Lead:

1. The organisation has achieved a breakeven financial position for the first 6 months of the financial year, in line with the emergency financial regime put in place as part of the NHS response to COVID-19.
2. The funding envelopes for the remainder of the year have been issued to the ICS.
3. The initial draft submission has been made to the ICS, which indicates a financial gap for the ICS for the remaining 6 months of the financial year as the NHS looks to restoration and recovery.
4. There is also an inherent 1% efficiency requirement within the funding envelope.

**SR03: If we do not meet national and local operational performance standards through transition to an integrated service model within the funding envelope, this may impact on providing timely patient care**

- Reduction in risk score for Q2 from a 25 to a 20.

Opening Score 01.04.2019	Q1 Risk Score	Q2 Risk Score	Exec Lead
25 5x5 CxL		20 5x4 CxL	Mr G Blezard

This risk has decreased in risk score from the 2020/21 Opening Score following review, with the following rationale applied by the Executive Lead:

1. Delivery of all ARP standards in June and July 2020; this was due to the actions taken to compensate for the COVID-19 pandemic.
2. NHS 111 had an improvement trajectory throughout the quarter, however, some deterioration in performance in August 2020 due to the training required to implement Cleric into the NHS 111 Service.

3. All KPIs and performance reporting for PTS has been suspended due to the COVID-19 pandemic, however, they continue to deliver operations, but with a lessened demand.
4. High levels of compliance with meal breaks was reported during the quarter, but as demand has increased, compliance has reduced.
5. Hospital handover has significantly improved during the quarter with NWS achieving the 30 minute standard.

**SR06: If we do not build and strengthen relationships across systems, localities and neighbourhoods, this may impact on the Trust's reputation and ability to achieve our vision to be the best ambulance service in the UK**

- Increase in risk score for Q2 from an 8 to a 12.

Opening Score 01.04.2019	Q1 Risk Score	Q2 Risk Score	Exec Lead
8 4x2 CxL		12 4x3 CxL	Mr S Desai

This risk has increased in risk score from the 2020/21 Opening Score following review, with the following rationale applied by the Executive Lead:

1. Stakeholder relationships have not been renewed due to the COVID-19 pandemic.
2. The Manchester Arena Inquiry commenced on 07 September 2020 which will look into the emergency services response and specifically the actions of NWS.
3. A number of significant headline and negative narrative across the broadcast media has been seen pertaining to the Manchester Arena Inquiry.
4. The implementation of the new Service Development Team structure is scheduled for completion in January 2021; to enable effective dialogue, discussions and decision making across the NHS Partners as well as Trust areas.

**SR10: If the UK Government leaves the EU without a deal then availability of key medicines, equipment and resources may be challenges resulting in inflated costs, disruption to supplies and loss of workforce. The 'no deal' withdrawal may impact on our ability to share, process and access data**

- Re-instigation of a Strategic Risk from the 2019/20 Board Assurance Framework.

Opening Score 01.04.2019	Q1 Risk Score	Q2 Risk Score	Exec Lead
		12 3x4 CxL	Mr S Desai

## 5. EXCEPTION REPORT ON MITIGATING ACTIONS IDENTIFIED ON THE BAF

In total, **69** mitigating actions are identified on the BAF; **15** actions have been completed during Q2 with 4 actions not yet commenced for 2020/21.

Risk Description	Actions to be Completed	Exceptions
<p><b>SR01:</b> If we do not deliver appropriate safe, effective and patient-centred care, this may impact on the Trusts' compliance with regulatory requirements for quality and safety</p>	<p><b>22 action(s) to be completed</b></p> <p><b>0 action(s) Incomplete &amp; Overdue</b></p> <p><b>22 action(s) In Progress</b></p> <p><b>1 action(s) Completed Late</b></p> <p><b>1 action(s) Completed on Time</b></p>	<p>Action: Actions Arising from Serious Incident Investigations <i>The target completion for this action has changed from September 2020 to March 2021.</i></p> <p>Action: Timely Submission of SI Reports within 60 Days <i>The target completion for this action has changed from September 2020 to March 2021.</i></p> <p>Action: Learning from Serious Incidents <i>The target completion for this action has changed from September 2020 to March 2021.</i></p> <p>Action: Learning from Complaints <i>The target completion for this action has changed from September 2020 to March 2021.</i></p> <p>Action: Premises COVID-19 Risk Assessments <i>This action has been completed. All premises COVID-19 Risk Assessments are stored centrally on SharePoint. Assurance has been reported to the Quality &amp; Performance Cttee in September 2020.</i></p> <p>Action: Rejections from Safeguarding Concerns <i>The target completion for this action has changed from September 2020 to March 2021.</i></p> <p>Action: Engagement with Safeguarding Boards <i>The target completion for this action has changed from September 2020 to December 2020.</i></p> <p>Action: Child Protection Information Sharing in 999 <i>The target completion for this action has changed from September 2020 to December 2020.</i></p> <p>Action: IPC Board Assurance Framework <i>The target completion for this action has changed from July 2020 to September 2020. This action is now complete; with assurance reported to the Quality &amp; Performance Committee and the Board of Directors in September 2020.</i></p>
<p><b>SR02:</b> If we do not have effective financial management, this may impact on the Trusts' financial position</p>	<p><b>2 action(s) to be completed</b></p> <p><b>0 action(s) Incomplete &amp; Overdue</b></p> <p><b>2 action(s) In Progress</b></p> <p><b>0 action(s) Completed Late</b></p>	<p>Action: 2020/21 Financial Operating Plans <i>During Q2 the Trust was awaiting guidance from NHS E/I</i></p> <p>Action: 2020/21 Cost Improvement Programmes <i>During Q2 the Trust was awaiting guidance from NHS E/I</i></p>

	<p><b>0 action(s) Completed on Time</b></p>	
<p><b>SR03:</b> If we do not meet national and local operational performance standards through transition to an integrated service model within the funding envelope, this may impact on providing timely patient care</p>	<p><b>5 action(s) to be completed</b></p> <p><b>0 action(s) Incomplete &amp; Overdue</b></p> <p><b>5 action(s) In Progress</b></p> <p><b>0 action(s) Completed Late</b></p> <p><b>3 action(s) Completed on Time</b></p>	<p>Action: Devise the NWAS Winter Plan <i>The target completion for this action has changed from September 2020 to October 2020. This action has been completed and the plan being presented to the Quality &amp; Performance Cttee in October 2020.</i></p> <p>Action: Optima Review <i>This action has been completed and outlines what resources are required to deliver performance. An assurance report is expected to be presented to the Quality and Performance Cttee during Q3.</i></p> <p>Action: Independent Review of Resources <i>This action has been completed with the draft report being received by the Trust on 11 September 2020. The following action is to commence engagement with Commissioners to fund the gap in resources to deliver performance. An assurance report is expected to be presented to the Quality and Performance Cttee during Q3.</i></p>
<p><b>SR04:</b> If we do not have sufficient staff and do not engage, empower and support our workforce to develop, adapt and embrace new ways of delivering right care, this may impact on the delivery of the Trusts' objectives</p>	<p><b>9 action(s) to be completed</b></p> <p><b>0 action(s) Incomplete &amp; Overdue</b></p> <p><b>9 action(s) In Progress</b></p> <p><b>0 action(s) Completed Late</b></p> <p><b>0 action(s) Completed on Time</b></p>	<p>No exceptions to report at time of report production</p>
<p><b>SR05:</b> If we do not review our estate and fleet to reflect the needs of the future service model and commit to reduce emission, this may impact on the Trusts' infrastructure and achieving environmental efficiencies</p>	<p><b>3 action(s) to be completed</b></p> <p><b>0 action(s) Incomplete &amp; Overdue</b></p> <p><b>3 action(s) In Progress</b></p> <p><b>0 action(s) Completed Late</b></p> <p><b>0 action(s) Completed on Time</b></p>	<p>Action: Detailed plan for ongoing estate maintenance <i>In March &amp; April 2020 the Estates Team commissioned a professional assessment of the condition of the Trust's' estate. COVID-19 had delayed the progress, but this is now complete. The Estates Team will be reviewing the reports and associated risks to undertake a moderation process. The high risk items identified have been reviewed and actions being taken.</i></p> <p>Action: Operational requirements to reflect estate based on ORH modelling <i>This has become mandated in BC development. The updated Optima system was used in development of the Blackpool business case and currently being used within feasibility studies for MER4 &amp; GM3 and 4.</i></p> <p>Action: Utilisation on Model Ambulance <i>Input into NHSE/I has concluded. Data input for individual sites has been completed and 2019/20 data has been inputted onto ERIC.</i></p>



<p><b>SR06:</b> If we do not build and strengthen stakeholder relationships across systems, localities and neighbourhoods, this may impact on the Trusts' reputation and ability to achieve our vision to be the best ambulance service in the UK</p>	<p><b>2 action(s) to be completed</b></p> <p><b>0 action(s) Incomplete &amp; Overdue</b></p> <p><b>2 action(s) In Progress</b></p> <p><b>0 action(s) Completed Late</b></p> <p><b>0 action(s) Completed on Time</b></p>	<p>No exceptions to report at time of report production</p>
<p><b>SR07:</b> If we do not improve and maintain our digital systems, this may impact on the delivery of secure IT systems and digital transformation</p>	<p><b>19 action(s) to be completed</b></p> <p><b>0 action(s) Incomplete &amp; Overdue</b></p> <p><b>15 action(s) In Progress</b></p> <p><b>0 action(s) Completed Late</b></p> <p><b>6 action(s) Completed on Time</b></p> <p><b>4 action(s) Not Commenced</b></p>	<p>Action: Recruitment to the CTO and Head of Digital Intelligence Posts <i>The CTO has been successfully recruited and interviews for the Head of Digital Intelligence are scheduled for the end of September 2020.</i></p> <p>Action: Establish a baseline for measuring the digital culture and confidence <i>The literature review has been completed and a baseline will be established and reported to the Resources Committee in November 2020.</i></p> <p>Action: Review, test and establish a GETAC ongoing support model <i>This action has been completed, with a further piece of work currently being undertaken for a 24/7 support model.</i></p> <p>Action: Develop a baseline and goals for System up Time, unplanned downtime, CareCERT Compliance, Supported systems and IG Breaches <i>This action has been completed with assurance reported to the Resources Cttee in September 2020.</i></p> <p>Action: Strategy for Interoperability <i>This action has been completed with assurance reported to the Resources Cttee in September 2020.</i></p>
<p><b>SR08:</b> If we do not develop skills, capabilities and capacity to explore business opportunities for current and new contracts, services or products, this may impact on the Trusts' ability to complete and gain business and commercial opportunities that will generate income and protect our core service</p>	<p><b>4 action(s) to be completed</b></p> <p><b>0 action(s) Incomplete &amp; Overdue</b></p> <p><b>4 action(s) In Progress</b></p> <p><b>0 action(s) Completed Late</b></p> <p><b>0 action(s) Completed on Time</b></p>	<p>No exceptions to report at time of report production</p>

<p><b>SR09:</b> If the organisation experiences further change at Board level during 2020/21, this may impact on relationships and ability to deliver the Trust's strategic objectives</p>	<p><b>4 action(s) to be completed</b></p> <p><b>0 action(s) Incomplete &amp; Overdue</b></p> <p><b>4 action(s) In Progress</b></p> <p><b>0 action(s) Completed Late</b></p> <p><b>2 action(s) Completed on Time</b></p>	<p>Action: Substantive Director of People Vacancy <i>This action has been completed and Ms L Ward has been appointed as the Director of People in July 2020.</i></p> <p>Action: Executive Team Development <i>This action has been completed and a full programme of opportunities for development has been devised as part of the Executives Appraisal process.</i></p>
<p><b>SR10:</b> If the UK Government leaves the EU without a deal then availability of key medicines, equipment and resources may be challenged resulting in inflated costs, disruption to supplies and loss of workforce. The 'no deal' withdrawal may impact on our ability to share, process and access data</p>	<p><b>1 action(s) to be completed</b></p> <p><b>0 action(s) Incomplete &amp; Overdue</b></p> <p><b>1 action(s) In Progress</b></p> <p><b>0 action(s) Completed Late</b></p> <p><b>0 action(s) Completed on Time</b></p>	<p>No exceptions to report at time of report production</p>
<p><b>SR11:</b> If the COVID-19 pandemic continues for an extended period, then the Trust will be unable to deliver its strategic objectives during 2020/21</p>	<p><b>2 action(s) to be completed</b></p> <p><b>0 action(s) Incomplete &amp; Overdue</b></p> <p><b>2 action(s) In Progress</b></p> <p><b>0 action(s) Completed Late</b></p> <p><b>3 action(s) Completed on Time</b></p>	<p>Action: Testing, Track and Trace <i>A test, track and trace strategy has been implemented across the organisation.</i></p> <p>Action: Localised Lockdowns <i>This action is completed; the organisation continues to be responsive to the latest UK Government COVID restrictions.</i></p> <p>Action: COVID-19 Secure Estates <i>This action has been completed with assurance being reported to both the Quality &amp; Performance and Resources Cttees.</i></p>

## 6. LEGAL and/or GOVERNANCE IMPLICATIONS

The Board Assurance Framework and the Corporate Risk Register forms part of the Trust's risk management arrangements and supports the Board in meeting its statutory duties.

## 7. RECOMMENDATIONS

The Board of Directors are requested to;

- Agree the decrease in risk score for SR02 from 25 to 20
- Agree the decrease in risk score for SR03 from 25 to 20
- Agree the increase in risk score for SR06 from 8 to 12
- Agree the re-instigation of the Brexit strategic risk (SR10) from the 2019/20 BAF
- Agree the Q2 position of the Board Assurance Framework.

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**Appendix 1: Corporate Risk Register**

Extracted from Datix on 01 October 2020

Corporate Risk Register (CRR)														
Dx ID	Opened	Risk Type	Risk Subtype	Risk Description	Role Type	Lead(s)	Rating (initial)	Likelihood (current)	Consequence (current)	Rating (current)	Rating (Target)	Forecast Completion Date	Last reviewed	Date of next review
2867	22/02/2019	Operational	Innovation	There is a risk of oversight or system issues, due to a high number of high impact projects linked to critical systems being delivered simultaneously, which could result in system failures.	QII - IM&T	Power, Maxine	16	4	4	16	8	31/12/2020	21/08/2020	02/11/2020
2920	01/04/2019	Operational	Organisational Development	There is a risk that sufficient workforce resources are not in place across NHS 111 service leading to the inability to meet contracted KPIs which could result in comprised patient care and reputational damage to the Trust.	SD - 111 Service	Blezard, Ged	20	4	4	16	4	30/09/2020	29/09/2020	29/10/2020
2931	11/04/2019	Operational	Organisational Development	There is a risk if staff release is not scheduled in appropriately for key projects in this financial year, ie Roster Review, epr, then national ARP performance standards may not be achieved which could result in detrimental patient care and reputational damage to the Trust.	SD - Paramedic Emergency Services Operations (Inc. Urgent Care)	Blezard, Ged	16	4	4	16	4	31/03/2021	29/09/2020	07/10/2020
3027	03/07/2019	Operational	Organisational Development	There is a risk that the Trust will suffer a Paramedic shortfall because of the combined outcome of the ORH demand analysis, paramedic skill mix change and potential impact of GP reform, which could result in an inability to meet operational demand.	PD - Human Resources	Ward, Lisa	20	4	4	16	4	31/03/2021	29/09/2020	29/10/2020

3379	27/07/2020	Clinical	Clinical	There is a risk that the Trust does not have professional leadership for midwifery and obstetric care (registered midwife), maternity pathways and obstetric emergencies leading to patients receiving sub-optimal care which may impact on quality outcomes for patients and staff support	QII - Clinical Safety	Power, Maxine	16	4	4	16	4	30/04/2021	31/07/2020	31/08/2020
3359	16/06/2020	Operational	Performance	There is a risk to service delivery because PTS ambulance capacity is reduced set against increasing demand and social distancing measures which may lead to Commissioner, Acute Trust and patient expectations not being adequately met.	SD - Patient Transport Service Operations (Inc. Volunteers)	Blezard, Ged	20	4	4	16	4	30/07/2021	23/09/2020	30/11/2020
3337	14/05/2020	Operational	Performance	There is a risk that unsuitable medium to long term solutions for onsite cleaning teams at EDs across the region due to the additional amenities required on site which may impact on performance	FIN - Fleet	Wood, Carolyn	16	4	4	16	4	31/12/2020	26/08/2020	09/10/2020
3324	14/05/2020	Operational	Performance	There is a risk that performance standards are not achieved because of the increased acuity of calls received into the 111 service due to the COVID-19 outbreak which may impact on patient safety	SD - 111 Service	Bell, Jacqueline	16	4	4	16	4	31/12/2020	29/09/2020	29/10/2020
3318	14/05/2020	Operational	Organisational Development	There is a risk that COVID-19 has impacted on the delivery of the planned October 2020 paramedic apprenticeship cohort which could impact on the subsequent recovery plan for commencing the paramedic apprenticeship in February 2021 which would impact on longer term paramedic supply	PD - Workforce Development	Offer, Carol	16	4	4	16	8	29/01/2021	30/09/2020	30/10/2020
3216	02/03/2020	Operational	Performance	There is a risk that NHS 111 may be unable to deliver its KPI because of insufficient resources on bank holidays which may result in reputational damage to the Trust and delayed patient care.	SD - 111 Service	Blezard, Ged	20	4	4	16	4	31/12/2020	29/09/2020	29/10/2020

3372	16/07/2020	Compliance & Regulatory	Environmental	There is a risk that if the Trust continues to fail to segregate healthcare waste on vehicles they will remain non-compliant with the Hazardous Waste (England and Wales) Regulations 2005 which could result in financial penalties and prosecution.	FIN - Estates & Facilities	Wood, Carolyn	15	5	3	15	1	31/03/2021	26/08/2020	09/10/2020
3236	07/04/2020	Operational	Performance	There is a risk that national ARP performance standards will not be achieved because of a lack of resources, increase in activity or hospital pressures which may result in compromised patient care, reputational damage to the Trust and an increase in patient complaints.	SD - Paramedic Emergency Services Operations (Inc. Urgent Care)	Blezard, Ged	25	3	5	15	5	31/03/2021	29/09/2020	07/10/2020
3210	26/02/2020	Financial	Estates & Facilities	There is a risk that if inter-dependencies between other strategies such as EOC, training and medicines management which feed into and drive the Estates Strategy are not aligned in a timely manner this could result in delays and non-delivery of key elements of the Estates Strategy.	FIN - Estates & Facilities	Wood, Carolyn	20	3	5	15	5	31/01/2021	08/09/2020	09/10/2020
3187	06/01/2020	Operational	Performance	There is a risk that the Trust could have poorly located sites due to the Trust not planning effectively for the future configuration of its estate which could result in a negative impact on operational performance (PES and PTS).	FIN - Estates & Facilities	Wood, Carolyn	25	3	5	15	5	30/03/2021	26/08/2020	09/10/2020
3062	13/08/2019	Clinical	Patient Safety	There is a risk that 999 call takers fail to identify key words and phrases relating to respiratory calls which could result in the wrong categorisation and/or delay the response leading to detrimental patient care, increase in complaints and reputational damage to the Trust.	SD - Emergency Operations Centre	Blezard, Ged	20	3	5	15	5	31/03/2021	08/09/2020	08/10/2020

1181	30/01/2014	Operational	Innovation	There is risk that the Trust's Critical Telephone System (999) and/or the Voicemail messaging service fails which could result in an inability to appropriately respond and treat patients within agreed target timescales.	QII - IM&T	Power, Maxine	20	3	5	15	5	02/11/2020	21/08/2020	05/10/2020
3397	28/08/2020	Compliance & Regulatory	Organisational Development	There is a risk that the Trust will not have a substantive Patient Safety Specialist in post by 30 November 2020 due to the constricted timescales for recruitment which may result in the delayed registration with the NHSE/I Patient Safety Team	QII - Safety	Power, Maxine	12	5	3	15	3	30/12/2020	08/09/2020	08/10/2020
3394	14/08/2020	Operational	Performance	There is risk that operational resource levels will not match demand/activity due to increased Covid-19 shielding arrangements/guidance which may result in delayed patient care and ability to deliver national ARP standard's	SD - Paramedic Emergency Services Operations (Inc. Urgent Care)	Blezard, Ged	20	3	5	15	5	30/10/2020	29/09/2020	07/10/2020
3391	14/08/2020	Operational	Performance	There is a risk that national ARP performance standards may not be sustained due to the inability to continue with all supportive measures activated through COVID-19 response, which may result in reputational damage to the trust.	SD - Paramedic Emergency Services Operations (Inc. Urgent Care)	Blezard, Ged	20	3	5	15	5	31/03/2021	25/09/2020	26/10/2020





Appendix 2

# Board Assurance Framework 2020/21

**Board of Directors  
Wednesday 25 November 2020**

**Data Extracted from Datix: 01 October 2020**

**Q2 2020/21 Reporting Timescales:**

Quality & Performance Cttee:	21/09/2020
Resources Cttee:	25/09/2020
Executive Leadership Cttee:	04/11/2020
Audit Cttee:	23/10/2020
Board of Directors:	25/11/2020

# BOARD ASSURANCE FRAMEWORK KEY

## Risk Rating Matrix (Likelihood x Consequence)

Consequence ↓	Likelihood →				
	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
<b>Catastrophic</b> 5	5 Moderate	10 High	15 Significant	20 Significant	25 Significant
<b>Major</b> 4	4 Moderate	8 High	12 High	16 Significant	20 Significant
<b>Moderate</b> 3	3 Low	6 Moderate	9 High	12 High	15 Significant
<b>Minor</b> 2	2 Low	4 Moderate	6 Moderate	8 High	10 High
<b>Negligible</b> 1	1 Low	2 Low	3 Low	4 Moderate	5 Moderate

## Director Lead:

<b>CEO</b>	Chief Executive
<b>DCEO</b>	Deputy Chief Executive
<b>DoQII</b>	Director of Quality Innovation & Improvement
<b>MD</b>	Medical Director
<b>DoF</b>	Director of Finance
<b>DoOps</b>	Director of Operations
<b>DoP</b>	Director of People
<b>DoSP</b>	Director of Strategy & Planning
<b>DoCA</b>	Director of Corporate Affairs

## Board Assurance Framework Legend

<b>Strategic Priorities</b>	The 2018/2023 strategic priority that the BAF risk has been aligned to				
<b>BAF Risk</b>	The title of the strategic risk that threatens the achievement of the aligned strategic priority				
<b>Rationale for Current Risk Score</b>	This narrative is updated on a quarterly basis and provides a summary of the information that has supported the assessment of the BAF risk				
<b>Operational Risk Exposure</b>	The key areas of operational risks scored 15 and above that align with the BAF risk and have the potential to impact on the score				
<b>Controls</b>	The measures in place to reduce the risk likelihood or risk consequence and assist secure delivery of the strategic priority /				
<b>Assurances</b>	The measures in place to provide confirmation that the controls are working effectively in supporting the mitigation of the risk				
<b>Evidence</b>	This is the platform that reports the assurance				
<b>Gaps in Controls</b>	Areas that require attention to ensure that systems and processes are in place to mitigate the BAF risk				
<b>Gaps in Assurance</b>	Areas where there is limited or no assurance that processes and procedures are in place to support the mitigation of the BAF risk				
<b>Required Action</b>	Actions required to close the gap in control(s)/ assurance(s)				
<b>Lead</b>	The person responsible for completing the required action				
<b>Target Completion</b>	Deadline for completing the required action				
<b>Monitoring</b>	The forum that will monitor completion of the required action				
<b>Progress</b>	A RAG rated assessment of how much progress has been made on the completion of the required action	Incomplete/ Overdue	Action In Progress	Completed Late	Completed on Time

# OUR STRATEGY AT A GLANCE

Our vision is to be the best ambulance service in the UK by delivering the right care, at the right time, in the right place; every time.

## Values:



Working Together for Patients



Commitment to Quality of Care



Respect and Dignity



Compassion



Everyone Counts



Improving Lives

## Priorities:



Urgent and Emergency Care

Increasing service integration and leading improvements across the healthcare system in the North West.



Quality

Delivering appropriate care, which is safe, effective and patient centered for each individual.



Digital

Radically improving how we meet the needs of patients and staff every time they interact with our digital services.



Business and Commercial Development

Developing skills and capability to explore business opportunities for current and new viable contracts, services or products.



Workforce

Engaging and empowering our leaders and staff to develop, adapt and embrace new ways of delivering the right care.



Stakeholder relationships

Building and strengthening relationships that enable us to achieve our vision.



Infrastructure

Reviewing our estates and fleet to reflect the needs of the future service model.



Environment

Committing to reduce emissions by embracing new technology including electric vehicles.

## Supporting strategies:

Urgent and Emergency Care Strategy

Quality (Right Care) Strategy

Digital Strategy

Finance plan - long term financial model

Workforce Strategy

Communications and Engagement Strategy

Estates and Fleet Strategies

## BOARD ASSURANCE FRAMEWORK DASHBOARD 2020/21

BAF Risk	Committee	Exec Lead	01.04.20	Q1	Q2	Q3	Q4	2020/21 Target	Final Target
<b>SR01:</b> If we do not deliver appropriate safe, effective and patient-centred care, this may impact on the Trusts' compliance with regulatory requirements for quality and safety	<b>Quality &amp; Performance</b>	<b>DoQII</b>	<b>15</b> 5x3 CxL		<b>15</b> 5x3 CxL			<b>10</b> 5x2 CxL	<b>5</b> 5x1 CxL
<b>SR02:</b> If we do not have effective financial management, this may impact on the Trusts' financial position	<b>Resources</b>	<b>DoF</b>	<b>25</b> 5x5 CxL		<b>20</b> 5x4 CxL			<b>15</b> 5x3 CxL	<b>10</b> 5x2 CxL
<b>SR03:</b> If we do not meet national and local operational performance standards through transition to an integrated service model within the funding envelope, this may impact on providing timely patient care	<b>Quality &amp; Performance</b>	<b>DoOps</b>	<b>25</b> 5x5 CxL		<b>20</b> 5x4 CxL			<b>15</b> 5x3 CxL	<b>5</b> 5x1 CxL
<b>SR04:</b> If we do not have sufficient staff and do not engage, empower and support our workforce to develop, adapt and embrace new ways of developing right care, this may impact on the delivery of the Trusts' objectives	<b>Resources</b>	<b>DoP</b>	<b>16</b> 4x4 CxL		<b>16</b> 4x4 CxL			<b>12</b> 4x3 CxL	<b>8</b> 4x2 CxL
<b>SR05:</b> If we do not review our estate and fleet to reflect the needs of the future service model and commit to reduce emission, this may impact on the Trusts' infrastructure and achieving environmental efficiencies	<b>Resources</b>	<b>DoF</b>	<b>12</b> 3x4 CxL		<b>12</b> 3x4 CxL			<b>9</b> 3x3 CxL	<b>3</b> 3x1 CxL
<b>SR06:</b> If we do not build and strengthen stakeholder relationships across systems, localities and neighbourhoods, this may impact on the Trusts' reputation and ability to achieve our vision to be the best ambulance service in the UK	<b>Board of Directors</b>	<b>DoSP</b>	<b>8</b> 4x2 CxL		<b>12</b> 4x3 CxL			<b>8</b> 4x2 CxL	<b>4</b> 4x1 CxL
<b>SR07:</b> If we do not improve and maintain our digital systems, this may impact on the delivery of secure IT systems and digital transformation	<b>Resources</b>	<b>DoQII</b>	<b>12</b> 4x3 CxL		<b>12</b> 4x3 CxL			<b>12</b> 4x3 CxL	<b>8</b> 4x2 CxL
<b>SR08:</b> If we do not develop skills, capabilities and capacity to explore business opportunities for current and new contracts, services or products, this may impact on the Trusts' ability to compete and gain business and commercial opportunities that will generate income and protect our core services	<b>Resources</b>	<b>DCEO</b>	<b>15</b> 5x3 CxL		<b>15</b> 5x3 CxL			<b>10</b> 5x2 CxL	<b>5</b> 5x1 CxL
<b>SR09:</b> If the organisation experiences further change at Board level during 2020/21, this may impact on relationships and ability to deliver the Trusts' strategic objectives	<b>Board of Directors</b>	<b>CEO</b>	<b>12</b> 4x3 CxL		<b>12</b> 4x3 CxL			<b>8</b> 4x2 CxL	<b>4</b> 4x1 CxL
<b>SR10:</b> If the UK Government leaves the EU during the transitionary period with a no deal may impact on our ability to provide the service at the required levels resulting in inflated costs, disruption to supplies and loss of workforce	<b>Board of Directors</b>	<b>DoSP</b>			<b>12</b> 3x4 CxL			<b>6</b> 3x2 CxL	<b>3</b> 3x1 CxL
<b>SR11:</b> If the COVID-19 pandemic continues for an extended period, then the Trust will be unable to deliver its strategic objectives during 2020/21	<b>Board of Directors</b>	<b>CEO/ DCEO</b>	<b>20</b> 5x4 CxL	<b>15</b> 5x3 CxL	<b>15</b> 5x3 CxL			<b>10</b> 5x2 CxL	<b>5</b> 5x1 CxL

# BOARD ASSURANCE FRAMEWORK 2020/21

**BAF RISK SR01:** If we do not deliver appropriate safe, effective and patient-centred care, this may impact on the Trust's compliance with regulatory requirements for quality and safety

**LEAD DIRECTOR:** DoQII

**Compliance/ Regulatory/ Quality Risk Appetite:** Low

**STRATEGIC PRIORITY:** Quality

**OPERATIONAL RISK EXPOSURE SUMMARY:**

There are a number of operational risks and key activities pertaining to this area that has the potential to impact this BAF Risk. These are:

- Adherence to Medicines Management Legislation
- Supply of Controlled Drugs
- Adherence to Health & Safety Legislation
- IPC Regulations
- Management of Complaints
- CQC Action Plan

**RISK SCORE:**

01.04.20	Q1	Q2	Q3	Q4	20/21 Target	Final Target
15		15			10	5
5x3		5x3			5x2	5x1
CxL		CxL			CxL	CxL

**RATIONALE FOR CURRENT RISK SCORE:**

The risk score for this BAF risk at the end of Q2 has maintained at a score of 15 due to the continued risk that the Trust may not deliver appropriate, safe, effective and patient-centred care due to the increased demand, as detailed in SR03. This is potentially catastrophic for the Trust as it would lead to patient and/or staff harm and/or multiple breaches in our statutory duties and subsequent prosecution from one or more regulatory bodies. The likelihood of this occurring is possible, as the Trust potentially moves into a second wave of COVID and winter pressures. However, the overall risk score has remained at a 15 due to Q2 progress being made in terms of the identified gaps in controls and assurances being reported to the Quality & Performance Committee surrounding; completed COVID-19 Premises Risk Assessments, IPC BAF and recommendation to the Board of Directors, Establishments of a COVID-19 Test, Track and Trace Service; which will potentially surface an additional high level risk of outbreaks, Provision and Distribution of RPE and completion of 12 monthly QAVs across the Trust.



<b>Incident Reporting</b>		
Level 4 & 5 Incident Scrutiny & Review at ROSE	<b>Level 2:</b> Reportable Events Report	Reported to BoD (BOD/2021/26)
<b>Serious Incidents</b>		
NHSE Serious Incident Framework	<b>Level 2:</b> Serious Incidents Bi-Annual Assurance Report	Reported to Q&P Cttee (Q&PC/2021/95)
<b>Complaints</b>		
Complaint Management	<b>Level 2:</b> Complaints Annual Report 2019/20	Reported to Q&P Cttee (Q&PC/2021/10)
Level 4 & 5 Complaint Scuitiny & Review at ROSE	<b>Level 2:</b> Reportable Events Report	Reported to BoD (BOD/2021/26)
<b>Health, Safety &amp; Security</b>		
Health and Safety Management	<b>Level 2:</b> Health, Safety & Security Annual Report 2019/20	Reported to Q&P Cttee (Q&PC/2021/31)
Working Safely During COVID-19	<b>Level 2:</b> COVID-19 Premises Risk Assessments	Reported to Q&P Cttee (Q&PC/2021/102a)
<b>Safeguarding</b>		
Safeguarding Practices & Processes	<b>Level 2:</b> Safeguarding Annual Report 2019/20	Reported to Q&P Cttee (Q&PC/2021/37)
Safeguarding Serious Case Reviews	<b>Level 2:</b> Reportable Events Report	Reported to BoD (BOD/2021/26)
<b>Infection, Prevention &amp; Control</b>		
NWS Internal IPC Audits	<b>Level 2:</b> IPC Annual Report 2019/20	Reported to Q&P Cttee (Q&PC/2021/32)
NWS IPC Practices	<b>Level 2:</b> IPC Board Assurance Framework	Reported to BoD (BOD/2021/70)

<b>Medicines Management</b>					
Medicine Administration & Management Practices	<b>Level 3:</b> MIAA Audit Medicine Management – Events (2019/20)	Reported to Audit Cttee			
NWAS Internal Medicines Audits	<b>Level 2:</b> Medicines Management & CD Annual Report 2019/20	Reported to Q&P Cttee (Q&PC/2021/34)			
<b>Safety/ Compliance</b>					
Quality Assurance Visits	<b>Level 2:</b> Annual Programme of Trust-wide QAVs	Reported to Q&P Cttee (Q&PC/2021/94)			
<b>Effectiveness</b>					
Major Trauma Care & Enhanced Pre-Hospital Care	<b>Level 3:</b> North West Major Trauma Operational Delivery Networks Peer Review	Reported to Q&P Cttee (Q&PC/ 2021/97)			
<b>Gaps in Controls/ Assurances</b>	<b>Required Action</b>	<b>Action Lead</b>	<b>Target Completion</b>	<b>Monitoring</b>	<b>Progress</b>
<b>Incident Reporting</b>					
Unscored Incidents	Improve the number of unscored incidents across the Trust	Ms A Hansen	November 2020	Q&P Cttee	In Progress
<b>Serious Incidents</b>					
Actions Arising from Serious Incident Investigations	Timely completion of actions arising from SI investigations	Ms A Hansen	March 2021	Q&P Cttee	In Progress
Timely Submission of Reports within 60 days	Increase completion of SI Reports to Commissioners	Ms A Hansen	March 2021	Q&P Cttee	In Progress
Learning from Serious Incidents	Embed learning identified from SIs across the Trust	Ms A Hansen	March 2021	Q&P Cttee	In Progress
<b>Complaints</b>					
Learning from Complaints	Embed learning identified from complaints across the Trust	Ms A Hansen	March 2021	Q&P Cttee	In Progress
<b>Safeguarding</b>					
Rejections of Safeguarding Concerns	Devise and embed alternative pathways for Mental Health patients	Ms A Hansen	March 2021	Q&P Cttee	In Progress
Engagement with Safeguarding Boards	Representation at Local Safeguarding Board	Ms A Hansen	December 2020	Q&P Cttee	In Progress
Child Protection Information Sharing in 999	Roll out of national Child Protection Information Sharing system	Ms A Hansen	December 2020	Q&P Cttee	In Progress
<b>Infection, Prevention &amp; Control</b>					
Compliance with IPC Performance Metrics/ Standards	Improved compliance against performance metrics across the Trust	Ms A Hansen	March 2021	Q&P Cttee	In Progress
<b>Medicines Management</b>					
CD Licence Inc. CD Procurement and Supply	Devise a Strategic Plan detailing options for CD storage & supply	Ms R Fallon	January 2021	Q&P Cttee	In Progress
Systems & Governance of Safe and Secure Handling of Medicines	Review & enhance safe & secure handling of medicines	Ms R Fallon	January 2021	Q&P Cttee	In Progress
Compliance with NICE PGD Guidance	Review Medicines Policy to reflect NICE guidance	Ms R Fallon	January 2021	Q&P Cttee	In Progress

Expired Medicines	Reduction in expired medicine pouches in circulation	Ms R Fallon	January 2021	Q&P Cttee	In Progress
CD Station and Vehicle Audits	Improve compliance in quality indicators for medicine audits	Ms R Fallon	January 2021	Q&P Cttee	In Progress
PGD Medicines Management	Complete actions identified by MIAA Internal Audit	Ms R Fallon	January 2021	Q&P Cttee	In Progress
<b>Safety/ Compliance</b>					
CQC Action Plan	Assurance against the identified 10 'Should Do' Recommendations	Mr N Barnes	January 2021	Q&P Cttee	In Progress
SafeCheck	Roll out of electronic SafeCheck System Trust-wide (PES)	Mr N Barnes	January 2021	Q&P Cttee	In Progress
<b>Effectiveness</b>					
Timely Response to Patients to Prevent Harm	Commence the trail of the Clinical Coordination Desk in EOC	Dr C Grant	November 2020	Q&P Cttee	In Progress
Safety Netting Patients	Implementation of Safe Care Closer to Home Audits to assure clinicians are ending care safely	Dr C Grant	November 2020	Q&P Cttee	In Progress
Local Ambulance Clinical Quality Indicators	Development of Localised Quality Improvement Action Plans	Dr C Grant	November 2020	Q&P Cttee	In Progress
Learning from Deaths	Ensure learning from deaths aligns to lessons learned	Dr C Grant	January 2021	Q&P Cttee	In Progress
Just Culture Organisation	Embed a Just Culture Organisation	Dr C Grant Ms L Ward	February 2021	Q&P Cttee	In Progress

## Risks Scored 15+ Aligned to BAF Risk: SR01

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Target Score
2750	Medical	There is a risk that the Trust will not have a supply of controlled drugs due to the current provider issuing the statutory obligation notice period which may impact on quality outcomes for patients	9 High	20 Significant	5 Moderate
3062	Service Delivery	There is a risk that 999 call takers fail to identify key words and phrases relating to respiratory calls which could result in the wrong categorisation and/ or delay the response leading to detrimental patient care, increase in complaints and reputational damage to the Trust	20 Significant	15 Significant	5 Moderate
3379	Quality	There is a risk that the Trust does not have professional leadership for midwifery and obstetric care (registered midwife), maternity pathways and obstetric emergencies leading to patients receiving sub-optimal care which may impact on quality outcomes for patients and staff support	16 Significant	16 Significant	4 Moderate
3397	Quality	There is a risk that the Trust will not have a substantive Patient Safety Specialist in post by 30 November 2020 due to the constricted timescales for recruitment which may result in the delayed registration with the NHSE/I Patient Safety Team	12 High	15 Significant	3 Low



# BOARD ASSURANCE FRAMEWORK 2020/21

**BAF RISK SR02:** If we do not have effective financial management, this may impact on the Trust's financial position

**LEAD DIRECTOR:** DoF

**Financial/ VfM Risk Appetite:** Moderate

**STRATEGIC PRIORITY:** ALL

**RISK SCORE:**

01.04.20	Q1	Q2	Q3	Q4	20/21 Target	Final Target
25		20			15	10
5x5		5x4			5x3	5x2
CxL		CxL			CxL	CxL

**OPERATIONAL RISK EXPOSURE SUMMARY:**

There are a number of operational risks and key activities pertaining to this area that has the potential to impact this BAF Risk. These are:

- M7-12 Financial Operating Plans
- 2020/21 Cost Improvement Programmes

**RATIONALE FOR CURRENT RISK SCORE:**

The risk score for this BAF risk at the end of Q2 has decreased to a score of 20 due to the organisation achieving a breakeven financial position for the first 6 months of the financial year, in line with the emergency financial regime put in place as part of the NHS response to COVID-19. The funding envelopes for the remainder of the year have been issued to the ICS. Initial draft submission has been made which indicates a financial gap for the ICS for the remaining 6 months of the financial year as the NHS looks to restoration and recovery. There is also an inherent 1% efficiency requirement within the funding envelope.



**Financial Position**

Financial Management & Performance	<b>Level 2:</b> 2020/21 M05 Financial Report	Reported to Resources Cttee (RC/2021/35)
Code of Conduct and Accountability	<b>Level 2:</b> Standing Financial Instructions, Standing Orders & Scheme of Delegation	Reported to Audit Cttee & BoD
Financial Plans	<b>Level 2:</b> 2020/21 Financial Plans for Capital Programmes	Reported to BoD
Significant Change Project(s)	<b>Level 2:</b> Business Cases with Financial Impact	Reported to ELC & CPB
Financial Systems Key Controls	<b>Level 3:</b> MIAA Audit Financial Systems Key Controls (2019/20)	Reported to Audit Cttee
Charitable Funds	<b>Level 3:</b> MIAA Audit Charitable Funds (2019/20)	Reported to Audit Cttee

**Agency Expenditure**

Internal Monitoring of Agency Costs against 2019/20 NHSI Ceiling	<b>Level 2:</b> Financial Performance Report	Reported to Resources Cttee
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**Procurement**

Procurement Strategy	<b>Level 2:</b> Procurement Assurance Report	Reported to Resources Cttee (RC/2021/37)
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Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
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M7-12 Financial Operating Plans	Producing financial plans inline with ICS requirements	Ms C Wood	October 2020	Resources Cttee	In Progress
2020/21 Cost Improvement Programmes	Producing financial plans inline with ICS requirements	Ms C Wood	October 2020	Resources Cttee	In Progress

## Risks Scored 15+ Aligned to BAF Risk: SR02

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Target Score
3338	People	There is a risk that the heavy use of staff within EOC/ NHS 111 will impact on the ability to deliver apprenticeships a more robust curriculum and recover education delivery costs through the apprenticeships levy environments	<b>16</b> Significant	<b>16</b> Significant	<b>8</b> High

# BOARD ASSURANCE FRAMEWORK 2020/21

**BAF RISK SR03:** If we do not meet national and local operational performance standards through transition to an integrated service model within the funding envelope, this may impact on providing timely patient care

**LEAD DIRECTOR:** DoOps

**Compliance/ Regulation/ Quality Risk Appetite:** Low  
**Financial/ VfM Risk Appetite:** Moderate

**STRATEGIC PRIORITY:** Urgent & Emergency Care

**OPERATIONAL RISK EXPOSURE SUMMARY:**

There are a number of operational risks and key activities pertaining to this area that has the potential to impact this BAF Risk. These are:

- Workforce Vacancies
- Service Performance
- Contract Performance
- COVID-19

**RISK SCORE:**

01.04.20	Q1	Q2	Q3	Q4	20/21 Target	Final Target
25		20			15	5
5x5		5x4			5x3	5x1
CxL		CxL			CxL	CxL

**RATIONALE FOR CURRENT RISK SCORE:**

The risk score for this BAF risk at the end of Q2 has decreased in risk score to a 20 due to the delivery all ARP standards were in June and July 2020. This was due to the actions taken to compensate for the COVID-19 pandemic. NHS 111 had an improvement trajectory throughout the quarter, however, they were some deterioration in performance in August 2020 due to the training required to implement Cleric into the NHS 111 Service. All KPIs and Performance reporting for PTS has been suspended due to the COVID-19 pandemic, however they still continue to deliver operations, but with a lessened demand. High levels of meal break compliance was reported during the quarter, but as the demand has increased, the compliance has reduced again. Hospital handover has significantly improved during the quarter with NWS achieving the 30 minute standard.



Strategy		
Urgent and Emergency Care Strategy	Level 2: Strategy Progress Assurance Report	Reported to Q&P Cttee (Q&PC/ 2021/179)
Performance		
Increased Workforce (PES and NHS 111)	Level 2: Q&P Cttee Integrated Performance Report	Reported to Q&P Cttee (Q&PC/ 2021/19)
ORH Modelling	Level 2: ORH Modelling Report	
Utilisation of PTS Workforce & Student Paramedics	Level 2: Q&P Cttee Integrated Performance Report	Reported to Q&P Cttee (Q&PC/ 2021/19)
Increased Operational Resources	Level 2: Q&P Cttee Integrated Performance Report	Reported to Q&P Cttee (Q&PC/ 2021/19)
Hospital Handover	Level 2: Hospital Handover Report	Reported to Q&P Cttee (Q&PC/ 2021/30)
Enhanced Clinical Stack Management Maximising H&T Outcomes	Level 2: Q&P Cttee Integrated Performance Report	Reported to Q&P Cttee (Q&PC/ 2021/175)
Greater Manchester Clinical Assessment Service	Level 2: Q&P Cttee Integrated Performance Report	Reported to Q&P Cttee (Q&PC/ 2021/175)
Engagement with NHS Providers – Reduction in PTS Aborted Journeys	Level 2: PTS Performance Assurance Report	Reported to Q&P Cttee (Q&PC/ 2021/176)
Activity		
Contingency Planning	Level 2: 2020/21 Heat Wave Plan Level 2: 2020/21 Strategic Winter Plan	Reported to Q&P Cttee & BoD
NWAS Operating Level	Level 1: REAP Level	Reported to ELC (Weekly)
Demand Management Plan	Level 1: ELC Performance Reports	Reported to ELC (Weekly)
Mutual Aid Framework	Level 3: National Agreement	Reported to ELC/ Q&P Cttee/ BoD
National Agreement for Protocol 36	Level 3: Agreement at NDOG/ NASMED/ AACE	Reported to BoD (PBM/2021/05)

Resources					
Increased Operational Resources	Level 2: Q&P Cttee Integrated Performance Report	Reported to Q&P Cttee (Q&PC/ 2021/19)			
Utilisation of Private Providers	Level 2: Directorate Service Provision Paper	Reported to ELC (ELC/ 2021/04c)			
Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
2020/21 Winter Plan	Devise NWS Winter Plan	Mr G Blezard	October 2020	Q&P Cttee	Completed on Time
Optima Review	Completion of Optima Tools on Resourcing	Mr G Blezard	October 2020	Q&P Cttee	Completed on Time
Independent Review of Resources	Complete ORH Modelling to establish Required Resources to Deliver Performance	Mr G Blezard	October 2020	Q&P Cttee	Completed on Time
Commissioner Funding to Deliver Performance	Engagement with Commissioners following the ORH Modelling to fund the gap in resources in order to deliver performance	Mr G Blezard	November 2020	Q&P Cttee	In Progress
Commissioner Engagement	Engagement with Commissioners surrounding Capacity Review	Mr G Blezard	November 2020	Q&P Cttee	In Progress
Organisational Meal Break Policy	Increase compliance with Meal Break Policy	Mr G Blezard	November 2020	Q&P Cttee	In Progress
Simplify the Resource Model	Undertake a review with AACE to streamline the process	Mr G Blezard	March 2021	Q&P Cttee	In Progress
Staff Abstractions due to Track and Trace	Ensure adherence to IPC Standards across the Directorate and utilisation of Private Providers when abstractions are high	Mr G Blezard	March 2021	Q&P Cttee	In Progress

## Risks Scored 15+ Aligned to BAF Risk: SR03

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Target Score
2920	Service Delivery	There is a risk that insufficient workforce resources are not in place across NHS 111 Service leading to inability to meet contracted KPIs which could result in compromised patient care and reputational damage to the Trust	20 Significant	16 Significant	4 Moderate
2931	Service Delivery	There is a risk if staff release is not scheduled in appropriately for key projects in this financial year (Roster Review & EPR for example) then national ARP performance standards may not be achieved which could result in detrimental patient care and reputational damage to the Trust	16 Significant	16 Significant	4 Moderate
3027	People	There is a risk that the Trust will suffer a Paramedic shortfall because of the combined outcome of the ORH demand analysis, paramedic skill mix change and potential impact of GP reform, which could result in an inability to meet operational demand	20 Significant	16 Significant	4 Moderate
3187	Finance	There is a risk that the Trust could have poorly location sites due to the Trust not planning effectively for the future configuration of its estate which could result in a negative impact on operational performance for PES and PTS	25 Significant	15 Significant	5 Moderate
3216	Service Delivery	There is a risk that NHS 111 may be unable to deliver its KPI because of insufficient resources on bank holidays which may result in reputational damage to the Trust and delayed patient care	20 Significant	16 Significant	4 Moderate
3236	Service Delivery	There is a risk that national ARP performance standards will not be achieved because of a lack of resources, increase in activity or hospital pressures which may result in compromised patient care, reputational damage to the Trust and an increase in patient complaints	25 Significant	15 Significant	5 Moderate
3324	Service Delivery	There is a risk that performance standards are not achieved because of the increased acuity of calls received into the NHS 111 Service due to the COVID-19 Pandemic which may impact on patient safety	16 Significant	16 Significant	4 Moderate
3359	Service Delivery	There is a risk to service delivery because PTS ambulance capacity is reduced set against increasing demand and social distancing measures which may lead to key stakeholders expectations not being adequately met	20 Significant	16 Significant	4 Moderate
3391	Service Delivery	There is a risk that national ARP performance standards may not be sustained due to the inability to continue with all supportive measures activated through the COVID-19 response which may result in reputational damage to the Trust	20 Significant	15 Significant	5 Moderate
3394	Service Delivery	There is a risk that operational resource levels will not match demand/ activity due to increased COVID-19 shielding arrangements/ guidance which may result in delayed patient care and ability to deliver national ARP standards	20 Significant	15 Significant	5 Moderate

# BOARD ASSURANCE FRAMEWORK 2020/21

**BAF RISK SR04:** If we do not have sufficient staff and do not engage, empower and support our workforce to develop, adapt and embrace new ways of developing right care, this may impact on the delivery of the Trust's objectives

**LEAD DIRECTOR:** DoP

**Compliance/ Regulatory/ Quality Risk Appetite:** Low

**STRATEGIC PRIORITY:** Workforce

**OPERATIONAL RISK EXPOSURE SUMMARY:**

There are a number of operational risks and key activities pertaining to this area that has the potential to impact this BAF Risk. These are:

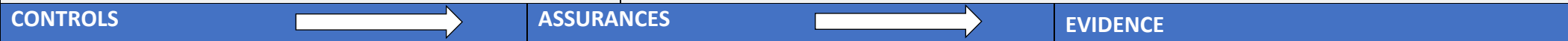
- Key Resource Gaps: Maternity/ Patient Safety/ NHS 111 Resource Levels
- Paramedic Apprenticeship Mobilisation
- Impact of ORH Growth & GP Contract Reform on Paramedic Workforce
- COVID-19
- Manchester Arena Inquiry

**RISK SCORE:**

01.04.20	Q1	Q2	Q3	Q4	20/21 Target	Final Target
16		16			12	8
4x4		4x4			4x3	4x2
CxL		CxL			CxL	CxL

**RATIONALE FOR CURRENT RISK SCORE:**

The risk score for this BAF risk at the end of Q2 has maintained at a score of 16; although since the opening position a significant amount of work has been done to recover a number of key workforce objectives which had been paused during COVID-19, including mandatory training, appraisals, apprenticeships, culture and wellbeing audit and values refresh work. There has also been extensive work done to support health and wellbeing, including completion of risk assessments across the organisation. However, at the end of Q2 the Trust continues to see the impact of COVID-19 on staffing levels in circumstances where the additional resources, such as students are no longer available. This means challenges continue in terms of sufficiency of resources.



**Strategic**

Workforce Strategy	Level 2: 3 Year Implementation Plan/ Bi-Annual Progress Report	Reported to BoD (BoD/2021/52)
COVID-19 Recovery	Level 2: Recovery Plan Level 2: MIAA Workforce Assurance Self-Assessment	Reported to Resources (RC/2021/16)
National People Plan	Level 2: NWAS Implementation Plan	Reported to Resources Cttee (RC/2021/46)

**Recruitment and Retention**

Recruitment Inc. Criminal Records & Clinical Registration	Level 2: Clinical Registration & Revalidation Assurance Report Level 3: MIAA Audit Staff Responders (2019/20) Level 3: MIAA Audit Driving Licence Checks (2020/21)	Reported to Resources Cttee (RC/2021/45) Reported to Audit Cttee Reported to Audit Cttee (AC/2021)
Safer Staffing Assessment	Level 2: Completion of National Safe Staffing Requirements	Reported to Resources Cttee
Staff Retention	Level 3: NHSI Retention Plan	Reported to Resources Cttee
Workforce Planning	Level 2: Phase 3 Planning Submission	Reported to Resources Cttee (RC/2021/51)

**Developing Potential**

Mandatory Training & Appraisals	Level 2: Workforce Indicators Report Level 2: Integrated Performance Report	Reported to Resources Cttee (RC/2021/41) Reported to BoD (BOD/2021/75)
CQC Action Plan for Mandatory Training & Appraisals	Level 2: CQC Workforce Action Plan Assurance Report	Reported Resources Cttee (RC/2021/06) & (RC/2021/34)
Perceptorships	Level 3: MIAA Audit Newly Qualified Paramedics (2019/20)	Reported to Audit Cttee & Resources Cttee
Apprenticeships	Level 3: OFSTED Inspection Level 3: Accredited on Register of Apprenticeship Training Providers Level 3: Future Quas Accreditation	Reported to Resources Cttee & BoD

**Wellbeing**

Absence Management	<b>Level 2:</b> Workforce Indicators Report & Quarterly Sickness Audits <b>Level 3:</b> NHSI Action Plan	Reported to Resources Cttee (RC/2021/41) Reported to Audit Cttee				
Staff Survey Action Plan	<b>Level 2:</b> Localised Engagement Plan <b>Level 3:</b> 2019/20 Staff Survey Results	Reported to Resources Cttee (RC/2021/42)				
Health & Wellbeing Initiatives	<b>Level 2:</b> Workforce Indicators Assurance Report <b>Level 2:</b> Risk Assessments	Reported to Resources Cttee (RC/2021/41) Reported to BoD (BoD/2021/27)				
NHSI Health & Wellbeing Diagnostic Tool	<b>Level 2:</b> Completed Diagnostic Self-Assessment	Reported to Resources Cttee/ NHSI				
2020/21 Flu Vaccination Programme	<b>Level 2:</b> Flu Assurance Report <b>Level 2:</b> Publication of National Best Practice Checklist	Reported to Resources Cttee (RC/2021/43) Reported to BoD (BOD/2021/75)				
<b>Inclusion</b>						
WRES & WDES Measures	<b>Level 2:</b> Annual WRES & WDES Reports & Action Plans <b>Level 2:</b> EDI Annual Report <b>Level 3:</b> Employed Network for Equality & Inclusion Silver Award	Reported to Resources Cttee (RC/2021/44) Reported to BoD (BOD/2021/75)				
Gender Pay Gap (Improved Position for 2020)	<b>Level 2:</b> Monitoring & Reporting of Action Plan <b>Level 3:</b> NW HPMA Award for 'We Look After Our Talent'	Reported to Resources Cttee (RC/2021/44) Reported to BoD (BOD/2021/75)				
Equality & Diversity System Assessment 2	<b>Level 2:</b> Completed Self-Assessment & External/ Staff Assessment <b>Level 2:</b> Annual Equality & Diversity Plan	Reported to Resources Cttee & BoD				
Reservists	<b>Level 3:</b> Gold Standard Accreditation Recognition	Reported to Resources Cttee & BoD				
<b>Leadership</b>						
Board Succession Planning	<b>Level 2:</b> Shadow Board Development Plan	Reported to Resources Cttee				
Talent Management Tool	<b>Level 3:</b> NW HPMA Award for 'We Look After Our Talent'	Reported to Resources Cttee & BoD				
Leadership Framework Inc. Recruitment & Induction	<b>Level 2:</b> Leadership Assurance Paper <b>Level 3:</b> CMI Accredited Centre	Reported to Resources Cttee & BoD				
Organisational Values Project	<b>Level 3:</b> External Organisation Leading on Project	Board Development Session				
<b>Improvement and Innovation</b>						
Policy Framework	<b>Level 2:</b> Policy Progress Assurance Report <b>Level 3:</b> Partnership Agreement Review with ACAS	Reported to BoD (BOD/2021/66) Reported to Resources Cttee & BoD				
Projects & Programmes Inc. Rota Review & Rotational Working	<b>Level 2:</b> Project Progress Reports Inc. POC & PID <b>Level 3:</b> Funding Approved by HEE	Reported to CPB				
HR & Financial Systems	<b>Level 3:</b> MIAA Audit ESR (HR/ Payroll Interface) (2018/19)	Reported to Audit Cttee				
<b>Gaps in Controls/ Assurances</b>		<b>Required Action</b>	<b>Action Lead</b>	<b>Target Completion</b>	<b>Monitoring</b>	<b>Progress</b>
Organisational Values Refresh	Completion of Values Refresh	Ms L Ward	November 2020	Resources Cttee	In Progress	
Freedom to Speak Up	Complete actions identified by MIAA Internal Audit	Ms L Ward Ms A Wetton	December 2020	Resources Cttee	In Progress	
NQP Audit	Delivery of Recommended Actions in NQP Audit	Ms L Ward	December 2020	Resources Cttee	In Progress	
HR Financial Systems	MIAA Internal Audit – ETAD Recording (Q3)	Ms L Ward	December 2020	Audit Cttee	In Progress	

Recovery of Appraisals	Agreement of recovery trajectory and revised targets for appraisals	Ms L Ward	March 2021	Resources Cttee	In Progress
Recovery of Mandatory Training	Delivery of agreed recovery trajectory for mandatory training	Ms L Ward	March 2021	Resources Cttee	In Progress
Zeal Outstanding Culture	Delivery of Zeal Outstanding Culture Project through to Action Plan	Ms L Ward	March 2021	Resources Cttee	In Progress
ACAS Partnership Review	Completion of Partnership Review with ACAS	Ms L Ward	March 2021	Resources Cttee	In Progress
HR Financial Systems	MIAA Internal Audit – HR/Payroll Systems (Q4)	Ms L Ward	March 2021	Audit Cttee	In Progress



## Risks Scored 15+ Aligned to BAF Risk: SR04

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Target Score
2920	Service Delivery	There is a risk that sufficient workforce resources are not in place across NHS 111 service leading to the liability to meet contracted KPIs which could result in comprised patient care and reputational damage to the Trust	20 Significant	16 Significant	4 Moderate
3027	People	There is a risk that the Trust will suffer a Paramedic shortfall because of the combined outcome of the ORH demand analysis, paramedic skill mix change and potential impact of GP reform, which could result in an inability to meet operational demand	20 Significant	16 Significant	4 Moderate
3216	Service Delivery	There is a risk that NHS 111 may be unable to deliver KPIs because of insufficient resources on bank holidays which may result in reputational damage to the Trust and delayed patient care	20 Significant	16 Significant	4 Moderate
3318	People	There is a risk that COVID-19 has impacted on the delivery of the planned October 2020 paramedic apprenticeship cohort which could impact on the subsequent recovery plan for commencing the paramedic apprenticeship in February 2021 which would impact on longer term paramedic supply	16 Significant	16 Significant	8 High
3326	People	There is a risk that our workforce may contract COVID-19 because of their exposure to the virus leading to staff self-isolation, sickness and/or death which may impact on performance and quality outcomes	20 Significant	15 Significant	10 High
3379	Quality	There is a risk that the Trust does not have professional leadership for midwifery and obstetric care (registered midwife), maternity pathways and obstetric emergencies leading to patients receiving sub-optimal care which may impact on quality outcomes for patients and staff support	16 Significant	16 Significant	4 Moderate
3393	Service Delivery	There is a risk that Senior Operational Leads will be unavailable for a period of time because of the Manchester Arena Inquiry requirements which may result in a lack of leadership and direction across the operational departments within the Trust	20 Significant	16 Significant	4 Moderate
3397	Quality	There is a risk that the Trust will not have a substantive Patient Safety Specialist in post by 30 November 2020 due to the constricted timescales for recruitment which may result in the delayed registration with the NHSE/I Patient Safety Team	12 High	15 Significant	3 Low

# BOARD ASSURANCE FRAMEWORK 2020/21

**BAF RISK SR05:** If we do not review our estate and fleet to reflect the needs of the future service model and commit to reduce emission, this may impact on the Trust's infrastructure and achieving environmental efficiencies

**LEAD DIRECTOR:** DoF

**Compliance/ Regulatory Risk Appetite:** Low  
**Financial/ VfM Risk Appetite:** Moderate

**STRATEGIC PRIORITY:** Environment & Infrastructure

**OPERATIONAL RISK EXPOSURE SUMMARY:**

There are a number of operational risks and key activities pertaining to this area that has the potential to impact this BAF Risk. These are:

- National Restraints on Capital Funding
- Capacity to Deliver the Estate Strategy
- Interdependencies between Work Streams
- ORH Modelling

**RISK SCORE:**

01.04.20	Q1	Q2	Q3	Q4	20/21 Target	Final Target
12		12			9	3
3x4		3x4			3x3	3x1
CxL		CxL			CxL	CxL

**RATIONALE FOR CURRENT RISK SCORE:**

The risk score for this BAF risk at the end of Q2 has maintained at a score of 12 as the focus for 2020/21 remains the commencement of the Blackpool hub and continuing progress with the Preston hub. Replacement RRV vehicles will be electric vehicles and the Trust is currently working towards the new National Ambulance specification. The Sustainable Development Assessment Tool enables measurement of progress and improvement, the Trust score has increased to an overall score of 60%. A number of initiatives are being undertaken to enhance its sustainability commitment.



**Strategic**

Estate & Fleet Strategies	Level 2: Strategy Progress Assurance Report	Reported to Resources Cttee & BoD (2018/19)
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**Estates**

Estate Maintenance	Level 2: Estate & Fleet Assurance Report Level 3: Oakleaf completed Facet Surveys (2020)	Reported to Resources Cttee (RC/2021/11a)
Estate Performance Measurement & Benchmarking	Level 3: DHSC Annual Estates Returns Information Collection (ERIC)	Reported to Resources Cttee
Green Plan	Level 2: Delivering Green Plan Assurance Report	Reported to Resources Cttee (RC/2021/36)
Funding Committed Expenditure (Exisiting Captial Progeamme)	Level 2: 2020/21 Captial Programme & Costings	Reported to Resources Cttee
Estate Business Cases Fully Implemented to enable Strategy	Level 2: Annual Capital Receipts for Re-Investment	Reported to ELC/ Resources Cttee
Joint Partnerships with Services in line with Estates Strategy	Level 2: Joint Partnership Agreements for Estates	Reported to Resources Cttee & BoD
Management of Clinical Waste	Level 2: Waste Assurance Report	Reported to Resources Cttee
New Buildings Designed to Comply with Green Plan	Level 3: Energy Performance of Estate	Reported to Resources Cttee

**Fleet**

Fleet Maintenance	Level 2: Fleet Assurance Report	Reported to Resources Cttee
Vehicle Replacement Programmes & National Ambulance Spec.	Level 2: National Procurement of DCA Report Level 2: Vehicle Replacement Programme 2020/21	Reported to Resources Cttee

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
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Detailed Plan for Ongoing Estate Maintenance	Creation of a Backlog Maintenance Improvement Plan for Exisiting Estate Based on Facet Survey Report (2020)	Ms C Wood	November 2020	Resources Cttee	In Progress
Operational Requirements to Reflect Estate based on ORH Modelling	To Map and Develop Estate based upon Optima Modelling to assure ARP Provides Prime Focus	Ms C Wood	January 2021	Resources Cttee	In Progress

Utilisation of Model Ambulance	NWAS Contribution to NHSI Working Measures to Deliver Model Ambulance	Ms C Wood	January 2021	Resources Cttee	In Progress
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### Risks Scored 15+ Aligned to BAF Risk: SR05

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Target Score
3187	Finance	There is a risk that the Trust could have poorly located sites due to the Trust not planning effectively for the future configuration of its estate which could result in a negative impact on operational performance for PES and PTS	<b>25</b> Significant	<b>15</b> Significant	<b>5</b> Moderate
3210	Finance	There is a risk that if inter-dependencies between other strategies such as EOC, training and medicines management which feed into and drive the Estates Strategy are not aligned in a timely manner this could result in delays and non-delivery of key elements of the Estates Strategy	<b>20</b> Significant	<b>15</b> Significant	<b>5</b> Moderate
3372	Finance	There is a risk that if the Trust continues to fail to segregate healthcare waste on vehicles they will remain non-compliant with Hazardous Waste (England and Wales) Regulations 2005 which could result in financial penalties an prosecution	<b>15</b> Significant	<b>15</b> Significant	<b>1</b> Low

# BOARD ASSURANCE FRAMEWORK 2020/21

**BAF RISK SR06:** If we do not build and strengthen relationships across systems, localities and neighbourhoods, this may impact on the Trust's reputation and ability to achieve our vision to be the best ambulance service in the UK

**LEAD DIRECTOR:** DoSP

**Reputation Risk Appetite:** Moderate

**STRATEGIC PRIORITY:** Stakeholder Relationships

**RISK SCORE:**

01.04.20	Q1	Q2	Q3	Q4	20/21 Target	Final Target
8		12			8	4
4x2		4x3			4x2	4x1
CxL		CxL			CxL	CxL

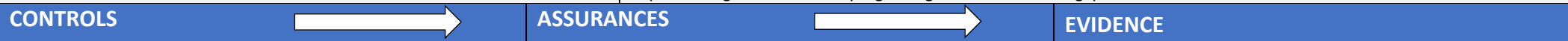
**OPERATIONAL RISK EXPOSURE SUMMARY:**

There are a number of operational risks and key activities pertaining to this area that has the potential to impact this BAF Risk. These are:

- Structure Implementation
- Manchester Arena Inquiry

**RATIONALE FOR CURRENT RISK SCORE:**

The risk score for this BAF risk at the end of Q2 has increased from an 8 to a 12 due to stakeholder relationships not being renewed due to COVID-19 and the Manchester Arena Inquiry which commenced on 07 September 2020 which will look into the emergency services response and specifically the actions of NWS. We are seeing a number of significant headline and negative narrative across broadcast media. The implementation of the new Service Development Team structure is scheduled for completion in January 2021; this enable mechanisms to ensure effective dialogue, discussions and decision making across the NHS Partners as well as Trust areas. The Board of Directors will receive an interim Stakeholder and Relationships Assurance Report during Q3 to evidence progress against the identified gap in assurance on the BAF.



**Stakeholder Relationships**

Representation and attendance at key meetings	<b>Level 2:</b> Stakeholder Engagement Assurance Reports	Reported to BoD
Designated Executive Lead for each ICS/ STP footprints	<b>Level 2:</b> Executive Director Portfolio Reviews	Reported to BoD
Sharing Intelligence	<b>Level 2:</b> Stakeholder Engagement Assurance Report	Reported to BoD
Changes to Commissioning Landscape	<b>Level 2:</b> Optima Utilisation to establish collective impact	Reported to BoD
Information Sharing across Key Partners	<b>Level 2:</b> Reconfiguration Matrix	Reported to SPB/ ELC
Nominated Senior Manager Leads	<b>Level 2:</b> Service Development Team Restructure Paper	Report to ELC (ELC/ 2021/204)

**Reputation**

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Service Development Team	Implementation of agreed Structure	Mr S Desai	January 2021	Resources Cttee	In Progress
Stakeholder & Relationships Assurance Report	Bi-annual Assurance Reporting to Board of Directors	Mr S Desai	March 2021	Board of Directors	In Progress

**Risks Scored 15+ Aligned to BAF Risk: SR06**

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Target Score
<i>There are no risks on the Corporate Risk Register scored 15+ pertaining to this BAF Risk</i>					

# BOARD ASSURANCE FRAMEWORK 2020/21

**BAF RISK SR07:** If we do not improve and maintain our digital systems, this may impact on the delivery of secure IT systems and digital transformation

**LEAD DIRECTOR:** DoQII

**Innovation Risk Appetite:** Moderate

**STRATEGIC PRIORITY:** Digital

**OPERATIONAL RISK EXPOSURE SUMMARY:**

There are a number of operational risks and key activities pertaining to this area that has the potential to impact this BAF Risk. These are:

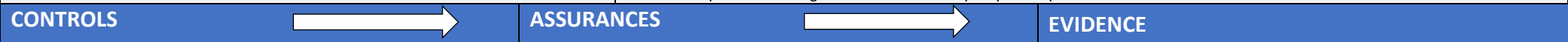
- Critical Telephone Systems Require Replacing
- Robust Asset Ownership of Hardware and Software; Including IAO Training and Full Risk and Renewal Road Map
- Quarterly Programme of System Resilience Testing for Critical Systems
- Unsupported Software & Hardware (Inc. 2008 Servers)
- Understanding and Management of Data Consumption
- Resilience of On Call Service for Specialist Support
- Multiple high impact changes to critical systems being undertaken simultaneously

**RISK SCORE:**

01.04.20	Q1	Q2	Q3	Q4	20/21 Target	Final Target
12		12			12	8
4x3		4x3			4x3	4x2
CxL		CxL			CxL	CxL

**RATIONALE FOR CURRENT RISK SCORE:**

The opening position of this BAF Risk at 01 April 2020 was scored at a 12 due to finalising recruitment in IT and Informatics, significant progress with cyber security, detailed review of the cyber risk & a programme of replacing unsupported hardware. The Q2 Score for this BAF risk remains at 12; although progress continues to be made the Critical Telephony System requires replacement & the Unified Communications Programme is experiencing delays caused by third party suppliers. We have secured additional resources in IT and Informatics but have not yet recruited to all positions. Multiple critical system transformation programmes are underway simultaneously, Cleric is now in place and being embedded into IT support. Asset Ownership is progressing with training for Information Asset Owners, digital asset register is being developed and engagement & review with asset owners and IT & IG are starting to take place which will enable a clear risk & renewal roadmap. System resilience measures are being monitored frequently, we have made progress in replacing unsupported hardware and software and the desktop replacement is almost complete to ensure we have a fully supported environment. The Trust is working with Trustmarque under the national deal to implement Office 365. IT health dashboard is operational with real time monitoring. Work to implement the DSPT as standard practice and implementation of a data consumption monitoring tool which will enable policy development.



<b>Leadership &amp; Governance</b>		
Interdependencies and Prioritisation	<b>Level 2:</b> Interdependencies Review of Large Scale Digital Programmes	Reported to Corporate Programme Board
Governance Structures	<b>Level 2:</b> Terms of Reference for CPB and DOF	Reported to Resources Cttee
<b>Digital First Culture/ Solving Everyday Problems</b>		
Digital Design Forum	<b>Level 1:</b> Digital Strategy Assurance Report	Reported to Corporate Programme Board & Resources Cttee
Electronic Patient Record Project Plan	<b>Level 2:</b> Digital Strategy Assurance Report	Reported to Resources Cttee (RC/2021/47)
Clinical Leadership; Chief Clinical Information Officer & Heads of Clinical Digital Innovation	<b>Level 2:</b> Digital Strategy Assurance Report	Reported to Resources Cttee (RC/2021/47)
<b>Secure &amp; Joined Up Systems</b>		
Prioritisation of Unsupported Critical Systems	<b>Level 2:</b> Critical Systems Recovery Plan	Reported to Resources Cttee (RC/2021/47)
Supported Environment	<b>Level 2:</b> Agreed Microsoft Email Licensing	Reported to Board of Directors
Remote Access & Management to Nwas Digital Systems	<b>Level 3:</b> MIAA Audit 3 <sup>rd</sup> Party Remote Access & Mngmt (2019/20)	Reported to Audit Cttee
Data Security and Protection Toolkit	<b>Level 3:</b> MIAA Audit Data Security and Protection Toolkit (2019/20)	Reported to Audit Cttee
External Penetration Testing and Social Engineering	<b>Level 3:</b> External Audit Report	Reported to IG Management Group
<b>Critical System Transformation</b>		
Unified Communications Programme; Business Case, PID & Plan	<b>Level 2:</b> Digital Strategy Assurance Report	Reported to Resources Cttee

Supported CAD Infrastructure	<b>Level 2:</b> Digital Strategy Assurance Report	Reported to Resources Cttee (RC/2021/47)			
NAA Review of CAD Replacement	<b>Level 2:</b> NAA Feasibility Study	Reported to Resources Cttee (RC/2021/47)			
SPMS Programme	<b>Level 2:</b> Digital Strategy Assurance Report <b>Level 3:</b> SPMS External Review	Reported to Resources Cttee (RC/2021/47)			
Technical Project Support	<b>Level 2:</b> Digital Strategy Assurance Report	Reported to Resources Cttee (RC/2021/47)			
<b>Smarter Decisions</b>					
999 Data Warehouse	<b>Level 2:</b> Digital Strategy Assurance Report	Reported to Resources Cttee (RC/2021/47)			
Power BI	<b>Level 2:</b> Digital Strategy Assurance Report	Reported to Resources Cttee (RC/2021/47)			
<b>Digital Pioneers</b>					
Safecheck	<b>Level 2:</b> Digital Strategy Assurance Report	Reported to Resources Cttee (RC/2021/47)			
<b>Gaps in Controls/ Assurances</b>	<b>Required Action</b>	<b>Action Lead</b>	<b>Target Completion</b>	<b>Monitoring</b>	<b>Progress</b>
<b>Leadership &amp; Governance</b>					
Digital Strategy Review	Undertake a review of the Digital Strategy and addition of measures	Ms A Harrison	November 2020	Resources Cttee	In Progress
Vacant Roles in Leadership Structure	Recruitment to the CTO and Head of Digital Intelligence Posts	Ms A Harrison	September 2020	Resources Cttee	Completed on Time
<b>Digital First Culture/ Solving Everyday Problems</b>					
Measurement of Digital Culture and Confidence	Establish a baseline of Digital Culture	Ms A Harrison	November 2020	Resources Cttee	In Progress
GETAC Support	Review, Test and Establish a GETAC ongoing support model	Ms A Harrison	September 2020	Resources Cttee	Completed on Time
Data Consumption	Realign contract to current usage, use wandere to manage usage, plan forward for increased data consumption	Ms A Harrison	November 2020	Resources Cttee	In Progress
Connectivity	Review connectivity and identify problem areas	Ms A Harrison	January 2021	Resources Cttee	Not Commenced
<b>Secure &amp; Joined Up Systems</b>					
Digital Asset Register	Creation of a Digital Asset Register	Ms A Harrison	November 2020	Resources Cttee	In Progress
Cyber, Operational Resilience & Information Governance Goals	Develop Baseline and Goals for System up Time, Unplanned Downtime, CareCERT Compliance, Supported Systems & IG Breaches	Ms A Harrison	September 2020	Resources Cttee	Completed on Time
Clinical Safety Risk Assessments for Digital Systems	Clinical Safety Officer to undertake training and assessment for Critical Systems	Ms A Harrison	November 2020	Resources Cttee	In Progress
End of Life Telephony	Implementation of Unified Communications Programme, including firewall replacement	Ms A Harrison	December 2020	Resources Cttee	In Progress
Alignment of RA Function	Review of current functionality and proposal aligned to 2021/22 Digital Structures	Ms A Harrison	January 2021	ELC	In Progress
System Resilience, Continuity and User Privileges	Completion of MIAA Internal Audit	Ms A Harrison	January 2021	Audit Cttee	Not Commenced



Information Asset Owner Training	Ensure 80% of Information Asset Owner training completed	Ms A Harrison	March 2021	Resources Cttee	In Progress
DSPT – Information Security Mandatory Training Uptake	Implementation of Action Plan with OD; 100% criteria met for DSPT	Ms A Harrison	March 2021	Resources Cttee	In Progress
Full 24/7 Support Service	Review of On Call and Support Model Consideration of 24/7 Support Model	Ms A Harrison	March 2021	Resources Cttee	In Progress
Quarterly System Resilience and Failover Tests	Plan to be developed and implemented	Ms A Harrison	March 2021	Resources Cttee	Not Commenced
<b>Critical System Transformation</b>					
Lack of Protected Project Resource	Recruitment to new roles	Ms A Harrison	August 2020	Resources Cttee	Completed on Time
Alignment of Large Scale Projects and ICT Infrastructure Work	Establishment of PMO role	Ms A Harrison	August 2020	Resources Cttee	Completed on Time
Multiple Large Scale Critical Systems Changing Simultaneously	Enhanced monitoring via System Resilience Measures	Ms A Harrison	December 2020	Resources Cttee	In Progress
<b>Smarter Decisions</b>					
Strategy for Interopability	Develop combined plan under EPR Programme Board	Ms A Harrison	September 2020	Resources Cttee	Completed on Time
Lack of Data Quality Function	Review requirements for Data Quality Create proposal and secure funding	Ms A Harrison	March 2021	Resources Cttee	Not Commenced
Power BI Roadmap	Agreement of priorities with CPB and develop warehouse roadmap and implement	Ms A Harrison	March 2021	Resources Cttee	In Progress
<b>Digital Pioneers</b>					
Intellectual Property Agreement for SafeCheck	Work with Innovation Agency to get IP in place. Q&A System and get Kite Mark	Ms A Harrison	November 2020	Resources Cttee	In Progress
Development Team	Recruitment to roles and set up team & Secure funding for 2021/22	Ms A Harrison	January 2021	Resources Cttee	In Progress
Digital Maturity Assessment & Benchmarking	Work with NAA to agree approach	Ms A Harrison	March 2021	Resources Cttee	In Progress

### Risks Scored 15+ Aligned to BAF Risk: SR07

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Target Score
1181	Quality	There is a risk that the Trust's Critical Telephone System (999) and/or the Voicemail messaging service fails which could result in an inability to appropriately respond and treat patients within agreed target timescales	20 Significant	15 Significant	5 Moderate
2867	Quality	There is a risk of oversight or system issues, due to a high number of high impact projects linked to critical systems being delivered simultaneously, which could result in system failures	16 Significant	16 Significant	8 High

# BOARD ASSURANCE FRAMEWORK 2020/21

**BAF RISK SR09:** If the organisation experiences further change at Board level during 2020/21 it may impact on relationships and ability to deliver the Trust's strategic objectives

**LEAD DIRECTOR:** CEO

**Compliance/ Regulatory Risk Appetite:** Low  
**Reputation Risk Appetite:** Moderate

**STRATEGIC PRIORITY:** Workforce

**OPERATIONAL RISK EXPOSURE SUMMARY:**

There are a number of operational risks and key activities pertaining to this area that has the potential to impact this BAF Risk. These are:

- Independent Well-Led Review
- Non-Executive Director End of Terms
- Board Level Vacancies

**RISK SCORE:**

01.04.20	Q1	Q2	Q3	Q4	20/21 Target	Final Target
12		12			8	4
4x3		4x3			4x2	4x1
CxL		CxL			CxL	CxL

**RATIONALE FOR CURRENT RISK SCORE:**

The risk score for this BAF risk at the end of Q2 has remained at a score of 12 due to the successful recruitment of the Director of People. However, they will be at least 2 vacancies that will need to be recruited to between October 2020 and the end of financial year, March 2021. The Board of Directors are committed to developing a more representative Board of Directors which will be an integral part of the recruitment process. Following the Deloitte Well-Led Review, a number of outstanding actions that require completion and assurance reporting to the Board of Directors. The Board of Directors will continue with a programme of further development in order to ensure it has the correct level of capacity to assist the Trust in reaching its strategic objectives.

CONTROLS	ASSURANCES	EVIDENCE			
Fit and Proper Persons	<b>Level 3:</b> MIAA Audit Fit & Proper Persons (2019/20)	Reported to Audit Cttee			
Board Development	<b>Level 2:</b> 2020/21 Board Development Programme	Reported to BoD			
Independent Well-Led Review	<b>Level 3:</b> Deloitte Well-Led Review	Reported to BoD			
Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Substantive Director of People Vacancy	Recruit to the vacant Director of People vacancy	Mr M Forrest	July 2020	NARC	Completed on Time
Executive Induction Programme	Devise an Executive Induction Programme for new Executives	Mr M Forrest	October 2020	BoD	In Progress
Executive Team Development	Devise a programme for development opportunities for Executives	Mr M Forrest	December 2020	BoD	In Progress
Non-Executive Director Development	Devise a programme for development opportunities for NEDs	Chairman	January 2021	BoD	In Progress
Actions from the Independent Well-Led Review	Delivery of actions identified following the Deloitte Well Led Review	Ms A Wetton	January 2021	BoD	In Progress
Non-Executive Director(s) End of Terms	Recruit to the number of NED position(s) Devise a Succession Management Plan for NEDs Increase BME Representation at the Board of Directors	Chairman	January 2021	BoD	In Progress

**Risks Scored 15+ Aligned to BAF Risk: SR09**

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Target Score
<i>There are no risks on the Corporate Risk Register scored 15+ pertaining to this BAF Risk</i>					

# BOARD ASSURANCE FRAMEWORK 2020/21

**BAF RISK SR11:** If the COVID-19 pandemic continues for an extended period, then the Trust will be unable to deliver its strategic objectives during 2020/21

**LEAD DIRECTOR:** CEO/ DCEO

**Compliance/ Regulatory/ Quality Risk Appetite:** Low

**STRATEGIC PRIORITY:** ALL

**OPERATIONAL RISK EXPOSURE SUMMARY:**

There are a number of operational risks and key activities pertaining to this area that has the potential to impact this BAF Risk. These are:

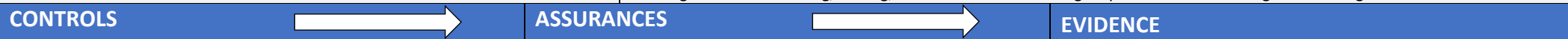
- Localised Restrictions across the NW
- Staff Abstractions & Shielding
- Operational Performance; PES, 111, EOC and CHUB
- Localised COVID-19 Outbreaks

**RISK SCORE:**

01.04.20	Q1	Q2	Q3	Q4	20/21 Target	Final Target
20	15	15			10	5
5x4	5x3	5x3			5x2	5x1
CxL	CxL	CxL			CxL	CxL

**RATIONALE FOR CURRENT RISK SCORE:**

The risk score for this BAF risk at the end of Q2 has remained at a score of 15 due to the response provided by the Trust in terms of the COVID-19 Pandemic. The Trust has continued to respond to the significant pressures during the ongoing COVID-19 Pandemic and the primary focus remains on the operational response to sustain the level of resources to the end of the financial year. The Trust continues to remain compliant with associated regulation and legislative requirements with assurance being provided to the Quality & Performance Cttee. The Trust has continued to be responsive in providing PPE, supplies and vehicles, Face Fit Testing and a establishing a Track and Trace System. The Trust is preparing for responses to the localised lockdowns, relaxing of social distancing, testing, track and trace and being responsive to the latest government guidance.



**Regulatory Compliance/ Safety**

COVID-19 Incident Management	<b>Level 2:</b> Directorate Service Provision Paper	Reported to ELC (ELC/ 2021/04c)
COVID-19 Infection Prevention Control Practices	<b>Level 2:</b> PPE for Cardiac Arrest Paper	Reported to ELC (ELC/ 2021/20)
Staff Testing Inc. Swab & Antibody	<b>Level 2:</b> COVID-19 Staff Testing	Reported to ELC (ELC/ 2021/135c)
Additional Third Party Provider Inspections	<b>Level 2:</b> Directorate Service Provision Paper	Reported to ELC (ELC/ 2021/04c)
IPC & Social Distancing Guidance	<b>Level 2:</b> NWSA Stations IPC Guidance & Social Distancing Paper	Reported to ELC (ELC/ 2021/95c)

**Patient Safety/ Clinical**

Single Regional Trauma Cell & Dispatch Senior Clinician Role	<b>Level 2:</b> Trauma Cell Reconfiguration & Dispatch Paper	Reported to ELC (ELC/ 2021/12)
Self Care Pathways used by Pathfinder Qualified EMT1s	<b>Level 2:</b> EMT1 SCP Use Paper	Reported to ELC (ELC/ 2021/13)
Implementation of Early Recognition of Futile Resuscitation in EOCs	<b>Level 2:</b> Early Recognition of Futile Resuscitation Paper	Reported to ELC (ELC/ 2021/14)
Move to JRCALC Clinical Guidelines for Cardiac Arrests	<b>Level 2:</b> JRCALC Resuscitation Guidelines Paper	Reported to ELC (ELC/ 2021/15)
Closure of Uncontacted 'Elective Testing' COVID-19 Incidents	<b>Level 2:</b> COVID-19 Testing/ Swabbing Calls in ADAstra Paper	Reported to ELC (ELC/ 2021/16)
Temporary Stand Down of GoodSAM Responders	<b>Level 2:</b> GoodSAM Temporary Stand Down within the NW Paper	Reported to ELC (ELC/ 2021/17)
Purchase Mechanical CPR Devices	<b>Level 2:</b> Mechanical CPR Devices Paper	Reported to ELC (ELC/ 2021/18)
Unchanged Auto-Allocation & PDA Process for 999 calls	<b>Level 2:</b> Auto Allocation and PDA Paper	Reported to ELC (ELC/ 2021/19)
Implementation of Card 36 Protocol	<b>Level 2:</b> MPDS Protocol 36 Monthly Assurance Paper	Reported to ELC (ELC/ 2021/58d)

**Finance, Fleet & Logistics**

PPE and Safety Equipment Installation of Screens in Contact Centres	<b>Level 2:</b> PPE and Safety Equipment Paper <b>Level 2:</b> Supply and Installation of Plastic Screens Paper	Reported to ELC 9ELC/ 2021/79c) Reported to ELC (ELC/ 2021/75e)
Emergency Budget	<b>Level 2:</b> 2020/21 Emergency Financial Plan	Reported to BoD (BoD/ 2021/28)
Recovery of M1 COVID-19 Costs	<b>Level 2:</b> Month 1 Financial Position Paper	Reported to BoD (BoD/ 2021/27)
PTS Vehicle Conversions	<b>Level 2:</b> COVID-19 PTS Vehicle Conversions Assurance Paper	Reported to ELC (ELC/ 2021/114e)
Increased Capacity for Additional Call Takers	<b>Level 2:</b> Estate Reconfiguration Paper	Reported to ELC (ELC/ 2021/ 88)
Working Safely During COVID-19	<b>Level 2:</b> COVID-19 Premise Planning Recovery Paper	Reported to ELC (ELC/ 2021/ 161f)
<b>Operations</b>		
Increased Operational Resources (Inc. Emergency Ambulances)	<b>Level 2:</b> Weekly Performance Reports (ELC)	Reported to ELC (ELC/ 2021/04a)
Increased Call Taking Capacity in Contact Centres	<b>Level 2:</b> COVID-19 Workforce & Wellbeing Update	Reported to ELC (ELC/ 2021/04b)
PTS supporting PES Operations	<b>Level 2:</b> PTS Assisting Emergency Service Paper	Reported to BoD (BoD/ 2021/15)
Increased Utilisation of Third Party Providers & Taxi Providers	<b>Level 2:</b> Operational Response Paper	Reported to ELC (ELC/ 2021/75a)
<b>Workforce &amp; Wellbeing</b>		
Increased Workforce Capacity Inc. Returners	<b>Level 2:</b> Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
Utilisation of University Students & Associated Training	<b>Level 2:</b> Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
Introduction of Family Liaison Officers & Action Cards	<b>Level 2:</b> Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
Upskilling Training Programmes	<b>Level 2:</b> Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
Staff Risk Assessments Inc. BME	<b>Level 2:</b> Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
Homeworking Arrangements Inc. Clinical and Corporate Staff	<b>Level 2:</b> Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
National Agreement on Terms and Conditions	<b>Level 2:</b> Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
Q1 Annual Leave Buy Back Scheme	<b>Level 2:</b> Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
Break in Learning for Apprenticeships	<b>Level 2:</b> Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
Health and Wellbeing Initiatives Inc. Mental Health & Financial	<b>Level 2:</b> Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
Trade Union Engagements	<b>Level 2:</b> Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
National Social Partnership Forum Agreement: Ceasing Hearings & Investigations	<b>Level 2:</b> Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
<b>Communications &amp; Engagement</b>		
COVID-19 Communications Inc. Engagement with Stakeholders	<b>Level 2:</b> COVID-19 Communications Plan	Reported to ELC (ELC/ 2021/037h)

<b>Digital</b>					
Review of Projects	<b>Level 2:</b> Project Prioritisation During COVID-19 Activity Report	Reported to ELC (ELC/ 2020/50)			
<b>BCP/ Restoration of Normality</b>					
NWAS COVID-19 Recovery Briefing Document	<b>Level 2:</b> Restoration Plan Framework	Reported to BoD (BoD/2021/13)			
<b>Gaps in Controls/ Assurances</b>	<b>Required Action</b>	<b>Action Lead</b>	<b>Target Completion</b>	<b>Monitoring</b>	<b>Progress</b>
<b>Recovery</b>					
Testing, Track and Trace	Devise Test, Track and Trace Strategy Inc. Financial and Workforce Impact	Prof M Power	September 2020	Q&P Cttee	Completed On Time
Localised Lockdowns	Devise a plan to manage any localised lockdowns in the NW	Prof M Power	September 2020	Q&P Cttee	Completed On Time
COVID-19 Secure Estates	Completion of COVID-19 Premises Risk Assessments	Ms C Wood	September 2020	Q&P Cttee	Completed On Time
Responding to the Pandemic	Consideration to step-up arrangements to Winter/ Phase 2 of COVID	Mr G Blezard	November 2020	Q&P Cttee	In Progress
Sustainability of Resources	Ensure additional resources are sustained to meet performance	Mr G Blezard	March 2021	Q&P Cttee	In Progress

## Risks Scored 15+ Aligned to BAF Risk: SR11

RISK ID	Directorate	Risk Description	Initial Score	Current Score	Target Score
3318	People	There is a risk that COVID-19 has impacted on the delivery of the planned October 2020 paramedic apprenticeship cohort which could impact on the subsequent recovery plan for commencing the paramedic apprenticeship in February 2021 which would impact on longer term paramedic supply	16 Significant	16 Significant	8 High
3324	Service Delivery	There is a risk that performance standards are not achieved because of the increased acuity of calls received into the NHS 111 Service due to COVID-19 pandemic which may impact on patient safety	16 Significant	16 Significant	4 Moderate
3337	Finance	There is a risk that unsuitable medium to long term solutions for onsite cleaning teams at EDs across the region due to the additional amenities required on site which may impact on performance	16 Significant	16 Significant	4 Moderate
3338	People	There is a risk that the heavy use of agency staff within EOC will impact on the ability to deliver apprenticeships in the EOC and the 111 environments resulting in loss of financial income	16 Significant	16 Significant	8 High



Appendix 3:  
Board Assurance Framework (BAF) 2020/21 Heat Maps  
Quarter 2 Position



2020/21 Opening BAF Risk Scores							
Consequence	5 Catastrophic	5	10	SR01 15 SR08	SR11 20	SR02 25	SR03
	4 Major	4	8	SR06 8 SR09	SR07 12	SR04 16	20
	3 Moderate	3	6	9	SR05 12	15	
	2 Minor	2	4	6	8	10	
	1 Insignificant	1	2	3	4	5	
Populated: 02 July 2020	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	Likelihood	

Q1 BAF Risk Scores							
Consequence	5 Catastrophic	5	10	SR11 15	20	25	
	4 Major	4	8	12	16	20	
	3 Moderate	3	6	9	12	15	
	2 Minor	2	4	6	8	10	
	1 Insignificant	1	2	3	4	5	
Populated: 02 July 2020	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	Likelihood	

Q2 BAF Risk Scores							
Consequence	5 Catastrophic	5	10	SR01 15 SR08 SR11	SR02 20 SR03	25	
	4 Major	4	8	SR07 12 SR09 SR06	SR04 16	20	
	3 Moderate	3	6	9	SR05 12 SR10	15	
	2 Minor	2	4	6	8	10	
	1 Insignificant	1	2	3	4	5	
Populated: 08 October 2020	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	Likelihood	

Q3 BAF Risk Scores							
Consequence	5 Catastrophic	5	10	15	20	25	
	4 Major	4	8	12	16	20	
	3 Moderate	3	6	9	12	15	
	2 Minor	2	4	6	8	10	
	1 Insignificant	1	2	3	4	5	
Populated:	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	Likelihood	

Q4 BAF Risk Scores							
Consequence	5 Catastrophic	5	10	15	20	25	
	4 Major	4	8	12	16	20	
	3 Moderate	3	6	9	12	15	
	2 Minor	2	4	6	8	10	
	1 Insignificant	1	2	3	4	5	
Populated:	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	Likelihood	

2020/21 Target BAF Risk Scores							
Consequence	5 Catastrophic	5	10	SR01 15 SR08 SR11	SR03 20	SR02 25	
	4 Major	4	8	SR06 8 SR09	SR04 12 SR07	16	20
	3 Moderate	3	6	9	SR05 12	15	
	2 Minor	2	4	6	8	10	
	1 Insignificant	1	2	3	4	5	
Populated: 02 July 2020	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	Likelihood	

Final Target BAF Risk Scores							
Consequence	5 Catastrophic	5	10	SR01 15 SR03 SR08 SR11	SR02 20	25	
	4 Major	4	8	SR05 8 SR09	SR04 12 SR07	16	20
	3 Moderate	3	6	9	SR05 12	15	
	2 Minor	2	4	6	8	10	
	1 Insignificant	1	2	3	4	5	
Populated: 02 July 2020	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	Likelihood	

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# REPORT

**Board of Directors**

<b>Date:</b>	Wednesday 25 November 2020									
<b>Subject:</b>	Risk Management Strategy									
<b>Presented by:</b>	Angela Wetton, Director of Corporate Affairs									
<b>Purpose of Paper:</b>	For Decision									
<b>Executive Summary:</b>	<p>The Risk Management Strategy has been through a full review and refresh.</p> <p>The Trust’s ambition is to be the best ambulance service in the UK, delivering right care, at the right time, in the right place, every time. The strategy enables the achievement of good risk management and risk assurance reporting which draws together other relevant organisational supporting strategies.</p> <p>The strategy has clearly defined aims which can be viewed in s3 of the paper.</p> <p>In total, the strategy has five objectives which will be supported and delivered by an underlying plan detailing key milestones and timelines for each year that will be reviewed and if necessary refreshed on an annual basis in line with the needs of the Trust.</p> <p>The full strategy can be viewed in <b>Appendix 1</b>.</p>									
<b>Recommendations, decisions or actions sought:</b>	<p>The Board of Directors are requested to:</p> <ul style="list-style-type: none"> <li>Approve the Risk Management Strategy for the Trust</li> </ul>									
<b>Link to Strategic Goals:</b>	<b>Right Care</b>	<input checked="" type="checkbox"/>	<b>Right Time</b>	<input checked="" type="checkbox"/>						
	<b>Right Place</b>	<input checked="" type="checkbox"/>	<b>Every Time</b>	<input checked="" type="checkbox"/>						
<b>Link to Board Assurance Framework (Strategic Risks):</b>										
<b>SR01</b>	<b>SR02</b>	<b>SR03</b>	<b>SR04</b>	<b>SR05</b>	<b>SR06</b>	<b>SR07</b>	<b>SR08</b>	<b>SR09</b>	<b>SR10</b>	<b>SR11</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Are there any Equality Related Impacts:</b>	EIA Completed (Appendix 2)									

<b>Previously Submitted to:</b>	Audit Committee
<b>Date:</b>	Friday 23 October 2020
<b>Outcome:</b>	Recommended to the Board of Directors for Approval

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## 1. PURPOSE

The purpose of the report is to provide the Board of Directors with the revised Risk Management Strategy.

## 2. BACKGROUND

The Trusts' ambition is to be the best ambulance service in the UK, delivering right care, at the right time, in the right place, every time. This strategy will build on this ambition by ensuring that the Trust has the right systems, processes and behaviours to lead, direct and control our functions, in order to achieve organisational objectives, safety and quality of services.

The strategy enables the achievement of good risk management and risk assurance reporting which draws together other relevant organisational supporting strategies.

The Risk Management Strategy at North West Ambulance Service NHS Trust, is therefore about the integration of both clinical and corporate risk management across the organisation, improving risk management systems and processes, enhancing organisational risk maturity in order to provide the Board of Directors and key internal and external stakeholders evidenced based assurance regarding the quality of services that the Trust provides.

The full strategy can be viewed in **Appendix 1**.

## 3. THE PURPOSE OF THE RISK MANAGEMENT STRATEGY

The strategy defines the broad aims and principles of risk management activities across the Trust, and sets out key targets and milestones for the next twelve months at which point, it will be refreshed. The primary aim of the strategy is to provide a supportive framework that ensures integration of risk management into policy making, planning and decision making processes; and specifically:

- To protect patients, carers, staff and others who come into contact with the Trust;
- To create awareness through the Trust about the importance of recognising and managing risk and providing staff with the appropriate knowledge, skills and support;
- To promote positive risk taking in the context of clinical care and in controlled circumstances;
- To provide a robust basis for strategic and operational planning through structured consideration of key risk elements;
- To enhance partnership working with stakeholders in the delivery of services;
- To improve compliance with relevant legislation and national best practice standards; and
- To enhance openness and transparency in decision-making and management.

The following principles underpin the Risk Management Strategy:

- That risk management will be embedded in the core processes and systems of the Trust; including policies, procedures, business case development, performance management and corporate governance
- That these core systems will be reflected in the Directorate risk management arrangements
- Risks will be actively managed and positive assurance sought
- The risk register will be a live, actively managed and reviewed document and not simply a passive repository of risks
- That risk management is the responsibility of all staff within their own sphere of work, so that the person best placed to manage each identified risk is the one that does so
- That high-risk areas and activities will attract greatest focus and attention
- That there will be learning from analysis of incidents, complaints and claims and explicit roll-out of identified improvements
- The strategy will actively promote and underpin the acquisition of relevant accreditations, including the registration requirements of the Care Quality Commission (CQC).

#### 4. THE OBJECTIVES OF THE RISK MANAGEMENT STRATEGY

In total, the strategy has five objectives which will be supported and delivered by an underlying plan detailing key milestones and timelines for each year that will be reviewed and if necessary refreshed on an annual basis in line with the needs of the Trust.

##### **Objective 1: Define the organisations' risk appetite**

We will further develop the Trusts' risk appetite by:

- Raising Board of Directors awareness of risk appetite and its use through a Board Development Session regarding risk appetite
- Developing Risk Appetite Statements for each of the Trust's Strategic Priorities
- Reviewing the Risk Appetite Statement on an annual basis as part of the business planning process

##### **Objective 2: Ensure a single and comprehensive risk management process**

All risks relating to projects/ initiatives will be subject to the risk management process and be managed locally with oversight from the Corporate Risk Team.

We will seek to ensure risks are monitored and managed; ensuring that the structure and process for managing risk across the organisation is reviewed and monitored annually. This will require the development of systems and processes to facilitate risk management being integrated into the current function and in embedding a high performing organisation.

**Objective 3: Increase the use of Trust wide data to inform the risk management process**

To use a full range of intelligent risk information from risk assessments, patient safety, workforce, patient experience and performance data to improve the management of risk and improve outcomes.

**Objective 4: Enhance the knowledge of staff in risk management across the Trust**

As well as including training in the Trust's risk management processes, we will help to embed a consistent language of risk management, including concepts such as controls, mitigations, assurance, risk appetite and risk tolerance.

We will therefore review the existing training programme, training materials and provide general communications regarding risk to ensure appropriate knowledge and skills in risk management at different levels of the organisation.

**Objective 5: Strengthen the system of assurance regarding risk through to Board level**

The Board Assurance Framework aims to provide a concise reporting tool which enables the reader to review a summary of the framework with a more in-depth analysis being provided if required. The BAF will be subject to a rigorous annual review, which takes into consideration comments from the Board of Director, senior managers and other interested parties.

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

The Risk Management Strategy forms part of the Trust's risk management arrangements and supports the Board of Directors in meeting its statutory duties.

**6. RECOMMENDATIONS**

The Board of Directors are requested to:

- Approve the Risk Management Strategy for the Trust.





# Risk Management Strategy

## 2020-2023

Risk Management Strategy		Page:	Page 1 of 12
Author:	Head of Risk and Assurance	Version:	0.2
Date of Approval:		Status:	Draft
Date of Issue:		Date of Review	November 2021

Recommended by	Board of Directors
Approved by	
Approval date	
Version number	V0.2
Review date	25 November 2021
Responsible Director	Director of Corporate Affairs
Responsible Manager (Sponsor)	Head of Risk and Assurance
For use by	All staff, volunteers and visitors

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

Risk Management Strategy		Page:	Page 2 of 10
Author:	Head of Risk and Assurance	Version:	0.2
Date of Approval:		Status:	Draft
Date of Issue:		Date of Review	November 2021

## Change record form

Version	Date of change	Date of release	Changed by	Reason for change
0.1	2018	2018		New Strategy
0.2	September 2020	November 2020	J Taylor	Refresh of organisational risk management arrangements

Risk Management Strategy		Page:	Page 3 of 10
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Date of Approval:		Status:	Draft
Date of Issue:		Date of Review	November 2021

# Risk Management Strategy

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## 1. Introduction

North West Ambulance Service NHS Trust (the **Trust**) recognises as a healthcare provider that risks will inevitably occur in the course of providing care and treatment to patients, employing staff, owning, leasing and maintaining premises and equipment, and managing finances.

The Trust recognises that principles of good governance must be supported by an effective risk management system that is designed to deliver improvements in patient safety and care as well as the safety of its staff. The Trust will therefore set in place and implement processes and practice which enable a dynamic and systematic approach to risk management and which ensure prompt and comprehensive identification, assessment and management of risks.

All actions contain inherent risks. Risk management is central to the effective running of any organisation. At its simplest, risk management is good management practice. It should not be seen as an end in itself, but as part of an overall management approach. The Trust will ensure that decisions made on behalf of the organisation are taken with consideration to the effective management of risks.

The Board of Directors is committed, through the Board Assurance Framework and governance structure, to ensuring that risk management forms a key element of its philosophy, practices and business plans, with responsibility for implementation accepted at all levels of the Trust.

## 2. Purpose

This strategy defines the broad aims and principles of risk management across the Trust, and sets key targets and milestones for the next twelve months at which point it will be refreshed. The aim of this Risk Management Strategy is to provide a supportive framework that ensures integration of risk management into policy making, planning and decision making processes; and specifically:

- To protect patients, carers, staff and others who come into contact with the Trust;
- To create awareness through the Trust about the importance of recognising and managing risk and providing staff with the appropriate knowledge, skills and support;
- To promote positive risk taking in the context of clinical care and in controlled circumstances;
- To provide a robust basis for strategic and operational planning through structured consideration of key risk elements;
- To enhance partnership working with stakeholders in the delivery of services;
- To improve compliance with relevant legislation and national best practice standards; and
- To enhance openness and transparency in decision-making and management.

### 2.1. Definitions

**Risk** is the chance that something *may* happen that *may* have an impact on achievement of the Trust's aims and objectives. It is measured in terms of likelihood (frequency or probability of the risk occurring) and severity (impact or magnitude of the effect of the risk occurring). It is something that *may* happen in the near or more distant future. It may be unlikely or almost certain to occur. Risk is related to uncertainty of outcome, whether positive opportunity or negative threat. **If it will *definitely* occur or *has already* occurred then it is an *issue* and subject to a different process.**

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The term 'risk' is often seen as a negative phrase. However, the taking of planned and evaluated risks to sustain development and improvement can be a positive measure of success. For a public organisation such as a NHS Trust, risks can be contained within five broad categories:

- i. **Strategic:** the risks associated with the Trust's ability to maintain its longer term viability and the delivery of national and local priorities;
- ii. **Operational/Performance:** the ability of the Trust to deliver: high quality care for patients in accordance with the business plan; its contracts to deliver care; and the registration requirements set by the Care Quality Commission;
- iii. **Finance:** the risk that a weakness in financial control could result in a failure to safeguard assets, impacting adversely on the Trust's overall financial viability and capability for providing services;
- iv. **Reputation:** the risk that the Trust receives negative publicity, which impacts on public confidence in the organisation; and
- v. **Opportunistic:** a risk which provides an opportunity for developing and growing business and being creative and proactive in seeking new business ventures.

## Risk Management

Integrated risk management is a process through which organisations identify, assess, analyse and manage all risks and incidents across a number of categories at every level of the organisation. In practice this means:

- Incorporating all risks into the processes for risk register development, and integrating processes and decisions about risk into future business and strategic plans;
- Integrating risks from all sources, for example health and safety risk assessments, incidents and complaints as well as identifying risks to delivering strategic and business objectives;
- Integrating risk management functions with service development and clinical governance activity to unify frameworks and improve outcomes for patients;
- Integrating all sources of information, both reactive i.e. as a result of something that has happened (e.g. incidents) and proactive i.e. anticipating what could or might happen (e.g. risk assessments);
- Integrating systems of risk assessment to improve clarity and communication; and
- Implementing a consistent approach to training, management analysis and investigation.

The risk management process will be used to:

- Identify potential risks with the intention of initiating and monitoring action to prevent or reduce the adverse effects of risks;
- Manage the treatment of risk in a systematic way so that the organisation can determine acceptability of residual risks;
- Provide a comprehensive approach to improving patient and staff safety;
- Improve decisions about resources and priorities; and
- Provide information to the Board through the committee structure so that it can make informed decisions.

In considering how to respond to an identified risk, the following principles should be taken into account:

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- **Balancing relative risks** – where the management of one risk adversely effects the management of another risk or increases the rating of that risk, a decision will be required about proceeding with planned controls based on the significance of each risk;
- **Avoiding creating a risk from controlling a risk** – establishing controls and mitigations for one risk may in itself create a different or new risk and measures should therefore be assessed for their unanticipated consequences;
- **Ensuring mitigation/control is proportionate to risk** – proportionality will include time, effort and resources balanced with the overall rating and significance of the risk being managed;
- **Paying attention to changes in risk ratings, and ensuring regular reviews of ratings and controls** – while the level of risk will determine its priority the focus should not solely be on high and extreme risks; and
- **Aligning risk management with the development and implementation of policies and procedures** - policies and procedures should anticipate and address risks and should form part of the controls and assurance for mitigating and removing risks. Similarly development or review of policies should identify the risks they are in place to mitigate or remove.

**Risk appetite** is the amount of risk that an organisation is prepared to accept, tolerate or be exposed to at any point in time and is intended to guide employees in their actions and ability to accept and manage risks. It is defined by the organisation's willingness to accept and manage risk in pursuit of its objectives, bearing in mind that risk is an inherent part of the delivery of healthcare and can create opportunities as well as threats.

**Risk management processes** describes the systematic application of management policies, procedures and practices to the tasks of establishing the context, identifying, defining, analysing, evaluating, treating, monitoring and communicating risk.

The risk management process will be used to:

- Identify potential risks with the intention of initiating and monitoring action to prevent or reduce the adverse effects of risks;
- Manage the treatment of risk in a systematic way so that the organisation can determine acceptability of residual risks;
- Provide a comprehensive approach to improving patient and staff safety;
- Improve decisions about resources and priorities; and
- Provide information to the Board through the committee structure so that it can make informed decisions.

**Risk Capacity** is the maximum level of risk to which the organisation should be exposed.

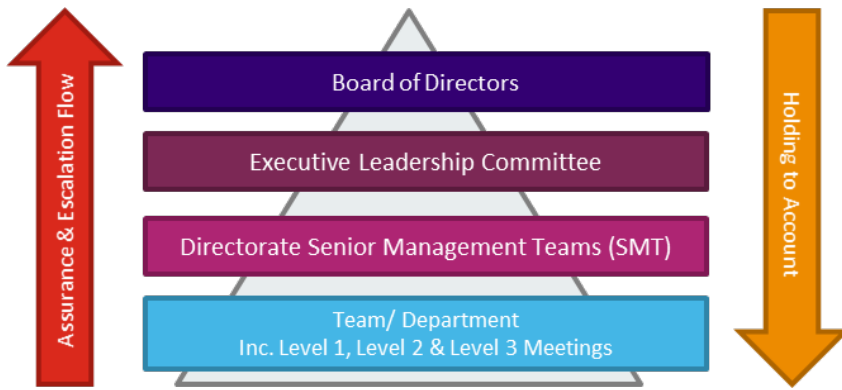
**Risk Profile** is the overall exposure of the organisation (or given level of the organisation) to risks at any time.

### 3. Risk Management Framework

The Trust operates four tiers of risk management which are interlinked via an Assurance and Escalation Process. The escalation of a risk is dependent upon the risk owners ability or control to mitigate, control or remove the risk; if it affects more than their area of responsibility; or if it constitutes a significant and material risk to the Trust and therefore requiring a multi-directorate approach to management.

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The diagram below defines the 'Assurance and Escalation Pyramid' and demonstrates the route of assurance and escalation takes.



#### 4. Principles

The following principles underpin the Risk Management Strategy:

- That risk management will be embedded in the core processes and systems of the Trust; including policies, procedures, business planning, business case development, performance management and corporate governance
- That these core systems will be reflected in the Directorate risk management arrangements
- Risks will be actively managed and positive assurance sought
- The risk register will be a live, actively managed and reviewed document and not simply a passive repository of risks
- That risk management is the responsibility of all staff within their own sphere of work, so that the person best placed to manage each identified risk is the one that does so
- That high-risk areas and activities will attract greatest focus and attention
- That there will be learning from analysis of incidents, complaints and claims and explicit roll-out of identified improvements
- The strategy will actively promote and underpin the acquisition of relevant accreditations, including the registration requirements of the Care Quality Commission (CQC).

#### 5. Strategy Objectives

The Risk Management Strategy stretches the ambition of the Trust in its management of risk via the following objectives:

<b>Objective 1: Define the organisations' risk appetite</b>	
We will further develop the Trust's risk appetite by:	
<ul style="list-style-type: none"> <li>• Raising Board of Director awareness of risk appetite and its use through a Board Development Session regarding risk appetite</li> <li>• Developing risk appetite statements for each of the Trust's strategic priorities</li> <li>• Reviewing the Risk Appetite Statement on an annual basis as part of the business planning process</li> </ul>	

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**Objective 2: Ensure a single and comprehensive risk management process**

All risks relating to projects/ initiatives will be subject to the risk management process and be managed locally with oversight from the Corporate Risk Team.

We will seek to ensure risks are monitored and managed; ensuring that the structure and process for managing risk across the organisation is reviewed and monitored annually. This will require the development of systems and processes to facilitate risk management being integrated into the current functions and in embedding a high performing organisation.

**Objective 3: Increase the use of Trust wide data to inform the risk management process**

To use a full range of intelligent risk information from risk assessments, patient safety, workforce, patient experience and performance data to improve the management of risk and improve outcomes.

**Objective 4: Enhance the knowledge of staff in risk management across the Trust**

As well as including training in the Trust's risk management processes, we will help to embed a consistent language of risk management, including concepts such as controls, mitigations, assurance, and risk appetite and risk tolerance.

We will therefore review the existing training programme, training materials and provide general communications regarding risk to ensure appropriate knowledge and skills in risk management at different levels of the organisation

**Objective 5: Strengthen the system of assurance regarding risk through to Board level**

The Board Assurance Framework aims to provide a concise reporting tool which enables the reader to review a summary of the framework with a more in-depth analysis being provided if required. The BAF will be subject to a rigorous annual review, which takes into consideration comments from the Board of Directors, senior management and other interested parties.

**6. Activities to deliver this strategy will include:**

- Collaborative working with teams, services, directorates and functions to develop their risk management capability and ensure risk management is dynamic and part of the everyday;
- Embedding risk management in quality and governance processes at all levels of the Trust;
- Using data in a risk-focused way (what does this tell us about the service and where there are risks and vulnerability);
- Ensuring risk registers interact appropriately at different levels of the Trust to ensure risks are appropriately escalated and that there is oversight of risks as appropriate at senior levels of the organisation; and
- Ensuring staff are aware of the options for managing a risk – whether to tolerate (accept), treat (reduce or remove), transfer (responsibility), terminate (suspend the risk situation/activity) or take the opportunity.

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## 7. Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

## 8. Monitoring

The Trust Annual Report will contain a format statement of risk management activity during the previous financial year and will highlight key issues arising.

## 9. References

Baker, T (2015). *Board Assurance: A toolkit for health sector organisations*. England: LLP

CQC (2010), *Guidance about compliance; Essential standards of quality and safety*. England: Care Quality Commission (CQC).

Deloitte, Enterprise Risk Management Approach, A 'risk-intelligent' approach.

Good Governance Institute, Risk Appetite for NHS Organisations.

HMFA (2014). *NHS Audit Committee Handbook*. (3<sup>rd</sup> ed.). England: Healthcare Financial Management Association (MHFA).

*Health Act 1999, Ch 8*

*Health and Social Care Act 2008, Ch 14*

*Health and Social Care Act 2012, Ch 7*

*Health and Social Care Act (Safety and Quality) Act 2015, Ch 28*

Hopkin, P (2010). *Fundamentals of Risk Management: Understanding, Evaluating and Implementing Effective Risk Management*. 5<sup>th</sup> ed. London: IRM.

Lark, J (2015). *ISO 31000 Risk Management*. (1<sup>st</sup> Ed). Switzerland: ISO

NHSLA (2013). *NHSLA Risk Management Standards 2013-2014*. England: NHS Litigation Authority.

NHS Providers (2018). *Enterprise Risk Management*.

PwC (2017). *Delivering system wide sustainability: Managing risk in healthcare transformation*. England: LLP.

The Orange Book: *Management of Risk – Principles and Concepts*, (2004). HM Treasury. London.

Vincent, C (2005). *Clinical Risk Management*. 2<sup>nd</sup> ed. London: BMJ Books.

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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:**  
Risk Management Strategy 2020/23

**Equality Impact Assessment completed by:**  
Jonathan Taylor, Head of Risk and Assurance

**Initial date of completion:**  
05 October 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 Risk Management Strategy has been developed to deliver excellence in risk management across the organisation and to enable a successful and risk mature organisation. The strategy will enable the achievement of risk management, risk assurance and risk reporting, drawing together other relevant organisation supporting strategies, including the Trust's Corporate Strategy.

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

The Risk Management Strategy applies to all areas of the Trust. All employees including individuals employed by a third party, by external contractors, as voluntary workers, as students, as locums or as agency staff are required to comply with any requirements in relation in to risk management noted within the strategy.

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

The strategy sets out five objectives and will be driven forward by the Risk Team, led by the Head of Risk and Assurance

## 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:

Equality Group	Evidence of Impact
Age	<p>There is no data to evidence that the Strategy will have an impact on different groups.</p> <p>The strategy has been developed to provide the Board of Directors and key internal and external stakeholders assurance regarding the quality and safety of the services provided by the Trust.</p>
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 e.g. member of Armed Forces family, carer, homeless, asylum seeker or refugee	

## Section 3: Consultation

Having considered the data above:-

- ✓ Can you or must you consult with different groups?
- ✓ What else should you be considering?

Please document the outcome of consultation below:

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
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

Having considered the data and feedback through consultation, please detail below the impact on different groups:

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**

At this point, you should prepare an action plan which details the group affected, what the required action is with timescales, and expected progress. You may still be seeking further information as part of your plan. You can use the tables above to form the relevant plan and attach to this.

### **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.

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### **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

**Chairs Assurance Report**




<b>Name of Committee/Group:</b>	<b>Audit Committee</b>	<b>Report to:</b>	<b>Board of Directors</b>
<b>Date of Meeting:</b>	<b>23<sup>rd</sup> October 2020</b>	<b>Quorate (yes/no):</b>	<b>Yes</b>
<b>Chair:</b>	<b>David Rawsthorn, Non-Executive Director</b>	<b>Executive Lead:</b>	<b>Director of Finance / Director of Corporate Affairs</b>
<b>Members present:</b>	<b>Prof Rod Thomson, Associate Non-Executive Director Dr David Hanley, Non-Executive Director Michael O'Connor, Senior Independent Director</b>	<b>Key Members not present:</b>	
<b>Board Assurance Risks Aligned to Committee:</b>	<b>No specific risks aligned to Audit Committee, however, the Committee is charged with a specific role in relation to oversight of the BAF.</b>		

<b>Key Agenda Items</b>	<b>RAG</b>	<b>Key Points</b>	<b>Action/Decision</b>
<b>Clinical Governance- Quality and Performance Chair's Assurance Reports</b>		<ul style="list-style-type: none"> <li>The Committee received assurance reports relating to Clinical Governance from the meetings held on: 20<sup>th</sup> July 2020 and 21<sup>st</sup> September 2020.</li> <li>The Medical Director attended the meeting for this agenda and provided clarification around specific items.</li> </ul>	Noted the assurance provided within the reports.
<b>Clinical Audit Update</b>		<ul style="list-style-type: none"> <li>The Chair of the Quality and Performance Committee escalated the resource issue in relation to completing clinical audits.</li> </ul>	Noted the resource issue to undertake clinical audit work and that the Quality and Performance Committee would continue to monitor.
<b>Data Quality</b>		<ul style="list-style-type: none"> <li>The Chief of Digital and Innovation attended the meeting to provide a summary of outputs following the recent review of data quality requirements and plans for delivery.</li> </ul>	A full report to be submitted to the January Committee meeting.
<b>Critical and High Risk Recommendations</b>		<ul style="list-style-type: none"> <li>The Director of Corporate Affairs and Director of People provided an update against the 2 partially completed recommendations relating to Freedom to Speak Up.</li> </ul>	Noted the update provided.

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

**Chairs Assurance Report**




Key Agenda Items	RAG	Key Points	Action/Decision
<b>Internal Audit Progress Report Q2 2020/21</b>		<ul style="list-style-type: none"> <li>The Committee noted the assurance reviews completed within Q2:                             <ul style="list-style-type: none"> <li>– Driving Licence Checks – Substantial Assurance</li> <li>– Assurance Framework – Stage 1.</li> </ul> </li> <li>The Committee noted the good progress against the audit plan.</li> </ul>	Noted the assurance provided.
<b>Internal Audit Work Follow Up</b>		<ul style="list-style-type: none"> <li>The Committee noted the progress within the reporting period with 57 recommendations implemented and a further 7 recommendation confirmed as partially implemented.</li> </ul>	Noted the assurance provided.
<b>Anti-Fraud Progress Report</b>		<ul style="list-style-type: none"> <li>The Committee received the Q2 2020/21 Anti-Fraud Progress outlining the wide range of activities aligned to the NHS CFA's Standards for Providers undertaken by the anti-fraud specialist (AFS).</li> </ul>	Noted the assurance provided.
<b>External Audit Progress Report and Technical Update</b>		<ul style="list-style-type: none"> <li>The Committee received an update relating to the progress of the 2020/21 external audit.</li> <li>The Committee noted the national publications released during the period.</li> </ul>	Noted the assurance provided.
<b>Board Assurance Framework (BAF) Q2 2020/21</b>		<ul style="list-style-type: none"> <li>The Committee received the updated BAF prior to submission to the Board of Directors for approval on 25 November 2020.</li> <li>It was noted that the Q2 position was incomplete and was due for review by the Executive Leadership Committee.</li> <li>Committee members considered the report within the context of their role as Audit Committee.</li> </ul>	Noted the assurance provided.
<b>Revised Risk Management Strategy</b>		<ul style="list-style-type: none"> <li>The Risk Management Strategy was presented to the Committee following a full review and refresh.</li> </ul>	Recommended the Risk Management Strategy to the Board of Directors for approval.
<b>Deep Dive into the COVID-19 Risk Management Arrangements</b>		<ul style="list-style-type: none"> <li>The Committee received a report that provided a deep dive into the risk management arrangements during the pandemic.</li> </ul>	Noted the assurance provided in the report.
<b>Losses &amp; Compensation Report</b>		<ul style="list-style-type: none"> <li>The Committee noted the Losses and Compensation Register totaled £433k as at 30 September 2020.</li> </ul>	Noted the assurance in the report.

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance



**Chairs Assurance Report**

Key Agenda Items	RAG	Key Points	Action/Decision
<b>MIAA COVID-19 Procurement Checklist</b>		<ul style="list-style-type: none"> <li>The Committee noted the completed checklist in relating to procurement governance arrangements during the COVID-19 response.</li> </ul>	Noted the assurance in the report.
<b>Legal Services Report Q2 2020/21</b>		<ul style="list-style-type: none"> <li>The Committee received a report detailing the work undertaken by Legal Services during Q2 2020/21:                             <ul style="list-style-type: none"> <li>215 new HM Coroner's inquests                                     <ul style="list-style-type: none"> <li>21 Contentious/Potentially contentious</li> <li>194 are non-contentious</li> </ul> </li> <li>No Regulation 28 PFD Report</li> <li>18 new claims:                                     <ul style="list-style-type: none"> <li>11 Clinical Negligence claims</li> <li>4 Employer's Liability claims</li> <li>2 Public Liability claims</li> <li>1 Property Damage claim</li> </ul> </li> <li>68 Subject Access Requests were processed</li> <li>18 requests connected with Care Proceedings</li> </ul> </li> <li>The report included analysis around clinical negligence claims. It was recommended this information is submitted to the Quality and Performance Committee.</li> </ul>	Noted the assurance in the report.
<b>Waiver of Standing Orders Q2 2020/21</b>		<ul style="list-style-type: none"> <li>9 waivers had been received during Q2.</li> <li>One waiver was drawn to the Committee's attention in accordance with the waiver procedure.</li> </ul>	Noted the assurance provided.
<b>MIAA COVID-19 Data Protection Checklist</b>		<ul style="list-style-type: none"> <li>The Committee noted the completed checklist which demonstrated how the Trust maintained compliance with data protection laws when establishing new data collections and sharing of patient and staff personal data to support the pandemic response.</li> </ul>	Noted the assurance provided.

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

**Chairs Assurance Report**

Key Agenda Items	RAG	Key Points	Action/Decision
<b>Committee Effectiveness</b>		<ul style="list-style-type: none"> <li>• The Committee noted the outcome of the self-assessment review facilitated by MIAA.</li> <li>• It was noted two actions had been identified in relation to third party assurances and induction and training of Committee members.</li> </ul>	Noted the outcomes of the Committee Self-Assessment.
<b>Review of meeting effectiveness</b>		<ul style="list-style-type: none"> <li>• The meeting was considered to have been effective.</li> </ul>	

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance



# REPORT

<b>Board of Directors</b>										
<b>Date:</b>	25 <sup>th</sup> November 2020									
<b>Subject:</b>	Use of Common Seal 2020/21 Bi Annual Report									
<b>Presented by:</b>	Angela Wetton, Director of Corporate Affairs									
<b>Purpose of Paper:</b>	For Assurance									
<b>Executive Summary:</b>	<p>Use of the Common Seal is determined by Section 8 of the Trust's Standing Orders. Clause 8.4 of Section 8 requires the occasions of use to be reported to the Board on a bi-annual basis with the previous report received by the Board on 27 May 2020.</p> <p>During the period 1 April 2020 – 30 September 2020, the Trust's Common Seal was applied on a total of 5 occasions and the details can be found in s2.</p>									
<b>Recommendations, decisions or actions sought:</b>	<p>The Board of Directors is recommended to:</p> <ul style="list-style-type: none"> <li>Note the occasions of use of the Common Seal as detailed in s2 of the report.</li> <li>Note compliance with s8 of the Standing Orders.</li> </ul>									
<b>Link to Strategic Goals:</b>	<b>Right Care</b>	<input checked="" type="checkbox"/>	<b>Right Time</b>	<input checked="" type="checkbox"/>						
	<b>Right Place</b>	<input checked="" type="checkbox"/>	<b>Every Time</b>	<input checked="" type="checkbox"/>						
<b>Link to Board Assurance Framework (Strategic Risks):</b>										
<b>SR01</b>	<b>SR02</b>	<b>SR03</b>	<b>SR04</b>	<b>SR05</b>	<b>SR06</b>	<b>SR07</b>	<b>SR08</b>	<b>SR09</b>	<b>SR10</b>	<b>SR11</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any Equality Related Impacts:</b>	N/A									
<b>Previously Submitted to:</b>	N/A									
<b>Date:</b>	N/A									
<b>Outcome:</b>	N/A									

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## 1. PURPOSE

The purpose of this report is to report the use of the Common Seal to the Board of Directors between the period 1 April 2020 to 30 September 2020.

## 2. USE OF COMMON SEAL

Use of the Common Seal is determined by Section 8 of the Trust's Standing Orders. Clause 8.4 of Section 8 requires the occasions of use to be reported to the Board on a bi-annual basis with the previous report received by the Board on 27 May 2020.

During the period 1 April 2020 – 30 September 2020, the Trust's Common Seal was applied on a total of 5 occasions. These were:

Reg No	Date	Reason
135	15 April 2020	Sale of Billinge Ambulance Station
136	22 April 2020	Surrender of existing lease and subsequent new lease for part of occupation of telecoms mast at Broughton
137	19 May 2020	Deed of Variation of Contract and Lease for additional car parking at Estuary Point
138	11 June 2020	Rossendale Lift Lease
139	11 June 2020	Contract for Sale and Transfer Deed, Barrow in Furness Ambulance Station

A Register of Use of the Common Seal is maintained by the Director of Corporate Affairs and includes either the supporting documentation for each entry or details of the final distribution of the relevant documentation. The Director of Corporate Affairs is responsible for the safe custody of the Common Seal. Authorisation for Use of the Common Seal requires the signatures of both the Chairman and Chief Executive and the application of the Seal is witnessed by a further 2 senior managers.

Authorisation and witness signatures are incorporated in the Trust's Register of Sealings. Compliance with the requirements of Section 8 of Standing Orders is being maintained.

## 3. LEGAL and/or GOVERNANCE IMPLICATIONS

There are no associated legal implications.

## 4. RECOMMENDATIONS

The Board of Directors is recommended to:

- Note the occasions of use of the Common Seal as detailed in s2 of the report.
- Note compliance with s8 of the Standing Orders.

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**Chairs Assurance Report**




<b>Name of Committee:</b>	Charitable Funds Committee	<b>Report to:</b>	Board of Directors
<b>Date of Meeting:</b>	28 October 2020	<b>Quorate (yes/no):</b>	Yes
<b>Chair:</b>	David Rawsthorn, Non-Executive Director	<b>Executive Lead:</b>	Mrs C Wood, Director of Finance Mrs A Wetton, Director of Corporate Affairs
<b>Members present:</b>	Dr D Hanley, Non-Executive Director Mr S Desai, Director of Strategy & Planning Mrs L Ward, Director of People Mrs A Wetton, Director of Corporate Affairs Mrs C Wood, Director of Finance	<b>Key Members not present:</b>	Mr R Groome, Non-Executive Director Mr G Blezard, Director of Operations
<b>Board Assurance Risks Aligned to Committee:</b>	N/A		

Key Agenda Items	RAG	Key Points	Action/Decision
Annual Report and Accounts 2019/20		<ul style="list-style-type: none"> <li>The Annual Report and Accounts 2019/20 were presented for review prior to adoption by the Board of Directors.</li> </ul>	Recommended the Annual Report and Accounts 2019/20 to the Board of Directors for approval, subject to several changes in the text.
Letter of Representation & Statement of Trustees' Responsibilities		<ul style="list-style-type: none"> <li>The Committee reviewed the Letter of Representation and Statement of Trustees' Responsibilities.</li> </ul>	Recommended to the Board of Directors for approval.
Letter of Independence		<ul style="list-style-type: none"> <li>The Committee reviewed the Letter of Independence presented for information and assurance that external auditors KPMG LLP are independent.</li> </ul>	Noted the Letter of Independence.
Audit Opinion		<ul style="list-style-type: none"> <li>The Committee received the draft audit opinion and audit highlight report prior to</li> </ul>	Noted the audit opinion and contents of the audit highlight report.

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

**Chairs Assurance Report**

		<p>recommending the Annual Report and Accounts to the Board of Directors.</p> <ul style="list-style-type: none"> <li>The Committee noted: <ul style="list-style-type: none"> <li>Audit Opinion – unqualified audit opinion</li> <li>Audit Highlight – no issues to report, no uncorrected differences.</li> </ul> </li> </ul>	
Charitable Funds Strategy 2020-2022		<ul style="list-style-type: none"> <li>The revised Charitable Funds Strategy 2020-2022 was presented to the Committee.</li> <li>The revised strategy set out the general income aspirations and three clear objectives for the NWAS Charity.</li> <li>The revised strategy was now in line with how the charity operated, which is largely on a reactive basis.</li> </ul>	<p>Agreed to recommend the revised strategy to the Board of Directors for approval.</p> <p>Agreed that prior to the next review a wider discussion would be held with the Committee and Board to decide how the charity should operate.</p>
Terms of Reference		<ul style="list-style-type: none"> <li>The revised terms of reference were presented to the Committee and noted the alignment with the revised Charitable Funds Strategy.</li> </ul>	<p>Agreed to recommend the revised Terms of Reference to the Board of Directors.</p>
Charitable Funds Update Q2 2020/21		<ul style="list-style-type: none"> <li>Income for the first six months of the financial year amounted to £264k <ul style="list-style-type: none"> <li>£258k unrestricted</li> <li>£6k restricted</li> </ul> </li> <li>Expenditure: £110k</li> <li>Total available resource: £954k <ul style="list-style-type: none"> <li>£681k unrestricted</li> <li>£273 restricted</li> </ul> </li> </ul>	<p>Noted the assurance provided.</p>

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance



**Chairs Assurance Report**

		<ul style="list-style-type: none"> <li>• The largest item of expenditure was for a purchase of medical equipment mainly defibrillators.</li> <li>• An overview of the projects undertaken within Q2 was provided.</li> </ul>	
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	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

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# REPORT

<b>Board of Directors</b>	
<b>Date:</b>	25 <sup>th</sup> November 2020
<b>Subject:</b>	Freedom to Speak Up Guardian Report Q2 2020-21
<b>Presented by:</b>	Rachael Foot, Freedom to Speak Up Guardian
<b>Purpose of Paper:</b>	For Assurance
<b>Executive Summary:</b>	<p>The Guardian received fifty one concerns during the reporting period (further analysis s3.1 and 3.2):</p> <ul style="list-style-type: none"> <li>• Attitudes and Behaviours :16</li> <li>• B&amp;H Allegation : 10</li> <li>• HR Matter : 9</li> <li>• Working Practices : 5</li> <li>• COVID 19 PPE : 3</li> <li>• Other : 3</li> <li>• Detriment : 3</li> <li>• Patient Safety : 1</li> <li>• Data/Confidentiality Breach : 1</li> </ul> <ul style="list-style-type: none"> <li>• 3 colleagues have reported having suffered 'perceived detriment' as a result of raising a concern.</li> <li>• 1 truly anonymous concern received (where the identity of the concern raiser is unknown)</li> <li>• 12 (23%) of concern raisers requested the Guardian and/or Champion protect their anonymity.</li> </ul> <p>Cases closed and details around learning/outcomes can be seen in Appendix 1. A gap analysis against the National Guardian's Office Case Review at Whittingham Health can be seen at Appendix 2 The updated FTSU Improvement Plan can be seen at Appendix 3</p>
<b>Recommendations, decisions or actions sought:</b>	<p>The Board of Directors are requested to:</p> <ul style="list-style-type: none"> <li>• Note the work of the Guardian</li> <li>• Note and comment on the themes, trends, issues and learning identified in this report</li> <li>• Determine whether this report sufficiently assures the Board that the Trust promotes a culture of open and honest communication to support staff to speak up.</li> <li>• Consider any risks and further actions for the Trust</li> </ul>

<b>Link to Strategic Goals:</b>	<b>Right Care</b>	<input checked="" type="checkbox"/>	<b>Right Time</b>	<input checked="" type="checkbox"/>
	<b>Right Place</b>	<input checked="" type="checkbox"/>	<b>Every Time</b>	<input checked="" type="checkbox"/>

**Link to Board Assurance Framework (Strategic Risks):**

SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09	SR10	SR11
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Are there any Equality Related Impacts:</b>	None Identified
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<b>Previously Submitted to:</b>	ELC
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<b>Date:</b>	18.11.2020
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<b>Outcome:</b>	Noted
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## 1. PURPOSE

This report provides the Board with an overview of the Freedom to Speak Up (FTSU) activity during Quarter 2, 2020-21.

The role of the Board in relation to FTSU is key. It is the expectation of the National Guardian's Office (NGO), CQC and NHS Improvement that senior leaders are knowledgeable on FTSU matters and work in partnership with the Freedom to Speak Up Guardian (FTSUG) to actively shape the speaking up culture.

The FTSUG role aims at developing cultures where safety concerns are identified and addressed at an early stage. Effective speaking up arrangements protect patients and improve the experience of NHS workers. FTSU has three components:

- Improving and protecting patient safety
- Improving and supporting staff experience
- Visually promoting learning cultures that embrace continual improvement.

Having a healthy speaking up culture is an indicator of a well led trust. The importance of staff having the freedom to speak up and the role that executive directors play in this has been reaffirmed in the review of *Liverpool Community Health NHS Trust*, the *Kark Report* and the *NHS People Plan*.

This report provides assurance to the Board that the Trust is effectively implementing FTSU requirements. The report does not include benchmark information against other Ambulance trusts as this has not yet been published by the NGO. Finally, the report includes information about the number of cases received, shared learning, key themes and actions taken to improve.

## 2. BACKGROUND

The National Guardian's Office and the role of the FTSUG were created in response to recommendations made in Sir Robert Francis' report "The Freedom to Speak Up" (2015). These recommendations were made as Sir Robert found that NHS culture did not always encourage or support workers to speak up, and that patients and workers suffered as a result.

The FTSUG role incorporates being an additional route for 'raising concerns' but extends well beyond, aiming at developing cultures where safety concerns are identified and addressed at an early stage. The role also offers the opportunity for staff to raise issues in confidence and, if necessary, anonymously. Staff are encouraged to raise their concerns openly to enable a more transparent way of dealing with concerns, but also to challenge any workplace stigma attached to 'whistleblowing' or raising concerns.

No-one should experience detriment or be discriminated against for speaking up, but we know fear of this can prevent staff from doing so. Those who raise concerns via the FTSU process can expect to be thanked for speaking up and receive support and advice from the Trust's FTSUG and Champions.

### 3. QUARTER 2 2020/21 ACTIVITY

FTSU has continued to promote the role of speaking up, whilst supporting staff members who raise concerns via this channel. This section highlights the number of concerns raised during Q2 2020/21 and provides further detailed breakdown.

It is the responsibility of the FTSUG to record and monitor all concerns raised and report them to the Trust's Board of Directors and the NGO on a quarterly basis.

#### 3.1 Concerns Raised

The FTSUG received fifty one (51) concerns during Q2, a slight increase on the same reporting period of the previous year which by comparison, recorded forty nine (49) concerns raised.

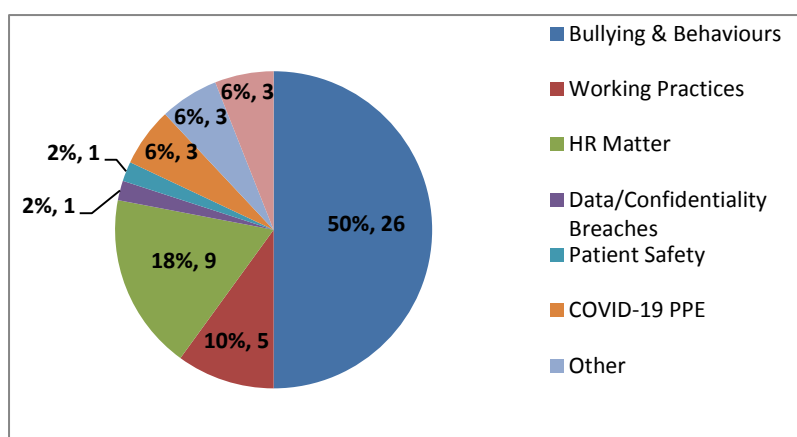
During these unprecedented times, there has been continuous promotion of FTSU in a variety of virtual forums or via social media and regional bulletins. This has helped to raise and maintain the awareness and profile of the FTSU function.

Of the fifty one (51) cases raised during Q2:

- ten (10) cases relate to bullying and harassment,
- three (3) of which relate to sexual harassment allegations (all are in relation to the one incident)
- sixteen (16) cases relate to attitudes and behaviours.

Of the twenty six (26) cases in total relating to bullying, attitudes and behaviours, sixteen (16) are in relation to the behaviour of staff that are in a position of authority and some examples of these concerns are:

- A member of staff whose mental health was deteriorating due to a work related incident, felt a lack of support from their local manager;
- Senior manager using what has been described as a 'threatening tone' in an email, causing the member of staff some distress;
- The view that a manager's attitude was insensitive when dealing with a delicate matter and the impact that this has had on the individual speaking up.



These figures were reported to the National Guardian's Office.

The category 'Other' includes:

- Safeguarding concerns raised relating to staff safety at a particular station;
- HCPC referral process and procedure following staff member referral to the HCPC;
- Information purposes only (to the Guardian) relating to the progress of an investigation being conducted by the HCPC following a referral.

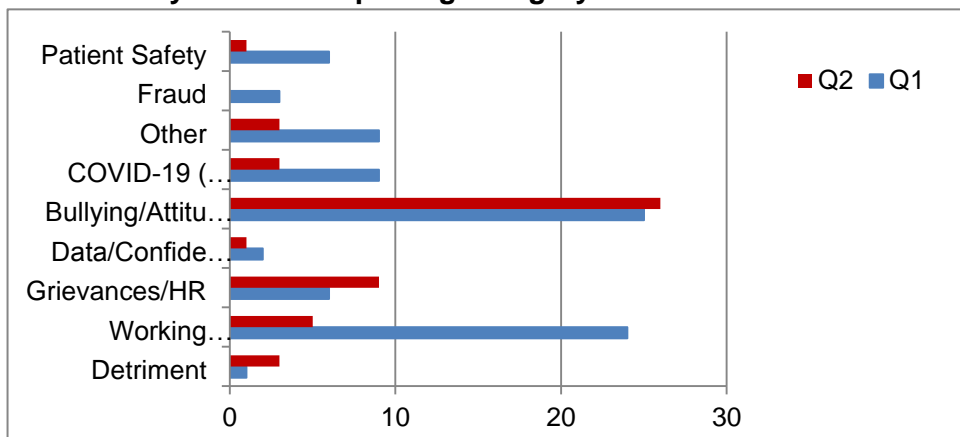
### Covid19

During Q2, FTSU continued to see concerns being raised in relation to the Covid-19 crisis. Concerns included:

- Mandatory temperature checking not being followed and social distancing concerns in the EOCs;
- Staff requesting that screens are placed in-between desks, giving protection to those staff sat side by side with one another;
- Staff feeling overwhelmed by the number of Covid-19 related bulletins being issued on a weekly basis which aren't always being applied in the EOC's.

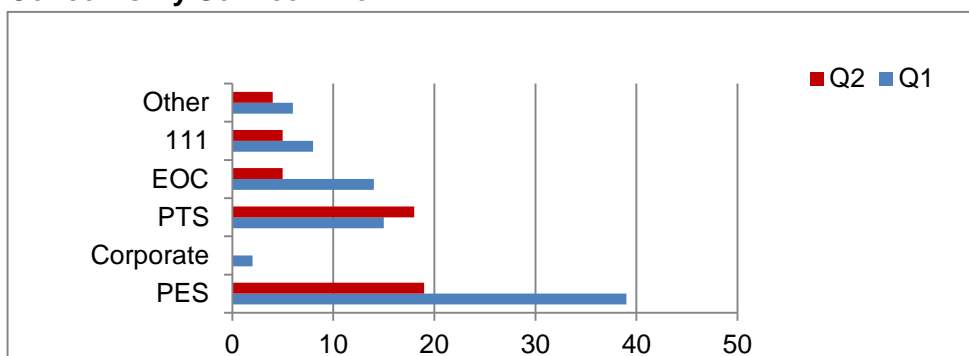
### 3.2 Year to Date Breakdown of Concerns

#### Concerns by National Reporting Category:



*Other – Includes concerns raised by ex-employees.*

#### Concerns By Service Line:

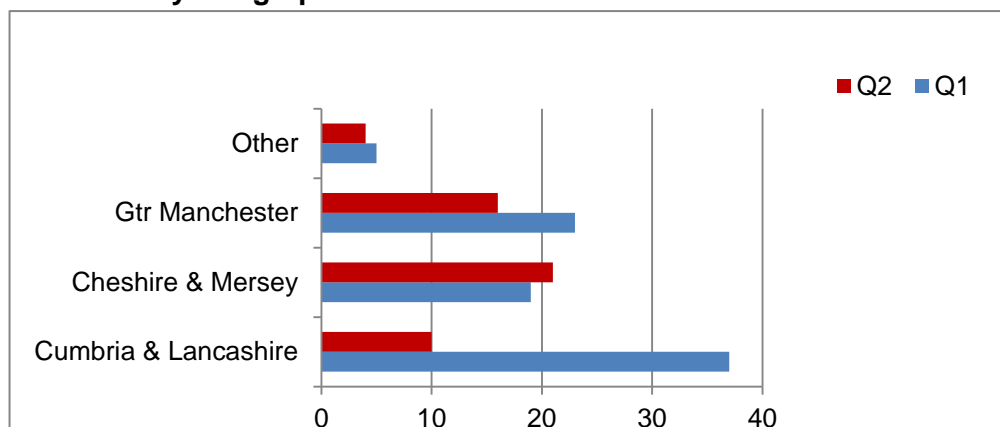


*Other – Includes concerns raised by ex-employees and trade union.*

Data highlights that concerns raised continue to be dominated by our colleagues on the front line which is entirely consistent with their operating environment, providing care at the 'front end' of Planned, Urgent and Emergency care.



### Concerns by Geographical Area:



Please note - the activity as detailed above reflects only cases reported via FTSU. Concerns raised with local managers and directly with HR are not included in these figures.

### 3.3 National Data

The comparative data to the end of Q1 and Q2 2020-21 for the whole Ambulance sector has not yet been published by the NGO.

It has been highlighted in previous reports that the comparison of the number of concerns raised in Trusts of similar employee size, NWAS were receiving a higher than average number of concerns being raised.

#### Anonymity

During the reporting period, there has been one (1) truly anonymous (i.e. unknown source) concern raised with the Guardian. This demonstrates that staff are willing to come forward and subsequently this enables the Guardian to acknowledge concerns and follow up each case according to the individual requirements.

Twelve (23%) concern raisers requested the Guardian and/or Champion protect their anonymity. The reason given for this was for fear of suffering reprisal as a result of speaking up.

This is a significant decrease in the number of staff asking for their anonymity to be protected in comparison to the previous quarter, in which the Guardian and/or Champion protected forty two (42) staff members' anonymity. Although this indicates an improvement in the reporting of concerns culture, the Guardian and Champions will continue to work with staff speaking up, to empower them to raise their concerns in confidence and openly.

#### Detriment

The NGO requires every FTSUG to report against whether staff speaking up feel they have suffered detriment as a direct result of speaking up.

During the reporting period, three (3) colleagues have reported having suffered 'perceived detriment' as a result of raising a concern. One of the matters has been considered by HR and was found to be unsubstantiated and the other two matters are currently being considered by HR. NWAS policies make it clear that such behaviour is not tolerated.

Examples of detriment can be described as any treatment which is disadvantageous

and/or demeaning and may include being ostracised, given unfavourable shifts, being overlooked for promotion, moved from a team, etc. Detriment is high on the NGO agenda and the NGO will undertake its annual survey of FTSUG in autumn 2020 – this will be used to find out more about detriment, including the forms detriment takes.

### **Feedback**

During this quarter, the FTSUG has seen an increase in the number of feedback responses received, thirty (30) in total which is positive improvement.

The feedback received, indicates almost half of the those feeding back (14) in total 'would not speak up again given their experience of doing so' or 'maybe', however, over half of those feeding back indicated they would speak up again.

The feedback obtained is supportive of the actual FTSU process, however there has been some criticism, for example, three of the concern raisers who fed back felt that not all managers or senior leaders are embracing FTSU or demonstrating behaviours that support FTSU – the newly released training package for staff will help to clarify the purpose, expectation, roles and responsibilities of managers.

The Guardian trialled 'SurveyMonkey' for obtaining feedback. This trial proved to be unsuccessful and the Guardian has reverted back to the former method. SurveyMonkey does not allow FTSU to capture the demographics' of the person speaking up. The survey is anonymous, therefore making it difficult to identify which case the feedback relates to. This makes it difficult to identify any learning from individual cases.

### **Mental health Impact**

The Guardian is now logging the number of staff reporting the negative impact speaking up has had on their family life and mental health and during Q2 there were seven (7) in total.

The Guardian will be sharing this feedback with the health and wellbeing team to ensure adequate interventions are in place to support staff.

### **Demographics**

The Guardian also takes this opportunity to capture demographic information of concern raisers where they are happy for this to happen.

The FTSUG can report there has been no obvious trends which relate to protected characteristics or particular groups of staff, although FTSU has received a number of concerns raised by staff identified as 'vulnerable' (those who are less likely to speak up) and from diverse backgrounds. This demonstrates that the FTSU service continues to reach all staff across the service.

During this quarter, there has been a reduction in the number of staff speaking up who subsequently decide not to pursue with the case. This is usually due to lacking a sense of confidence in taking the concerns forward. We know that some staff may be fearful of suffering a level of detriment when speaking up, although they feel safe

speaking up to the Guardian in the first instance, there are cases where staff do not want to take their concerns forward. This reduction is positive and reassuring and the Guardian and Champions will continue to promote speaking up in confidence to our staff.

The Guardian continues to work with other teams including the People Directorate who are working with individual management teams where triangulated data, including FTSU, is identifying clusters or potential hotspots where specific team interventions and development plans can make a difference.

The FTSUG has direct access to the Chief Executive and Lead Executive for FTSU and seeks support from the Non-Executive Lead when required. There are no concerns about the support that has been provided to the Guardian during the reporting period.

### **3.4 Key Themes**

The four main themes identified during Q2 are:

- Attitudes and Behaviours dominate the theme of the concerns being raised.
- Feedback – Feedback must be provided in response to a concern having been raised in a timely manner, irrespective of the reporting method (e.g. Datix). This includes feedback on who is investigating the concern, where possible, the timescales and ultimately the outcome of the investigation.
- Handling of concerns – There has been improvement; however, timeliness of internal processes e.g. investigation/outcome remains a key theme during feedback (6 concern raisers this quarter) along with the independence of the investigator (3 concern raisers). The Guidance on Appointment of Investigating Officers has been designed to ensure consideration is given to independence and any potential conflicts.
- Management style and communication: Staff described some managers as insensitive or lacking in management and leadership knowledge and skills. Others felt that there was a lack of communication when staffing or service changes were being made. The Guardian expects the newly revised training programme due to be released by the NGO/NHSEI (once embedded in the Trust) will help managers to feel confident to respond appropriately when workers speak up and to support individuals when they speak up, and know where to go for support themselves. The Trust has a number of projects which are expected to impact positively on leadership style and culture which the Guardian believes will help to address the matter.'

### **3.5 Learning and Outcomes**

Forty one cases were closed during the reporting period and the full details of learning and outcomes from these cases can be seen in Appendix 1. The learning covers a wide range of topics, however, some key areas include:

- Raising awareness of key policies and processes already in place
- Expected behaviours

- Infection Prevention & Control measures
- Communications with staff
- Support for new members of staff

### **3.6 Triangulation of Data**

As we are aware from the data, a reasonable proportion of the issues raised are in relation to workforce matters and are dealt with through existing workforce processes. In relation to these we have been taking a number of actions, both in response to learning from individual cases but also in terms of improvements in case management and this has been supported by the lifting of national restrictions on the progression of investigations and hearings which affected the conclusion of cases, particularly in quarter 1.

In relation to the emerging themes regarding management and leadership, the Trust has a range of commitments in place through its Workforce Strategy which will continue to seek to improve leadership capacity and capability, as well as culture.

As an organisation it is important that there is a full understanding around the organisational context under which concerns are raised via Freedom to Speak Up. This allows the organisation to respond appropriately, note patterns or key themes and to therefore build these into proactive responses. In the last quarter the Trust has undertaken some triangulation of data in those areas where potential hotspots have been identified by the Freedom to Speak Up Guardian. Complaints data has been reviewed but has not identified any correlation with FTSU issues, so the following information focuses mainly on workforce data.

The Freedom to Speak Up cases are logged and managed by the Freedom to Speak Up Guardian. Whilst they work closely with HR on the management and resolution of concerns raised, there is a need to look at the wider context under which concerns are raised. The People Directorate are currently in the process of developing a culture dashboard and this will consider the HR data we have on areas such as turnover, sickness absence, employee relations cases and Staff Survey information with the aim of trying to understand key themes and patterns which may indicate an areas which needs further support.

Alongside this, it is intended that Freedom to Speak Up cases are also reviewed to see if there is evidence, through triangulation of these data sets, of a need for further scrutiny. Triangulation would be aided by further refinement of the categorisation of the Freedom to Speak Up data as the current recording can make it difficult to draw comparisons.

Whilst the culture dashboard is in its development stages, there has been some early triangulation of HR data against the Freedom to Speak Up data. This has looked at two specific areas where there have been a cluster of concerns raised through Freedom to Speak Up. These are PTS West and PES East Lancashire.

Data has been triangulated primarily from the following sources:

- Employee Relations cases over the last 12 months
- Turnover in the last 12 months

- Sickness year to date
- Freedom to Speak Up concerns over the last 12 months.
- Staff Survey responses from 2019 survey – this only includes an extract of responses to certain questions indicative of prevailing culture

### **PTS West Sector**

The data from the Staff Survey 2019 results shows a mixed picture. There are some main themes identified where the sector is an outlier compared to the overall Trust responses but is not necessarily the lowest PTS sector in terms of responses:

- Support from managers
- Support from managers in a personal crisis
- Senior management involvement of staff in decisions
- Feedback from managers about changes made in response to reported errors, near misses and incidents.

There are however, other key questions where the staff survey responses are positive and indicate a more positive working environment. Some of these such as willingness to leave and recommending as a place to work are indicators which feed into the morale theme and would normally be considered as a key indicator of areas of concern. The sector scored more favourably than the Trust average in the following key questions:

- Recommending the organisation as a place to work
- Not considering leaving the organisation
- Trust takes positive action on health and wellbeing
- Not feeling well due to stress

In terms of responses in relation to bullying, there is a slightly higher than average response in relation to perceived bullying from managers but in terms of reporting of the last incidence of bullying the sector performs very well with 67% of staff indicating that they felt able to raise issues compared with a Trust average of 45%. This indicates that staff are aware and feel confident in how to report such issues, which in turn will help the Trust to address occurrences of bullying and harassment.

When considering staff survey against the Freedom to Speak Up cases, out of the 33 cases raised in the sector, 15 cases (45%) of these have been regarding attitude and behaviours. Many of the cases are linked and are known to relate to management approaches. There would therefore seem to be some correlation between staff survey scores relating to immediate and senior management support. However, the picture is not consistent and there are a number of positive indicators from the staff survey which contradict this picture.

In addition, there have been 4 cases raised relating to working practices, which could have links with the staff survey responses to the question around feedback about changes made in response to reported errors, near misses and incidents.

There are indicators that sickness in this sector so far this year has been higher than average for this service line at 9.42% and more detailed analysis of cause will be considered.

Reviewing other available data including turnover and Employee Relations data,

there does not appear to be any indicators supporting areas for concern. In particular the sector has had very low employee relations activity with no Dignity at Work cases and only 1 grievance. Turnover is slightly above average for the service line but is not considered a cause for concern.

Overall, there are some indications through the staff survey results from 2019 of a correlation with FTSU concerns but these concerns are not reflected consistently through the staff survey and other HR data. This data is being considered in relation to the culture review currently being conducted in this area.

### **PES – East Lancashire Sector**

In general the staff survey data for this sector indicates that the Sector results are average when looking at most data sets. Turnover is very low when compared to the PES and overall Trust percentages.

When reviewing the staff survey results, in most areas, the response rates for the sector fall around the average both for the Trust and for the Cumbria and Lancashire PES Sectors. There are some below average responses around staff health and wellbeing. The staff survey results indicates that staff in the sector perceive that neither their manager nor the organisation take positive action to support their health and wellbeing. This may have been affected however, by the rota review as detailed below.

When this is considered against the ER cases, there is a significant number of flexible working and career break requests and these are proportionately higher than any other area within PES. However, when looking into this further it would indicate that the bulk of these will have been related to the rota review where all existing flexible working patterns were reviewed as part of the process and new agreements reached where applicable. This was taking place at the time of the staff survey. East Lancashire was particularly proactive with their approach on this and anecdotally the sector had a particularly high number of flexible working practices in place. From the 43 listed, the majority of flexible working patterns were accepted or an alternative agreed. Just one case had a temporary agreement made and one flexible working request was rejected. This therefore suggests a sector proactive in supporting work-life balance.

It is notable that the sector has a higher than average sickness absence rate within PES. The sickness is YTD is 7.51% against a PES sickness rate of 6.58. Both short and long term sickness in August 2020 would indicate they are above average in the Cumbria and Lancashire areas. This may require further exploration into the reasons for sickness to identify any patterns and areas of concern.

However, taking the review further and considering the Freedom to Speak Up cases, 7 cases (58% of all cases in the sector) are in relation to concerns raised around working practices.

There are three cases listed in relation to bullying and harassment. However, when comparing this to the Staff Survey data, the results do not indicate that there are particular concerns around bullying and harassment, with the sector sitting around

the Trusts average for stating that they have not experience bullying and harassment from either their manager or colleagues. In addition, the staff survey responses also indicates a higher than average response of staff stating they have reporting instances of bullying and harassment. Equally there are no Dignity at Work cases recorded and therefore neither the ER or the staff survey data correlates to the proportion of bullying and harassment reported via a Freedom to Speak Up concern. The data for the sector indicates one of low turnover, only one grievance and no disciplinary or Dignity at Work cases and is therefore generally positive.

Overall there are no significant red flags which would suggest that the FTSU concerns are indicative of wider cultural issues within this sector.

As indicated, further development is required to refine both the HR data and the Freedom to Speak Up data to allow a regular triangulation of the data collated to support a proactive approach to addressing workforce and cultural concerns.

### 3.7 Outstanding Cases as at End Q2 2020/21

2019-20		
Q1	1	This case relates to workplace bullying and conflicts which have been investigated by an independent external investigator. Feedback has been provided to the individual concerned and further updates are expected during Q3. This case is expected to be concluded and closed during Q3 2020 when Trust procedures arising from this case will be concluded.
Q2	1	This case relates to allegations of bullying, poor management, management behaviours and lack of support. This case has been investigated by an independent investigator external to the Trust. Feedback has been provided to the individual concerned and further updates are expected during Q3. This case relates to the case currently open from Q1. This case is expected to be concluded and closed during Q3 2020 when Trust procedures arising from this case will be concluded.
Q4	2	Numerous allegations of bullying, attitudes and behaviours of management in a particular area. Due to the nature and extent of the concerns raised, the Trust had initially appointed an independent investigator external to the Trust, who unfortunately due to unforeseen circumstances was unable to carry out the investigation, therefore, the Trust has appointed a senior manager from PES to investigate and that investigation is currently underway.  An allegation of unfair recruitment practices and an allegation of fraud having been committed. HR is currently investigating this matter and the Guardian is awaiting feedback on the progress of the investigation.

2020-21		
Q1	11	Two allegations of bullying, and concerns relating to the attitude and behaviour of an SPTL in a particular area. An investigation is currently underway. Two separate allegations have been raised that some staff in a department have been manufacturing their own overtime and that managers have authorised this. Although the audit has concluded – the case remains open as the individuals who have spoken up still need to be interviewed as part of the process. Seven allegations relate to the attitudes and behaviours of staff in a position of authority in a specific sector. These matters are currently being investigated as part of a cultural review.
Q2	27	<i>Current reporting period</i>

### 3.8 Actions to Improve Speaking Up Culture

During Q2 the FTSU Guardian undertook the following activities to raise the profile and to promote speaking and listening up:

- Revised FTSU Vision and Strategy
- Regular promotion of FTSU in Regional Bulletin
- Weekly FTSU Champion introductions via social media
- Virtual attendance at FTSU Regional Network
- Virtual attendance at FTSU National Ambulance Network
- Completion of a number of Guardian surveys carried out by the National Guardians Office
- Virtual attendance at Violence and Aggression Operational Group Forum
- Non-Clinical Learning Forum (Newsletter)
- Virtual attendance at Race Equality Forum
- Virtual attendance at Wellbeing and Engagement Group
- Virtual attendance at Psychological Support Recovery Group
- FTSU Guardian input – Outstanding Culture Working Group

#### Freedom to Speak Up Action Plan (Appendix 3)

There are four actions outstanding on the action plan:

**7: Policy for access to FTSU files.** This is proving quite a difficult action to close. It arose from a specific set of circumstances. NNAS is not the only Trust trying to deal with this issue and after engaging with both NHSE/I; the National Guardian's Office and other local Guardians, the matter has been referred internally to the Information Governance team. The NGO stance is that "*Trust is at the heart of an effective speaking up culture. The starting point has to be that confidentiality is always respected, and details of individual cases should not be shared outside the bounds of a FTSU Guardian's agreement with the individual they are supporting.*" However, they do recognise that contingency arrangements are needed and a case-by-case approach would be needed depending on the circumstances.



**11: Annual survey of FTSU.** Health, wellbeing and culture survey launched during Q2 along with national Staff Survey. Concern over the number of surveys being run in the same timeframe touching similar themes. Rescheduled potentially for Q4.

**24: Review the protocols setting out the working arrangements between FTSU guardian and HR.** This forms part of the people directorate's Recovery Plan for Q3 'Must Do's.

**25: Disciplinary policy review.** The Disciplinary Policy is due a complete review which will require partnership working with Union colleagues and due to the scale of this and the ongoing Covid impact, the review has been moved to Year 2 on the directorate post-Covid Recovery Plan i.e. from April 2021.

### **Learning and Improvement**

The Trust is committed to continuing to learn and improve its systems and processes for raising concerns.

This is done through:

- Regular meetings held between the FTSUG, CEO, Executive Lead, Director of People and the Non-Executive Lead
- Noting and acting on recommendations from NGO case reviews, surveys and other publications and guidance
- Responding to themes and significant issues highlighted by speaking up
- Taking account of best practice in speaking up developed in other sectors
- Encouraging workers to be involved in driving improvement at organisational level
- FTSU feeds in to the Trust's Learning forum
- Key messages and awareness are raised to all staff through the intranet, weekly communications bulletins and other internal communications e.g. screensavers
- CEO weekly messages
- Lessons and feedback on cases are also shared locally with staff via the Service Directors, through team meetings and face-to-face meetings where relevant

### **3.9 Supporting Freedom to Speak Up**

- Monthly meetings held between the FTSU Guardian; Chief Executive, FTSU Executive Lead and the Director of People to provide oversight that the Trust's systems and processes for speaking up are working effectively
- Monthly meetings between FTSU Guardian and Head of HR to follow up outstanding cases and to identify themes and hot spots. This enables the Guardian to have 'targeted' visits in areas which have been detected
- Regular 1:1 meetings held with FTSU Executive Lead to discuss FTSU matters and seek support when necessary
- Dedicated diary time scheduled with Non-Executive Director to feedback themes that are emerging from speaking up activity
- Freedom to Speak Up Champions - The Freedom to Speak Up Champions

act as a point of contact for staff wishing to raise a concern who feel unable to raise concerns with their line manager or who feel a concern has not been addressed at the local level. They promote the culture of raising concerns

- October Speak Up Month preparations - Speak Up Month is a chance to raise awareness of Freedom to Speak Up and the work which is going on in organisations to make speaking up business as usual

### 3.10 National and Regional Updates

The NGO has published a FTSU Policy Review Framework which the Guardian has shared with HR in preparation for the revision of NWS Freedom to Speak Up Policy (due to be reviewed in January 2021).

NHS England and Health Education England have been asked to review a curriculum to ensure the training complies with national standards. During October (to mark [Speak Up Month](#), the national campaign run by the [National Guardian's Office](#)) Health Education England will launch new e-learning resources. These resources will help support NHS staff to raise concerns on issues such as patient safety. They include ['Speak Up'](#), the first instalment of a three-part 'Speak Up, Listen Up, Follow Up' e-learning programme for staff, volunteers and those in training, which explains how to speak up, and what to expect when colleagues do. The subsequent modules aimed at middle managers and senior leaders will follow by March 2021.

NHS Employers' **raising concerns web pages** can support organisations and managers to hold open conversations about raising concerns.

The NGO have carried out a case review of Whittington Hospital and their findings have been published. Case reviews identify areas where the handling of NHS workers' concerns does not meet the standards of accepted good practice in supporting speaking up and make recommendations to NHS organisations to take appropriate action where they have failed to follow good practice. Case reviews will also commend areas of good practice. The Guardian has benchmarked the Trust against the findings to carry out a gap analysis of the recommendations made. This can be seen at **Appendix 2**.

## 4. LEGAL and/or GOVERNANCE IMPLICATIONS

All NHS Trusts and NHS Foundation Trusts are required by the NHS contract to have a nominated Freedom to Speak Up Guardian.

## 5. RECOMMENDATIONS

The Board of Directors are requested to:

- Note the work of the Guardian
- Note and comment on the themes, trends, issues and learning identified in this report
- Determine whether this report sufficiently assures the Board that the Trust promotes a culture of open and honest communication to support staff to speak up.

- Consider any risks and further actions for the Trust

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## Appendix 1 Cases Closed During Q2 2020-21

Case No & Quarter Opened	Date Opened	Theme	Date Closed	Outcome/Learning	Feedback (Given your experience, would you speak up again? yes/no/maybe/unknown)
Q4 2019/20					
262	07/01/20	Bullying	29/07/20	<ul style="list-style-type: none"> <li>Consider formalising induction process to clearly document expectations around new member's responsibilities and requirements. This should include details of accepted dress code, requirements for time off, escalation to immediate line manager and team structure.</li> <li>Regular 1 to 1 meetings with line manager at agreed timescales when first joining team.</li> <li>All staff to be regularly briefed by senior manager to ensure understanding of whole system approach.</li> <li>Clear lines of management support and responsibility to be cemented and circulated if not already in place.</li> </ul>	No
266	09/01/20	Other	29/07/20	Witness in relation to case 262 – see above learning.	No response
268	09/01/20	Bullying	24/08/20	<ul style="list-style-type: none"> <li>Recommendation that the complainant is made aware of the Trusts Dignity at Work Policy and Procedure and in future utilises the chain of command and raises this through management first to attempt to seek some resolution. Of course if employees do not feel able to speak with their Line Manager then the F2SU process is available to them.</li> <li>Voluntary mediation is available to both parties should the complainant feel this would be beneficial to them personally.</li> <li>Consideration could be given to the appropriateness of staff members within the departments listed to attend the Trust's 'Is it Really Banter' workshop.</li> </ul>	No
270	09/01/20	Confidentiality Breach	29/07/20	In relation to case 262 – please see feedback relating to this case.	No response
275	24/01/20	HR Matter/Appeal	20/08/20	<ul style="list-style-type: none"> <li>Appeal –learning identified regarding investigation process.</li> <li>Dignity at Work – Local resolution to take place.</li> </ul>	Maybe
292	12/02/20	Data Breach	19/09/20	<p>Concern relating to staff members accessing another staff member's health record.</p> <ul style="list-style-type: none"> <li>HR team to be given own log in for the telephony system.</li> </ul>	Maybe
297	28/02/20	Bullying	06/08/20	<ul style="list-style-type: none"> <li>Awareness for all staff on the Dignity at Work process and how to raise concerns informally, in line with the Dignity at Work Policy and Procedure.</li> <li>Staff to be very clear on Line Management structure and how issues should be escalated locally to attempt to resolve.</li> <li>Management/Supervisors (specific to the ████████ Team) to undertake a HR Masterclass in relation to the Dignity at Work Policy and Procedure.</li> <li>Management to be aware when they have concerns around a person's Mental Health and Wellbeing, what support is available and to signpost to tools within the Trust that could assist as well as file noting the conversation and if appropriate, escalate to a Senior Manager.</li> </ul>	No
300	05/03/20	Grievance	05/08/20	Dignity at work initially submitted which was being dealt with locally. Grievance later submitted via FTSU due to the length of time it was taking to conclude the Dignity at Work matter. No lessons identified.	No

## Appendix 1 Cases Closed During Q2 2020-21

303	10/03/20	Data Breach	18/09/20	<ul style="list-style-type: none"> <li>Documented and explicit consent process is to be put in place for the use of videos of staff to be published on the Intranet.</li> <li>A review of the [REDACTED] website Data Protection Impact Assessment is to be completed to ensure any risks relating to the hosting and publication of videos has been included and considered.</li> <li>Ensure there are documented processes in place for the uploading of videos on the Intranet and associated microsites and that staff who are responsible for uploading videos on the Intranet and associated microsites have received sufficient training for this purpose.</li> <li>Ensure there is a documented process in place for the removal of videos on the Intranet and associated microsites when requested by data subjects; this should include the removal of all identifiable information including the removal of any videos and data from cached storage.</li> </ul>	Maybe
319	26/03/20	Covid-19 Working Practices	10/07/20	<ul style="list-style-type: none"> <li>Recruited, trained and deployed an additional 200 call handling staff within the three EOCs (This represents a 60% increase in call handling staff).</li> <li>Steps taken to increase the estate capacity at all three EOCs. This has included utilising additional NWAS estate at both Parkway and Broughton.</li> <li>Utilising all training suites for front line staff.</li> <li>Compliant with all IPC requirements, this include temperature testing, provision, alcohol gel and wipes on all desks, social distancing advice and marking and the introduction of protective screens in all control rooms.</li> </ul>	Yes
324	29/03/20	Covid-19 Working Practices	09/07/20	<b>As above (Case 319)</b> - These steps both in workforce increase and estate changes were designed to reduce pressure on EMDs and reduce anxiety associated with working through COVID-19.	Yes
<b>Q1 2020/21</b>					
337	08/04/20	Attitudes/Behaviours	15/07/20	Concern relating to the attitude and behaviour of a manager - Individual learning identified for the manager in question, together with clear guidance on the NWAS Social Networking Policy.	Yes
343	14/04/20	Other	08/07/20	Crew involved in a near miss RTC – case not pursued due to police not willing to progress with a case as the evidence was insufficient.	Yes
346	15/04/20	Working Practices	20/08/20	<ul style="list-style-type: none"> <li>Following discussions with PTS Senior Management with regards to the construction of the revised Rotas it is recommended that the PTS Service Line undertake a review of the current rota.</li> <li>The observation from senior HR, who were asked to review it, is that having a rota that requires an element of overtime to deliver is not particularly robust.</li> <li>Request made for PTS to undertake a further rota review following the normal consultation arrangements.</li> </ul>	Yes
354	27/04/20	Sexual Harassment	13/08/20	Case not pursued by the concern raiser due to fear of reprisal.	No response
356	28/04/20	Confidentiality Breach	30/07/20	Case not upheld due to a lack of evidence. Concern raisers version of events did not corroborate with that of others interviewed as part of the investigation process. <ul style="list-style-type: none"> <li>Concern raiser was not interviewed as part of the process – statement solely relied upon.</li> </ul>	Maybe
367	11/05/20	Attitudes/Behaviours	07/07/20	BAME member of staff felt unsupported by local management following their return to work – No learning identified.	Yes

## Appendix 1 Cases Closed During Q2 2020-21

Q2 2020/21					
412	01/07/20	Grievance	10/09/20	Case treated as a complaint by HR as a bank worker cannot pursue a grievance.	Maybe
414	06/07/20	Bullying	07/07/20	Case not pursued by the concern raiser due to fear of suffering reprisal.	N/A
415	07/07/20	Information	08/07/20	N/A.	N/A
417	09/07/20	HR Matter	15/07/20	Bulletin sent out to all staff reminding them of the Trust Smoking Policy.	Yes
419	11/07/20	Working Practices	13/07/20	Guardian signposted concern raiser to their Trade Union.	Yes
420	12/07/20	Detriment	25/09/20	Concern raiser felt that their short notice leave request had been rejected because they had spoken up about a matter previously. There was no evidence to support detriment had been suffered, however there was evidence to support the reason for the leave refusal (significantly understaffed in the area).	Maybe
423	14/07/20	Attitudes/Behaviours	27/07/20	Case considered as part of a disciplinary process – no learning identified.	Maybe
426	14/07/20	Bullying	19/08/20	Case closed as no specifics given, however case 435 relates to this incident and is currently being investigated.	Yes
429	16/07/20	Bullying/Discrimination	08/09/20	Concern raiser referred to Occupational Health. Management facilitated a return to work and arranged preceptorship. Action plan and care plan put in place for this individual. Team leaders and management to be spoken to about attitudes and behaviours and reminded of the Trusts vision and values.	Yes
431	23/07/20	Attitudes/Behaviours	18/09/20	Meeting arranged with the concern raiser to discuss their concern. No further action taken and no learning identified.	Yes
432	23/07/20	Other	20/07/20	Concern is in relation to a number of other concerns which are currently being investigated and which give more specific information. Case closed due to a lack of substance in the initial concern raised.	No response
433	27/07/20	Attitudes/Behaviours	31/07/20	Concern relating to an allegation of high staff turnover in a local area. Case unsubstantiated following an evidence based investigation.	Maybe
436	29/07/20	Sexual Harassment	29/08/20	Following a number of discussions with the concern raiser, this case was signposted to the local sector manager. Case 436 relates to this matter and an investigation is currently underway.	Yes
437	29/07/20	Bullying	30/07/20	Following a discussion with the concern raiser, the Guardian signposted the individual to their local management team.	Yes
438	30/07/20	Sexual Harassment	30/07/20	This case relates to case 436 - following a number of discussions with the concern raiser, this case was signposted to the local sector manager. Case relates to this matter and an investigation is currently underway.	Yes
439	30/07/20	Attitudes/Behaviours	18/08/20	Following a number of discussions with the concern raiser, the Guardian signposted the individual to their local management team.	No response
440	31/07/20	Attitudes/Behaviours	07/09/20	Following a number of discussions with the concern raiser, the Guardian signposted the individual to their local management team. On a follow up call, the Guardian was informed that the individual had been referred to Occupational Health by management and that their work life/balance had improved.	Yes
441	01/08/20	Working Practices	17/08/20	Allegation that some staff are treated more favourably than others. Matter investigated locally and found to be unsubstantiated. No learning identified.	No
443	17/08/20	HR Matter	20/06/20	Concerns raised in relation to staff having to apply for their own jobs and uncertainties around this. Some clarity has been requested. HR has responded to the matter. No learning identified.	No
444	25/08/20	Working Practices	30/09/20	Concern in relation to some crews not routinely taking the Defib and BLS bag into patients properties. This could ultimately result in a patient safety concern. Following a number of conversations with the concern raiser, it was agreed that the concern would be raised with local management and dealt with locally.	No response
449	01/09/20	HR Matter	08/09/20	Concerns in relation to staff currently shielding, receiving a percentage of overtime	No response

## Appendix 1 Cases Closed During Q2 2020-21

				<p>allowance whilst those who are not shielding and are unable to work overtime are not given any enhancements;</p> <ul style="list-style-type: none"> <li>NHS Employers issued all NHS Trusts with updated guidance on Terms &amp; Conditions of Service on 10 April 2020 which included detailed information / instruction that NHS Trusts should, for those staff <b>absent</b> due to COVID-19</li> </ul> <p>'...full pay should be inclusive of enhancements. This should also include any overtime as part of the calculation when staff are absent'.</p> <ul style="list-style-type: none"> <li>The Trust has implemented the national contract and updated T&amp;C in relation to COVID-19 absences.</li> </ul>	
450	01/09/20	HR Matter	08/09/20	Concerns in relation to staff currently shielding, receiving a percentage of overtime allowance; ( <i>see case 449</i> )	No response
452	07/09/20	Attitudes/Behaviours	14/09/20	Guardian informed for information whilst the matter is currently being dealt with locally.	No response
455	10/09/20	Other	10/09/20	Case not pursued due to concern raiser having raised externally. Information held by the Guardian for information purposes only.	Yes



## Appendix 2 - Whittington Health NHS Trust National Guardian's Case Review

National Guardian's Office Recommendation	NWS Position
<p><b>Support for the Freedom to Speak Up Guardian – Good practice</b>  <i>The need to provide adequate resources for the FTSU Guardian role has been commented on by the NGO in previous case reviews, in annual Freedom to Speak Up Guardian surveys and the NGO Annual Reports.</i></p> <p><i>In particular, the NGO noted the level of practical and wellbeing support provided to the FTSU Guardian. This recognised the pressures FTSU Guardians may face in undertaking their role</i></p>	<ul style="list-style-type: none"> <li>• The Guardian role is a full-time role and is supported by 18 Trust-wide Champions</li> <li>• Weekly meeting between the FTSU Guardian and Exec Lead - The FTSU Guardian receives regular supervision to support her wellbeing</li> <li>• Monthly meeting between the FTSU Guardian, CEO, FTSU Exec Lead and Director of People</li> <li>• Monthly meeting between the FTSU Guardian and HR team</li> <li>• Monthly meetings between the FTSU Guardian and Non-Executive Director lead</li> <li>• Networking with other NHS trusts (Regional Network and National Ambulance Network)</li> <li>• NWS will host the next National Ambulance Network meeting</li> <li>• Buddy arrangement with local Guardians in the North West</li> <li>• The Guardian has a positive relationship with the NGO and feels able to freely contact the NGO for support and guidance</li> </ul>
<p><b>Trust 'whistleblowing' policy</b>  <i>The trust policy relating to speaking up (called the 'Whistleblowing Policy and Procedure') was not in accordance with the national standard integrated policy. The standard integrated policy aims to improve the experience of speaking up in the NHS. All NHS organisations in England are expected to adopt the policy as a minimum standard.</i></p>	<p>NWS policy was reviewed and refreshed by the HR team in conjunction with the FTSUG and approved at January 2020 Board Meeting. It is aligned to the national standard integrated policy.</p> <p>A revision to the national standard integrated policy is due to be published in 2020 and following that publication, the trust will review its own policy.</p>
<p><b>Understanding of the FTSU Guardian role</b>  <i>There were examples of a lack of understanding of the purpose and remit of the FTSU Guardian role from a range of workers at different levels of seniority in different departments of the trust, including believing the FTSU Guardian either to be responsible for only 'signposting' workers or supporting them strictly in relation to 'patient safety' matters.</i></p> <p><i>A lack of understanding of the FTSU Guardian's role in the wider trust has been identified in previous case reviews. The NGO would welcome the development of a communications strategy to improve understanding of the FTSU Guardian role. This is a recommendation made previously in the case review of Nottinghamshire Healthcare NHS Foundation Trust in 2018.</i></p>	<p>The FTSU Guardian has a clearly defined Job Description which has been developed in line with guidance and shared with NHSE/I. The remit and purpose of the role is also clearly defined within the Trust's revised FTSU Policy.</p> <ul style="list-style-type: none"> <li>• Regular communication and media activity promoting FTSU</li> <li>• The intranet contains e-learning from Health Education England on Freedom to Speak Up. There is a link to the NGO's website and information about the Freedom to Speak Up role and responsibility (<i>currently under review</i>)</li> <li>• Annual mandatory training for all staff, including volunteers - National core skills for health e-learning implemented in this year's mandatory training on 3 year refresher cycle</li> <li>• There is guidance from the NGO and NHS Improvement (NHSI) in relation to the FTSU function at all levels of a trust. The NHSI board guidance sets out the role of the board and supplemental guidance sets out specific responsibilities of directors</li> <li>• Trust currently awaiting NGO/HEE training guidance for managers and other staff to be circulated</li> <li>• The trust will review the Trust Managers Toolkit to ensure it encompasses enough information on the FTSU Guardian role, including the responsibility of managers to provide feedback to the FTSU Guardian on any concerns raised with them.</li> </ul>

<p><b>Support for an individual with a specific Speaking Up responsibility</b>  <i>A board member with responsibility for speaking up did not feel trained or supported in the role. Therefore, based on advice received, a worker was told support could not be offered to them unless the matter they were speaking up about related to 'patient safety'.</i></p>	<ul style="list-style-type: none"> <li>• Formal Training for Board linked into the Board Development matrix. (Director of Corporate Affairs arranged session with NHSEI &amp; Board 26/02/20)</li> <li>• The NGO has published guidance on the content of training and is working with Health Education England to develop training for leaders.</li> <li>• FTSU board report is drafted and presented by the FTSU Guardian quarterly.</li> <li>• NHSI sets out board responsibilities in relation to the FTSU Guardian report</li> </ul>
<p><b>Gap analysis of NGO case reviews</b>  <i>The trust, as required by NHSI board guidance, had not done a gap analysis against case reviews produced by the National Guardian at the time of the case review.</i></p>	<p>The Guardian carries out a gap analysis against any new case reviews published by the NGO and any key elements are reported in their quarterly Board report</p>
<p><b>Speaking up audit</b>  <i>The trust had an audit carried out which combined the trust's complaints and 'whistleblowing' procedures, for 2018-19. Some matters relating to speaking up were not addressed. The internal audit could have been strengthened if there had been a separate audit for Speaking Up only.  An audit should address all aspects of the FTSU Guardian role as set out in NGO and NHSI board guidance.  The trust was planning a speaking up only audit as part of its compliance with board guidance.</i></p>	<p>Mersey Internal Audit carried out an audit on Freedom to Speak Up during Q3 2019/20 – management responses and actions agreed Q4. (Sample review of all FTSU cases to ensure consistent application of policy and process). The progress on actions is overseen by the Audit Committee.</p>
<p><b>Thanking workers for speaking up</b>  <i>Neither worker who shared their experiences of speaking up in the trust said they were thanked at the time for raising their concerns by any individual responsible for responding to the matters they raised. One of the workers stated they were 'dismissed, intimidated and misinformed'</i></p> <p><i>Workers who speak up should be meaningfully thanked, regardless of the issues raised. This is a recommendation made previously in the case review of Derbyshire Community Health Service NHS Foundation Trust in 2018, and a finding from the North West Ambulance Service NHS Trust case review in 2019. This is also expected of FTSU Guardians in the training provided by the NGO.</i></p>	<p>The Guardian and Champions have always thanked staff for speaking up. The Trust's Freedom to Speak Up policy includes a reference to thanking all workers.</p> <p>The feedback survey includes the question 'Were you thanked for raising a concern?' This survey is sent to everyone who contacts the FTSU Guardian to speak up.</p>
<p><b>Lack of response to speaking up in accordance with trust policy</b>  <i>Following a worker speaking up about bullying and harassment, there was considerable delay in responding to them. Having originally spoken up, they were offered mediation, in accordance with trust policy, but they declined, and no further action was taken in respect of the matter.</i></p> <p><i>When the same worker then raised similar allegations about a different colleague, the trust responded by senior managers visiting the clinical team concerned to tell the team to support the colleague about whom concerns were raised. This was not in line with trust policy.</i></p>	<p>The Guardian responds to concern raisers within a maximum of 48 hours. Part of the role of the FTSU Guardian is to maintain oversight to ensure investigations are timely and there is an escalation process in place if necessary (Exec oversight) and that the Trust maintains compliance with its own policies and procedures.</p> <p>There is a Freedom to Speak Up policy that is aligned to and supported by a suite of HR policies and procedures e.g. Disciplinary Policy; Dignity at Work Policy Procedure; Workplace Mediation Guidance; Grievance Policy &amp; Process etc.</p>
<p><b>Support for those who handle speaking up and those who raise matters</b>  <i>The NGO expects all organisations to follow the national guidance on training and provide training on speaking up for all those who deal with speaking up cases.</i></p>	

<p><b>Feedback in speaking up cases</b>  <i>Workers should receive meaningful feedback to provide assurance the organisation has listened to them and taken action. The trust should ensure the training around Freedom to Speak Up includes clear guidance on the type of feedback that can be provided, and the risk associated with not providing appropriate feedback.</i></p>	<p>There are regular meetings between human resources and the FTSU Guardian. This enables either the Guardian or HR to communicate and feedback to the concern raiser as and when necessary.  The Guardian has an oversight of the handling of concerns and works collaboratively with the investigating officer (receiving regular updates on the progress of the investigation)</p>
<p><b>Delays in handling grievances</b>  <i>The trust should take appropriate steps to ensure grievance cases are addressed within the time frames set out in its policies and procedures.</i></p>	
<p><b>Conflict of interest in grievance proceedings</b>  <i>The rules of natural justice apply to grievance proceedings, as set out in national ACAS guidance and codes of practice.<sup>1516</sup> These circumstances constitute a potential breach of those principles. Issues relating to conflicts of interest were raised in the case reviews of Royal Cornwall NHS Trust in 2018 and North West Ambulance Service NHS Trust in 2019</i></p>	<p>The Trust's "Guidance on the Appointment of Investigating Officers" ensures conflict of interest is considered.  The Trust uses external investigators for formal reviews and investigations where it would not be appropriate for them to be carried out in-house.</p>
<p><b>Failure to disclose the details of a grievance</b>  <i>A group of workers against whom a grievance was raised were initially told they were not entitled to know what the grievances were about.</i></p>	<p>The Trust has a Grievance Policy in place. The HR Business Partners play an important role in supporting managers through the process.</p>
<p><b>Exit interviews</b>  <i>One of the workers who spoke up about a range of matters and who raised a grievance about how the trust had responded to the matters they had raised was not offered an exit interview before they left the trust. This did not give them an opportunity to speak up and provide feedback about the trust's working culture, or the emotional distress they experienced</i></p>	<p>The Trust offers an exit interview to all staff and the exit interview questionnaire includes the contact details for the FTSU Guardian.  <i>"If you feel that you would like to discuss any of the issues raised in the questionnaire or raise any other concerns you can contact the Freedom to Speak Up Guardian for NWAS as follows:"</i></p>

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Area: Training Requirements						
No.	Goal	Action Required	Lead Manager	Target Date	Complete	Plan
1	Training requirements to be embedded for FTSU Guardian and Executive Lead	The FTSU Guardian/s and the Executive Lead for FTSU should be given training in the HR processes of the organisation such that they apply to the management of grievances, investigations, disciplinary cases, etc. Ongoing Training schedule <i>Bespoke session providing understanding of relevant HR policy and process delivered 3<sup>rd</sup> March. Guardian to attend Dignity at Work and disciplinary masterclasses.</i>	Director of People	Complete		NGO
				Masterclasses During 2020 - ongoing		
2	Trust Board to be knowledgeable, up to date and able to articulate the FTSU vision as well as aware of all NGO guidance	Formal Training for Board linked into the Board Development matrix. <i>Director of Corporate Affairs arranged session with NHSEI &amp; Board 26/02/20.</i>	FTSU Guardian	Complete		Internal
3	Trust Board to challenge and scrutinise FTSU	Monitoring information on FTSU to be provided on a regular basis where Trust Board can develop a culture of scrutiny and continuous improvement. <i>FTSU Guardian reports to Board on a quarterly basis and captures all items identified within the NHSI/E board guidance.</i>	FTSU Guardian	Complete		Internal
Area: Vision						
No.	Goal	Action Required	Lead Manager	Target Date	Complete	Plan
4	Develop a clear FTSU Vision incorporating patient safety, staff experience and continuous	Develop a FTSU Strategy and Vision <i>The revised Strategy presented to Board November 2020. This can be revisited in 2021 following the outcome of the ZEAL work.</i>	Director Corporate Affairs	Complete		Internal

	improvement					
5	FTSU Champions to be aware, understand and support the vision	<p>Communications and training around Vision and Values</p> <p>18 champions have been recruited following a recruitment drive earlier in the year. All those who showed an expression of interest were recruited and 15 of the 18 have received training - all Champions are familiar with the trust vision and values.</p>	Director Corporate Affairs / FTUSG	Complete		
<b>Area: Meetings</b>						
No.	Goal	Action Required	Lead Manager	Target Date	Complete	Plan
6	Ensure regular cooperation and consultation between FTSU and nominated lead non exec for FTSU	<p>NWAS should ensure that regular meetings take place between the FTSU Guardian/s and the nominated lead NED for FTSU.</p> <p>Meeting dates for 2020/21 planned in until end March 2021</p>	FTSUG and NED	Complete		NGO
<b>Area: Exec Lead access to FTSU Files</b>						
No.	Goal	Action Required	Lead Manager	Target Date	Complete	Plan
7	Policy for access to FTSU files	<p>NWAS to develop a clear policy in relation to authorising the Executive Lead's access to FTSU Files in circumstances where there are concerns relating to the actions (or otherwise) of the FTSU Guardian.</p> <p>This policy should be developed with the NGO</p> <p>This is proving quite a difficult action to close. It arose</p>	Director Corporate Affairs	Q3		NGO

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		from a specific set of circumstances. NWS is not the only Trust trying to deal with this issue and after engaging with both NHSE/I; the National Guardian's Office and other local Guardians, the matter has been referred internally to the Information Governance team. The NGO stance is that "Trust is at the heart of an effective speaking up culture. The starting point has to be that confidentiality is always respected, and details of individual cases should not be shared outside the bounds of a FTSU Guardian's agreement with the individual they are supporting." However, they do recognise that contingency arrangements are needed and a case-by-case approach would be needed depending on the circumstances.				
Area: Assurance						
No.	Goal	Action Required	Lead Manager	Target Date	Complete	Plan
8	Annual review of FTSU Policy and Process	<ul style="list-style-type: none"> <li>Review internally in line with NGO guidance</li> <li>Internal Audit</li> </ul> <p>The policy was reviewed and refreshed by the HR team in conjunction with the FTSUG and approved at January 2020 Board Meeting.</p>	FTSU Guardian	Complete		Internal
9	Quarterly reporting to Board	<p>Quarterly reporting of all FTSU complaints received and progress being made</p> <p>Quarterly reporting to Board has been in place since 2017, however, the report continues to be refined in</p>	FTSU Guardian	Complete		Internal

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		line with guidance.				
10	Review of guidance and case reviews	FTSU Guardian and Executive Lead to review all guidance and case reviews from NGO to identify improvements	Director Corporate Affairs & FTSU Guardian	Complete		Internal
11	Annual survey of FTSU	Via survey monkey Health, wellbeing and culture survey launched during Q2 along with national Staff Survey. Concern over the number of surveys being run in the same timeframe touching similar themes - it is felt that FTSU survey should be re-scheduled for a later date.	FTSU Guardian	Q4 potentially		Internal

### Area: Monitoring

No.	Goal	Action Required	Lead Manager	Target Date	Complete	Plan
12	Sample review by external audit of all FTSU cases to ensure consistent application of policy and process	<ul style="list-style-type: none"> <li>Identify cases to be reviewed per quarter</li> <li>Review fully and provide report</li> </ul> Mersey Internal Audit carried out audit during Q3 – management responses and actions agreed Q4.	FTSU Guardian	Complete		Internal
13	Regular quarterly auditing	After speaking to other local Trusts the suggestion is that the Exec Lead and the NED Lead meet with the Guardian on a quarterly basis and pick random case numbers that have been closed and ask to see certain info. Due consideration will be given to maintaining confidentiality.	FTSU Guardian	Complete		Internal
14	Comparative Data	Compare data over differing periods and Quarters to ascertain trends This is already being done in the quarterly Board Report	FTSU Guardian	Ongoing & Complete		Internal

### Area: Feedback

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No.	Goal	Action Required	Lead Manager	Target Date	Complete	Plan
15	Build in feedback stages for complainants	Ensure regular feedback to complainants to advise of status of investigation <i>This has been in place since the launch of FTSU; however there is now a monthly 1:1 with senior HR and weekly telephone meetings to get updates to feed back.</i>	FTSU Guardian	Ongoing & Complete		NGO
16	Feedback from complainants to inform improved processes	Gain feedback and operationalise improvements <i>This has been in place since the launch of FTSU; however it is reliant on feedback from complainants.</i>	FTSU Guardian	Ongoing and complete		Internal
<b>Area: Scope of FTSU Guardian</b>						
No.	Goal	Action Required	Lead Manager	Target Date	Complete	Plan
17	Greater clarity of remit around the scope of the FTSU Guardian.	Follow NGO guidance around remit of FTSU Guardian regardless of type of issue raised <i>The FTSU Guardian role is clearly defined via a Job Description which has been shared with NHSE/I. The role is also clearly defined within the revised FTSU Policy. Recruitment was completed during Q1 20/21 and the Guardian is in place for a 2yr fixed term period.</i>	Director Corporate Affairs	Complete.		NGO
		Deliver FTSU awareness through mandatory training with requisite reference to the new guidance. <i>Previous mandatory training already delivered. Mapping against revised national guidance and action plan to be developed for implementation once national guidance issued.</i> <i>National core skills for health e-learning implemented in this year's mandatory training on 3 year refresher cycle.</i>	Director of People	Complete		NGO

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Author:	Shahid Ali, Head of Service Development	Version:	0.7
Date of Approval:	27 November 2019	Status:	Final
Date of Issue:	20 October 2019	Date of Review	November 2020

		NWAS to look for positive ways to promote FTSU <i>The Guardian promotes FTSU via Twitter and is working with the comms team on a programme for 2020/21</i>	Director Corporate Affairs	Complete		NGO
18	FTSU Guardian to have access to Senior Managers and Trust Board	Put in place reporting arrangements / access / flowchart so that patient safety issues can be progressed rapidly	Director Corporate Affairs/FTSUG	Complete		Internal
19	FTSU Guardian to have bilateral relationships with regulators / inspectors and other FTSU Guardians	FTSU to arrange regular meetings with NGO and other FTSU Guardians <i>FTSUG meets quarterly with CQC and attends both national network meetings and ambulance sector meetings. Local and sector buddying arrangements in place.</i>	FTSUG	Complete		Internal
<b>Area: Single Policy</b>						
No.	Goal	Action Required	Lead Manager	Target Date	Complete	Plan
20	Single Policy	Ensuring the new policy is clear that all workers can seek support from FTSU Guardian about any issue by merging the Policies of: <ul style="list-style-type: none"> <li>Raising Concerns at Work (Whistle Blowing) Policy and Procedure</li> <li>Freedom to Speak up Policy</li> </ul> <i>The policy has been reviewed and refreshed and approved at January Board meeting</i>	Director Corporate Affairs	Complete		NGO
		Revise Freedom to Speak to Policy to reflect the updated national policy <i>The policy has been reviewed and refreshed and the Guardian has had input to ensure national guidance is</i>	Director Corporate Affairs	Complete		NGO

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		reflected.				
		Advise staff of all revisions to policies through communications. Comms January 2020	Director Corporate Affairs	Complete		NGO

### Area: Engagement Process

No.	Goal	Action Required	Lead Manager	Target Date	Complete	Plan
21	Trust Board to be visible and use variety of methods to seek feedback regarding FTSU	<ul style="list-style-type: none"> <li>Progress Executive Walkarounds</li> <li>Engagement interaction Workshops</li> <li>FTSU campaigns</li> <li>Senior Manager briefings</li> </ul>	Director Corporate Affairs	Complete		Internal
22	Encourage staff to speak up	Work with HR to promote the FTSU principles Treat Me Right campaign will reference FTSU as a route to raise concerns at work.	FTSUG	Ongoing & Complete		Internal
23	Thanking Staff for Speaking Up	The trust will ensure:  The trust's new speaking up policy will include a reference to thanking all workers who speak up. The policy has been reviewed and refreshed and includes a reference to thanking all workers and was approved at January Board Meeting.	FTSUG	Complete		NGO

### Area: Timeliness and handling of Investigations

No.	Goal	Action Required	Lead Manager	Target Date	Complete	Plan
24	Timescales , handling and reporting back mechanisms to be reviewed	Ensure that policy reflects reasonable timescales are set for investigations and that these are fed back.	Director of People	Complete		NGO

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		The trust is continuing to train managers in investigation training to address this issue.				
		Ensure that details of which policy or procedure is being used is communicated at the outset	Director of People	Complete		NGO
		Give proper scope and clarity to investigators	Director of People	Complete		NGO
		Review the protocols setting out the working arrangements between FTSU guardian and HR to ensure principles are embedded  This forms part of the directorate's Recovery Plan for Q3 'Must Do's.	Director of People	Q3		Internal
25	Review of current policies to incorporate independence of investigators as a key element	The trust to review its relevant policies in relation to investigations to ensure that:  Policies take proper and reasonable account of workers' objections relating to the perceived independence of investigators, and that a clear rationale for any decisions regarding investigators is given to workers in response to such objections.  Policies provide more transparency about the way in which the trust will manage potential conflicts of interest relating to investigations.  Additional guidance regarding the appointment of	Director of People	January 2020 – revised FTSU policy Completed  Disciplinary policy review – (delayed due to COVID 19)  Already covered in investigations		NGO

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		Investigating Officers issued  The Disciplinary Policy is due a complete review which will require partnership working with Union colleagues and due to the scale of this, the review has been moved to Year 2 on the directorate post-Covid Recovery Plan i.e. from April 2021.		training		
<b>Area: Mediation</b>						
No.	Goal	Action Required	Lead Manager	Target Date	Complete	Plan
26	Explaining the benefits of mediation at the outset	Trust to take appropriate steps to ensure that managers and HR staff are up to date with existing guidance on explaining the value of mediation to workers.  Revised guidance available on Green Room, issued to managers and HR teams. Will be more widely distributed as part of Treat Me Right campaign	Director of People	Complete		NGO
<b>Area: Clarity around FTSU Champions / Advocacy</b>						
No.	Goal	Action Required	Lead Manager	Target Date	Complete	Plan
27	Clarity around description and role of FTSU Champions in terms of “Advocacy”, “Impartiality” and “Objectivity”	Clear definition of role of FTSU in revised Policies  FTSU Policy reviewed and refreshed. Approved by Board of Directors January 2020.	Director of People	Complete		NGO
		Engage with existing Champions to ensure they are clear on role, responsibilities and objectives especially when individuals hold more than one voluntary role which may create conflict or	Director Corporate Affairs /FTSUG	Complete		NGO

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	<p>confusion to the works they support e.g. peer supporter role</p> <p>18 champions have been recruited following a recruitment drive earlier in the year. All those who showed an expression of interest were recruited and 15 of the 18 have received training which includes clarity over their role and responsibilities.</p>				
	<p>Clarity around Champions being impartial and objective and not “taking sides” or acting as “advocates” (see above)The FTSU Guardian is clear with existing champions re the role and the expectations</p>	Director Corporate Affairs	Complete		NGO
	<p>Gain guidance and support from NGO in ensuring this is met going forward</p> <p>Awaiting further NGO Guidance Nationally</p>	FTSUG	Ongoing		NGO

FREEDOM TO SPEAK UP ACTION PLAN 2019/20		Page:	10 of 10
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# REPORT

<b>Board of Directors</b>	
<b>Date:</b>	25 <sup>th</sup> November 2020
<b>Subject:</b>	Freedom to Speak Up Strategy 2020-2022
<b>Presented by:</b>	Rachael Foot, Freedom to Speak Up Guardian
<b>Purpose of Paper:</b>	For Decision
<b>Executive Summary:</b>	<p>The Freedom to Speak Up Strategy has been through a full review and refresh.</p> <p>The strategy has a clearly defined vision:  <i>One person can make a difference. From front line care to Board, we are committed to promoting an open and transparent culture across the organisation to ensure that all members of staff feel safe and confident to speak out and raise their concerns. We are also committed to ensuring that raising concerns becomes business as usual within the Trust, with staff feeling able to raise concerns with their line managers and being confident that concerns will be addressed appropriately.</i></p> <p>The strategy has four objectives which will support delivery of this vision:</p> <ol style="list-style-type: none"> <li>1. Staff feel confident in raising a concern and know how to raise it, who to raise it with, and what to expect after they have raised it.</li> <li>2. Staff feel safe to speak up and raise concerns, ensuring the organisation is open to receiving concerns raised by our staff.</li> <li>3. Staff have confidence in the Trust's processes and feel value in speaking up.</li> <li>4. Support the positive development of our organisational culture and ensure that we develop a healthy speaking up culture which aligns, supports and reinforces our wider work on organisational development and cultural change</li> </ol> <p>These objectives will be supported and delivered by an annual work plan and they will be reviewed and if necessary refreshed on an annual basis.</p> <p>The full strategy can be viewed in <b>Appendix 1</b>.</p>
<b>Recommendations, decisions or actions sought:</b>	<p>The Board is requested to:</p> <ul style="list-style-type: none"> <li>• Approve the Freedom to Speak Up Strategy</li> </ul>

<b>Link to Strategic Goals:</b>	<b>Right Care</b>	<input checked="" type="checkbox"/>	<b>Right Time</b>	<input checked="" type="checkbox"/>
	<b>Right Place</b>	<input checked="" type="checkbox"/>	<b>Every Time</b>	<input checked="" type="checkbox"/>

**Link to Board Assurance Framework (Strategic Risks):**

SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09	SR10	SR11
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Are there any Equality Related Impacts:</b>	EIA Completed (Appendix 2)
<b>Previously Submitted to:</b>	ELC
<b>Date:</b>	18 <sup>th</sup> November 2020
<b>Outcome:</b>	Recommended to Board for approval



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## 1. PURPOSE

The purpose of the report is to provide the ELC the revised Freedom to Speak Up (FTSU) Strategy. The Freedom to Speak Up Strategy forms part of the Trust's approach to developing a culture that places less emphasis on blame when things go wrong, and more importance on transparency and learning from mistakes, will help to support Trust strategy.

## 2. BACKGROUND

Guidance from NHS Improvement and the National Guardians Office called for all NHS organisations to develop a FTSU vision and strategy. This Strategy outlines NWAS' vision to strengthen and continue to embed the FTSU culture.

The National Guardian's Office works in partnership with the CQC which assesses a Trust's speaking up culture as part of the well-led inspection. Effective speaking up arrangements help to protect patients and improve the experience of staff and a healthy speaking up culture is an indicator of a well-led Trust.

The Strategy has been drafted by the Trust's Freedom to Speak Up Guardian with support from the Executive lead, the NED lead and NHSI.

The full strategy can be viewed in **Appendix 1**.

## 3. THE OBJECTIVES OF THE FREEDOM TO SPEAK UP STRATEGY

The Strategy has four themes and four objectives:

### 1. Strategic theme 1: Supporting our staff to feel confident about speaking up

Objective: Staff feel confident in raising a concern and know how to raise it, who to raise it with, and what to expect after they have raised it.

### 2. Strategic Theme 2: Making it safe for our staff to speak up

Objective: Staff feel safe to speak up and raise concerns, ensuring the organisation is open to receiving concerns raised by our staff.

### 3. Strategic Theme 3: Investigating concerns thoroughly and promptly

Objective: Staff have confidence in the Trust's processes and feel value in speaking up.

### 4. Strategic Theme 4: Supporting the positive development of our organisational culture

Objective: Support the positive development of our organisational culture and ensure that we develop a healthy speaking up culture which aligns, supports and reinforces our wider work on organisational development and cultural change.

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

All Trusts are required to have a Freedom to Speak Up Guardian and the CQC assesses a Trust's speaking up culture as part of the well-led inspection.

**6. RECOMMENDATIONS**

The Board are requested to:

- To approve the Freedom to Speak Up Strategy.

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# Freedom to Speak Up Strategy 2020 – 2022

Approved by	Board of Directors
Approval date	
Version number	2.0
Review date	September 2022
Responsible Director	Director of Corporate Affairs
Responsible Manager (Sponsor)	Freedom to Speak Up Guardian
For use by	All Trust employees

This strategy is available in alternative formats on request.  
Please contact the Corporate Governance Department on  
01204 498394

**Change record form**

<b>Version</b>	<b>Date of change</b>	<b>Date of release</b>	<b>Changed by</b>	<b>Reason for change</b>
2.0	November 2020		Freedom to Speak Up Guardian	Refresh of previous policy

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## INTRODUCTION AND PURPOSE

Sir Robert Francis 'Freedom to Speak Up' review in February 2015 highlighted the need for the creation of the National Guardian and Freedom to Speak Up Guardians at every Trust in England as a vital step, towards developing an open and honest reporting culture in the NHS. The review was carried out to assess the effectiveness of existing speaking up processes, mechanisms and safety in the NHS following the failings at Mid Staffordshire NHS Foundation Trust.

The review identified five key recommendations for NHS Trusts:

- Culture change
- Improved handling of cases
- Measures to support good practice
- Particular measures for vulnerable groups
- Extending the legal protection

The recommendations were supported by 20 key principles including an emphasis on creating a safe reporting culture free from bullying, where leadership was visible and staff felt valued and comfortable to raise concerns. It also recommended appointing FTSU Guardians in all NHS Trusts in England.

The National Guardian's Office was set up following the Francis review and works to make speaking up become business as usual to effect cultural change in the NHS. The office leads train and supports a network of Freedom to Speak Up Guardians in England and conducts case reviews of organisations when it appears that speaking up has not been handled according to best practice.

The National Guardian's Office works in partnership with the CQC which assesses a Trust's speaking up culture as part of the well-led inspection. Effective speaking up arrangements help to protect patients and improve the experience of staff. Having a healthy speaking up culture is an indicator of a well-led Trust.

The CQC aims to assess whether the leadership, management and governance of the organisation assures the delivery of high quality and person-centred care, supports learning and innovation and promotes an open and fair culture ("*CQC Key lines of enquiry, prompts and ratings characteristics for healthcare services*").

Guidance from NHS Improvement and the National Guardians Office has called for all NHS organisations to develop a FTSU vision and strategy. This document outlines NWAS' vision and strategy to strengthen and embed the FTSU culture. However it should be read in conjunction with the Trust's Freedom to Speak up Policy.

Consistent and strong leadership and a developing culture that places less emphasis on blame when things go wrong, and more importance on transparency and learning from mistakes, will help to support Trust strategy.

## OUR FREEDOM TO SPEAK UP VISION

At North West Ambulance Service NHS Trust (Nwas) we STRIVE (Speak-up, Trust, Respect, Inclusion, Values, Equality) to make a difference and to ensure we deliver the right care, in the right place, at the right time every time, for the communities we serve.

**Our vision** - one person can make a difference. From front line care to Board, we are committed to promoting an open and transparent culture across the organisation to ensure that all members of staff feel safe and confident to speak out and raise their concerns. We are also committed to ensuring that raising concerns becomes business as usual within the Trust, with staff feeling able to raise concerns with their line managers and being confident that concerns will be addressed appropriately.

Our Board and senior leadership team will support this agenda by:

- Modelling behaviours that promote a positive culture in the organisation;
- Providing the resources required to deliver an effective Freedom to Speak Up function;
- Having oversight to ensure the policy and procedures are being effectively implemented.

### The Role of the Freedom to Speak Up Guardian

Freedom to Speak Up Guardians help to improve the experience of staff, protect patient safety and the quality of care they receive and promote organisational learning and improvement. Guardians achieve this by ensuring that staff are supported in speaking up; barriers to speaking up are addressed; a positive culture of speaking up is fostered and issues raised are used as opportunities for learning and improvement.

The Freedom to Speak Up Guardian will:

- Raise the profile of speaking up in Nwas and foster a positive and safe reporting culture;
- Operate independently, impartially and objectively, whilst working in partnership with individuals and groups throughout the organisation, including the senior leadership team;
- Act as a key point of contact for confidential advice and information for staff on raising concerns;
- Support staff who speak up and report if the individual suffers detriment as a result of raising concerns;
- Be a link between staff raising concerns and staff handling those concerns to ensure effective communication and feedback between the two parties;
- Promote learning and implementation of actions identified from staff speaking up;
- Update the Board on the FTSU activity and progress against the strategic objectives;
- Continuously challenge the Board in relation to the FTSU Agenda as per the National Guidance;
- Comply with the National Guardian Office guidance;
- Work closely with the FTSU Champions and support them to highlight and promote the principles of speaking up.

## OUR OBJECTIVES

We will prioritise the following to deliver our vision.

- Staff feel confident in raising a concern and know how to raise it, who to raise it with, and what to expect after they have raised it.
- Staff feel safe to speak up and raise concerns, ensuring the organisation is open to receiving concerns raised by our staff.
- Staff have confidence in the Trust's processes and feel value in speaking up.
- Support the positive development of our organisational culture and ensure that we develop a healthy speaking up culture which aligns, supports and reinforces our wider work on organisational development and cultural change

## Strategic theme 1: Supporting our staff to feel confident about speaking up

### Why are we focusing on this?

We know a strong speaking up culture is one where employees feel empowered to make suggestions, point out wrongdoing and be open about mistakes without fear of reprisal. Organisations with a strong speaking up culture are high performing as they learn from these events and this makes for a safer organisation for staff and patients

**Objective: Staff feel confident in raising a concern and know how to raise it, who to raise it with, and what to expect after they have raised it.**

### How will we do that?

- We will make sure our processes for speaking up are clear, well communicated and accessible to all our staff.
- We will ensure everyone who works in the organisation has appropriate training and easy access to the knowledge and support they need to speak up and to support others to speak up.
- We will ensure managers and senior leaders model the right behaviours to encourage speaking up.
- We will continue to grow a wide and diverse network of Freedom to Speak Up Champions so that all staff have someone independent they can speak to when they have concerns.
- We will promote awareness of Freedom to Speak Up across the Trust, including developing and delivering a focused communications campaign to continually raise awareness of the role of the Freedom to Speak Up Guardian, the Champions, and how to contact them
- We will ensure that groups that may face particular barriers to speaking up, including vulnerable staff, have the knowledge and support they need and that freedom to speak up messages reach these groups (i.e. LGBT, BAME, students, volunteers and new recruits).
- The Board and senior leaders will be visible and work closely with the FTSU Guardian to create an open and transparent culture across NWAS so that every member of staff feels able and safe to speak up about concerns they have within the workplace.

**What will success look like?** We will see a year-on-year-improvement in the awareness of staff about Freedom to Speak Up as evidenced in the annual Staff Survey and in the number of concerns raised with the Trust's Freedom to Speak Up Guardian.

## Strategic Theme 2: Making it safe for our staff to speak up

### Why are we focusing on this?

We know that there are some individuals who are afraid to speak up and some who are less able to speak up - the system has to work for the most vulnerable as only when staff feel safe to speak up will we succeed in building a healthy culture around raising concerns. We must ensure our staff feel psychologically safe and confident to speak up by providing a healthy, supportive environment.

**Objective: Staff feel safe to speak up and raise concerns, ensuring the organisation is open to receiving concerns raised by our staff.**

### How will we do that?

- We will deliver training on receiving and managing concerns to managers at all levels so they know what is expected of them when staff want to raise concerns and are they remain approachable and welcoming.
- We will provide effective support to our staff when they raise concerns, and make sure that our staff know how and where to access that support.
- We will ensure that staff from vulnerable and diverse groups feel safe to speak up and have a positive experience from doing so
- We will thank staff for speaking up and celebrate concerns raised and share the learning to improve patient safety.
- We will foster a culture free from bullying and harassment.
- We will not tolerate the harassment or victimisation of anyone raising a concern - if staff raise a genuine concern under the Freedom to Speak Up Policy, they will not suffer any form of reprisal as a result.
- We will continuously self-assess as a Board to reflect on our commitment to speaking up and identify any improvements required.
- We will consider the national case reviews to ensure that any recommendations and learning for NWS are implemented, where appropriate.

**What will success look like?** We will see increasingly positive feedback from staff following speaking up and we will see fewer concerns raised directly with the National Guardian's Office or with the CQC in the first instance. Together these would indicate that staff feel safe in speaking up at the Trust.

## Strategic Theme 3: Investigating concerns thoroughly and promptly

**Why are we focusing on this?** Staff can refrain from speaking up because of the time it can take to look into matters; not receiving feedback following closure and concerns around sufficient impartiality. Confidence in our processes from start to finish is crucial if our staff are to feel value in speaking up when they are concerned something may be going wrong.

**Objective: Staff have confidence in the Trust's processes and feel value in speaking up.**

**How will we do that?**

- We will establish and maintain clear timescales for undertaking and completing all investigations where concerns are raised.
- We will ensure managers are clear about their roles and responsibilities when handling concerns and are supported to do so effectively.
- We will ensure those appointed to conduct investigations are suitably independent.
- We will provide training for all staff members who lead investigations into concerns.
- We will provide feedback to staff who speak up on what has been done in response to the concerns they have raised
- We will ensure we learn lessons from the concerns that are raised to ensure patients and staff receive outstanding care while respecting confidentiality.
- We will seek feedback from staff who raise concerns so that we continuously improve our approach to speaking up.
- We will ensure monitoring and evaluation of the number and nature of concerns and the timeliness of investigations through regular and robust reporting through established Trust governance structures, including Board reports.
- We will ensure that the FTSU Guardian continues to meet regularly with the Chair, the Chief Executive, the Lead Non-Executive Director and the Lead FTSU Executive to escalate any issues

**What will success look like?**

We will see all investigations concluded in a timely manner, feedback from staff indicating greater confidence in our processes, and increasing number of concerns being raised directly through other routes.

## Strategic Theme 4: Supporting the positive development of our organisational culture

### Why are we focusing on this?

One of the most important factors in shaping people's willingness to speak up is the underlying culture of the organisation. To improve safety and make the health service a better place to work, we need leadership and a culture that places less emphasis on blame when things go wrong and more importance on transparency and learning from mistakes. Establishing a healthy speaking up culture at NWS is an important part of establishing the wider organisational culture we want to see. It also forms part of the wider work on developing a healthy culture for the Trust as a whole.

**Objective: Support the positive development of our organisational culture and ensure that we develop a healthy speaking up culture which aligns, supports and reinforces our wider work on organisational development and cultural change.**

### How will we do that?

- We will ensure that local policies and processes are clear and readily available to all workers, meet latest guidance where they are set and are regularly reviewed and updated.
- We will promote a just culture, focusing on learning and not blaming
- We will be clear on expected behaviours
- We will ensure that establishing a healthy speaking up culture is part of the wider cultural change programme.
- We will ensure that issues relating to culture and organisational development identified through our speaking up processes are fed into our cultural change programme in a timely way so that speaking up has impact.

### What will success look like?

Success in this objective will be measured through the ZEAL cultural change programme metrics.



## MONITORING

A Freedom To Speak Up Annual Report will be presented to the Board each year by the Freedom To Speak Up Guardian and the Executive Lead for Raising Concerns which will include:

- An assessment of the Trust's Freedom to Speak Up Policy and Procedure
- An overview of the cases reported and the themes identified;
- Benchmarking

An update on the Freedom to Speak Up strategy will be presented to the Board every quarter by the Freedom to Speak Up Guardian.

Updates will include:

- An overview of the cases reported and themes identified.
- An overview of progress against the strategy's outcomes and measures.
- Benchmarking data to show how the Trust compares with other Ambulance Trusts nationally.
- Where it can be identified that raising a concern has been a benefit to staff and patients

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# REPORT

**Board of Directors**

<b>Date:</b>	25 <sup>th</sup> November 2020									
<b>Subject:</b>	Covid-19 Wave 2 Command Structure									
<b>Presented by:</b>	Michael Forrest Deputy Chief Executive									
<b>Purpose of Paper:</b>	For Assurance									
<b>Recommendations, decisions or actions sought:</b>	<p>The Board of Directors is asked to support the Wave 2 Command Structure.</p> <p>The Trust needs to consider its response in relation to the severe pressures faced by this Trust and the wider health and care system.</p> <p>A command cell structure was created at the start of the pandemic. The cell met 5 days a week to deal with the immediate threat of the virus to patients and staff. The cell structure was strengthened by the addition of an executive cell 12 hours a day 3 days per week.</p> <p>As the impact of the pandemic reduced the regional assurance meetings were reduced in number. The Trust command cell continued to meet 1 day per week as part of a wider Executive Leadership Committee (ELC).</p> <p>Given the escalation in the transmission of the virus Immediate consideration needed to be given to standing back up an appropriate cell structure.</p> <p>Following consultation with Executive Directors and reflections from the Board survey, the proposal for wave 2 is for a 7 cell structure with 5 of the cells reporting on a daily basis into the oversight group at 8.30am Monday to Friday.</p> <p>The remaining 2 cells will report on a weekly basis on Wednesday as part of the extended ELC. The emphasis will be on improving our service to patients and keeping staff safe and well.</p>									
<b>Link to Strategic Goals:</b>	<b>Right Care</b>	<input checked="" type="checkbox"/>						<b>Right Time</b>	<input checked="" type="checkbox"/>	
	<b>Right Place</b>	<input checked="" type="checkbox"/>						<b>Every Time</b>	<input checked="" type="checkbox"/>	
<b>Link to Board Assurance Framework (Strategic Risks):</b>										
<b>SR01</b>	<b>SR02</b>	<b>SR03</b>	<b>SR04</b>	<b>SR05</b>	<b>SR06</b>	<b>SR07</b>	<b>SR08</b>	<b>SR09</b>	<b>SR10</b>	<b>SR11</b>

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<b>Are there any Equality Related Impacts:</b>			None							
<b>Previously Submitted to:</b>			ELC							
<b>Date:</b>			11 <sup>th</sup> November 2020							
<b>Outcome:</b>			Approved							

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## 1. PURPOSE

The Board of Directors is asked consider and support the recommended changes from the Covid-19 wave one command structure based on the learning from reviewing wave one arrangements and the requirements to both respond to the pandemic and restore key services.

## 2. BACKGROUND

The Trust needs to consider its response in relation to the severe pressures faced by this Trust and the wider health and care system.

A command cell structure was created at the start of the pandemic. The cell met 5 days a week to deal with the immediate threat of the virus to patients and staff. The cell structure was strengthened by the addition of an executive cell 12 hours a day 3 days per week.

As the impact of the pandemic reduced the regional assurance meetings were reduced in number. The Trust command cell continued to meet 1 day per week as part of a wider Executive Leadership Committee (ELC).

Given the escalation in the transmission of the virus Immediate consideration needed to be given to standing back up an appropriate cell structure.

Following consultation with Executive Directors and reflections from the Board survey, the proposal for wave 2 is for a 7 cell structure with 5 of the cells reporting on a daily basis into the oversight group at 8.30am Monday to Friday.

The remaining 2 cells will report on a weekly basis on Wednesday as part of the extended ELC. The emphasis will be on improving our service to patients and keeping staff safe and well.

Directors of each cell where required will identify sub-cells that will be the forum for the discussion and resolution of operational issues. The sub-cell outputs will feed into the main cell and will form the basis for feedback and decision making at ELC.

By way of Illustration the Regulatory Compliance and Safety Cell will have the following sub cells. For information please see appendix 5, which provides information on the Finance, Fleet Logistics Cell.

Sub cell	Lead	Responsible for reporting on:
Infection prevention and Control	Angie Hansen	<ul style="list-style-type: none"><li>• IPC audits (including the AGP audit)</li><li>• IPC bulletins</li><li>• PPE and RPE compliance</li><li>• IPC training materials and compliance</li><li>• Outbreak declaration and management (including the management of documentation)</li><li>• Cleaning protocols and compliance</li></ul>

		<ul style="list-style-type: none"> <li>• Uniform cleaning and compliance</li> </ul>
Regulatory Compliance	Neil Barnes	<ul style="list-style-type: none"> <li>• COVID 19 risk assessments &amp; risk assessment compliance</li> <li>• COVID check points</li> <li>• Protective equipment (screens)</li> <li>• RIDDOR reporting</li> <li>• Regulator queries (CQC, HSE, NHSI)</li> </ul>
Improvement	Joy Furnival	<ul style="list-style-type: none"> <li>• Test, track and trace</li> <li>• IPC improvement – EOC, station and vehicles</li> <li>• IPC stewards</li> <li>• IPC campaign</li> <li>• Hospital handover improvement</li> <li>• See and treat improvement</li> </ul>
Digital	Abigail Harrison	<ul style="list-style-type: none"> <li>• Critical systems</li> <li>• IT project requests for COVID</li> <li>• Information submissions to regulators (TTT, outbreaks)</li> <li>• Safe check developments</li> <li>• Digital sign in (buildings)</li> <li>• Digital signage</li> </ul>

The Workforce sub-cells will include the Trade Union consultations and the Co-Vid vaccine rollout plan with critical care transfers being a feature of the Clinical Cell.

As with the previous arrangements the Trust will retain part 1 and part 2 of ELC, which remains the accountable body for decision making on Covid-19 issues.

As referenced earlier, the Trust is already experiencing severe pressures around performance and resources. As well as its own direct pressures the Trust also has to respond to the challenges faced by stakeholders and their requirements to serve patients.

A key part of the command cell structure will be to ensure that the executive team provide trust managers and staff the support they need to perform at their best and stay safe. The cell structure will require Executive Directors to take a shared responsibility for all the work that the Trust will need to complete.

### 3. BOARD GOVERNANCE

There was a great desire from Board to ensure that although there was a high level of national and regional direction the Board would continue to fulfil its statutory responsibilities.

As part of learning from the first wave a survey of board members was carried out

to review from what went well and where improvements could be made.

Set out below are the comments received on Governance as part of the survey

<b>GOVERNANCE (Positive Comments)</b>
NWAS adjusted its governance to ensure it could operate within the wider structure but was clear on what decisions needed to be taken by the board
I was proud of how the Trust responded and appreciated the willingness of staff to change ways of working and in some cases undertake new roles
The NHSE/I regional and county level infrastructure worked well both in leadership styles and operational delivery.
<b>GOVERNANCE (Areas for Improvement)</b>
The setup of a national ambulance command added complications and I don't understand the purpose or value added given that Board remained accountable for their organisations.
111 contract Extension: This was identified by the chair as requiring board approval and resulted in a very short notice board being called. Whilst the 111 extension is not a direct result of Covid-19, it was suggested that this situation had arisen because of some of the covid-19 pressures.
Need better focus and investment in PPE/supply chain and face fit testing.

In order to strengthen the information and involvement for Non –Executives the CEO carries out briefing sessions and the communication team produce written briefs. A number of Non Executives also have a direct link into projects or services to enhance their understanding of the service.

A full response to the board survey will be the subject of a further report that will pick up wider matters and areas of good practice and improvements.

From March – July 2020 only one Assurance Committee had to be stood down and a full programme of meetings is now back in place.

All scheduled Board meeting went ahead and a number of special board meetings were held to deal with urgent matters.

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

There are no legal issues requiring consideration for this paper.



**5. RECOMMENDATIONS**

The Board of Directors is asked to support the Wave 2 Command Structure.

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**NORTH WEST AMBULANCE SERVICE NHS TRUST  
STRATEGIC DELIVERY AND PERFORMANCE CELL  
TERMS OF REFERENCE**

**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 Executive Leadership Committee hereby resolves to establish a time limited working group known as the Strategic Delivery and Performance Cell (*hereinafter referred to as 'the Group'*). The Group has no executive powers.

The Group is established in response to the developing COVID-19 outbreak and in expectation of an extended period of exceptional pressure.

**2. MEMBERSHIP**

The Group shall comprise the following membership:

Director of Operations (Chair)	Deputy Director of Operations (Deputy Chair)
Head of Service - 111	Head of Service – Operations
Head of Service – EOC & Clinical Hub	Head of Service - PTS
ROCC Tactical Commander	Regional Planning Manager
Assistant Director of Estates & Fleet	Deputy Director of People
Assistant Director Workforce & Organisational Development	Chief Consultant Paramedic
	Associate Director of Transformation
Chief Nurse	Head of Finance
Chief of Digital and Innovation	Head of Communications & Engagement
Head of Procurement	Head of Risk & Assurance

There is an expectation that members will attend all meetings unless on annual leave or absent from work.



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

The quorum necessary for the transaction of Group business shall be at least the Chair or Deputy Chair plus at least six other members.

### **3. ACCOUNTABILITY**

The Group's authority is as set out in the NWS Scheme of Delegation.

### **4. REVIEW ARRANGEMENTS**

Any changes to the Terms of Reference must be recommended to the Executive Leadership Committee for approval.

### **5. WORKING METHODOLOGY**

The Group will normally meet five days per week. The Chair may, however, call a meeting at any time.

The Committee shall be supported administratively by the Corporate Governance Department and an action log shall be produced and checked by the Chair and submitted for agreement and update at the next meeting.

### **6. DUTIES AND INTERRELATIONS**

The main functions of the Group are to:

- i. Ensure that Trust Accountable Emergency Officer is sighted and assured on the Trust responses to COVID-19.
- ii. Review operational status of the Trust – provided by the Chair
- iii. Review and approve plans for internal transformation and changes.
- iv. Proactively identify risks and mitigations to delivery of service

### **7. DELEGATED AUTHORITY**

The meeting is a management meeting and any decisions made will be made in accordance with the delegated authority of the individuals in attendance in the same way those individuals make management decisions in relation to their remit and authority.

It is important for all attendees to ensure that decisions taken are not “ultra vires” and that where necessary; decisions are escalated in accordance with the Scheme of Delegation.

### **8. INWARD REPORTING ARRANGEMENTS**

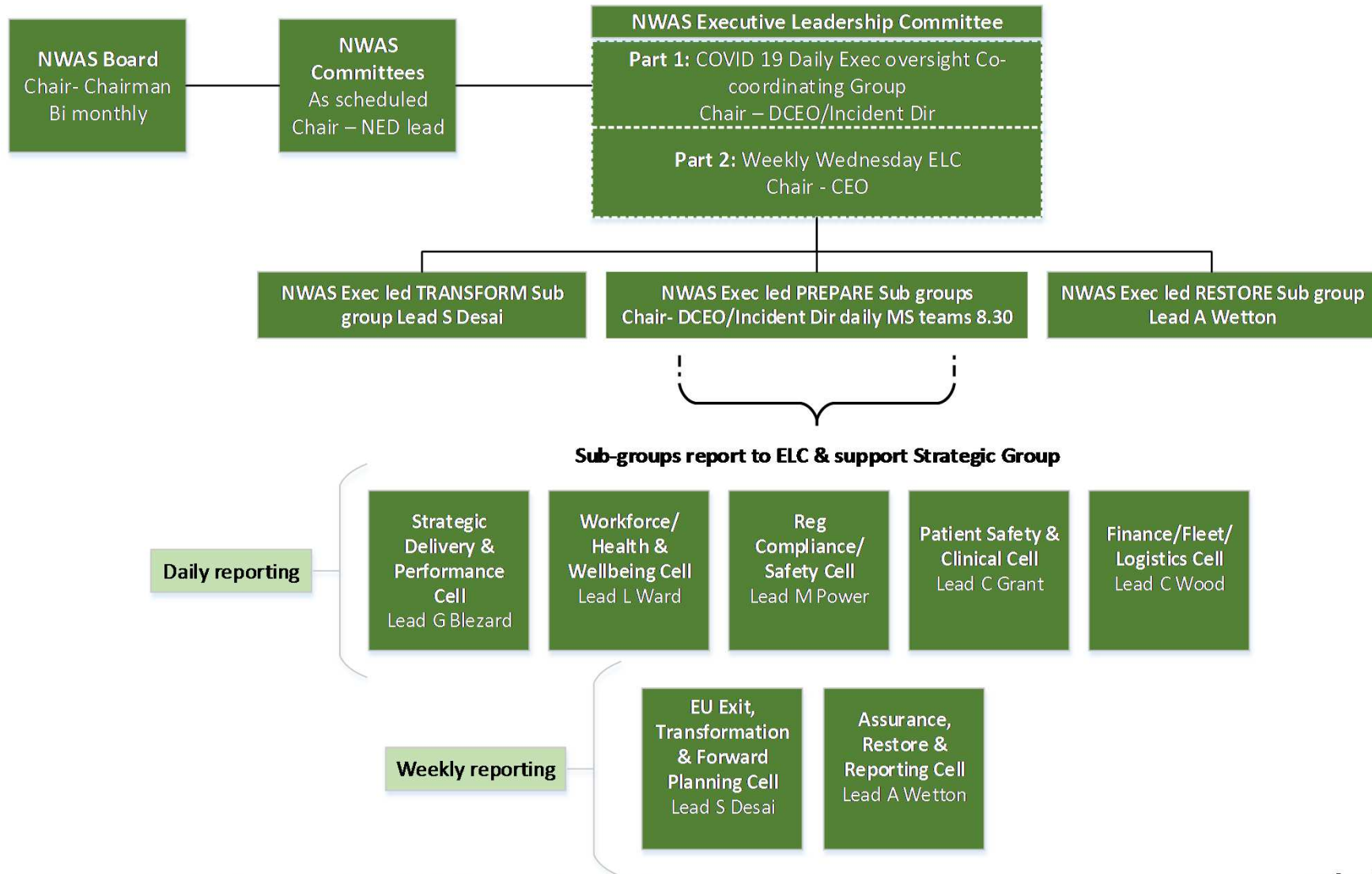
None.



# NWAS Incident Command Governance Structure

27<sup>th</sup> October 2020- v.04

# NWAS Delivery Structure

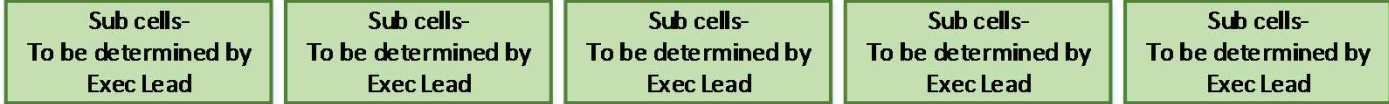


# NWAS Senior Delivery Sub-Cells

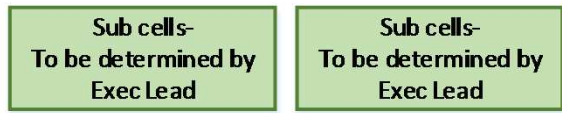
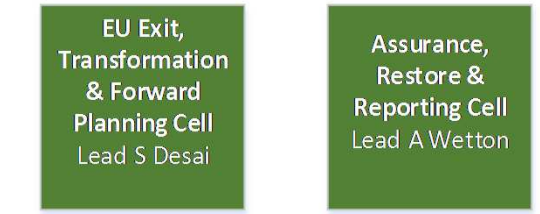
NWAS Exec led PREPARE Sub groups  
Chair- DCEO/Incident Dir daily MS teams 8.30

Sub-groups report to ELC & support Strategic Command

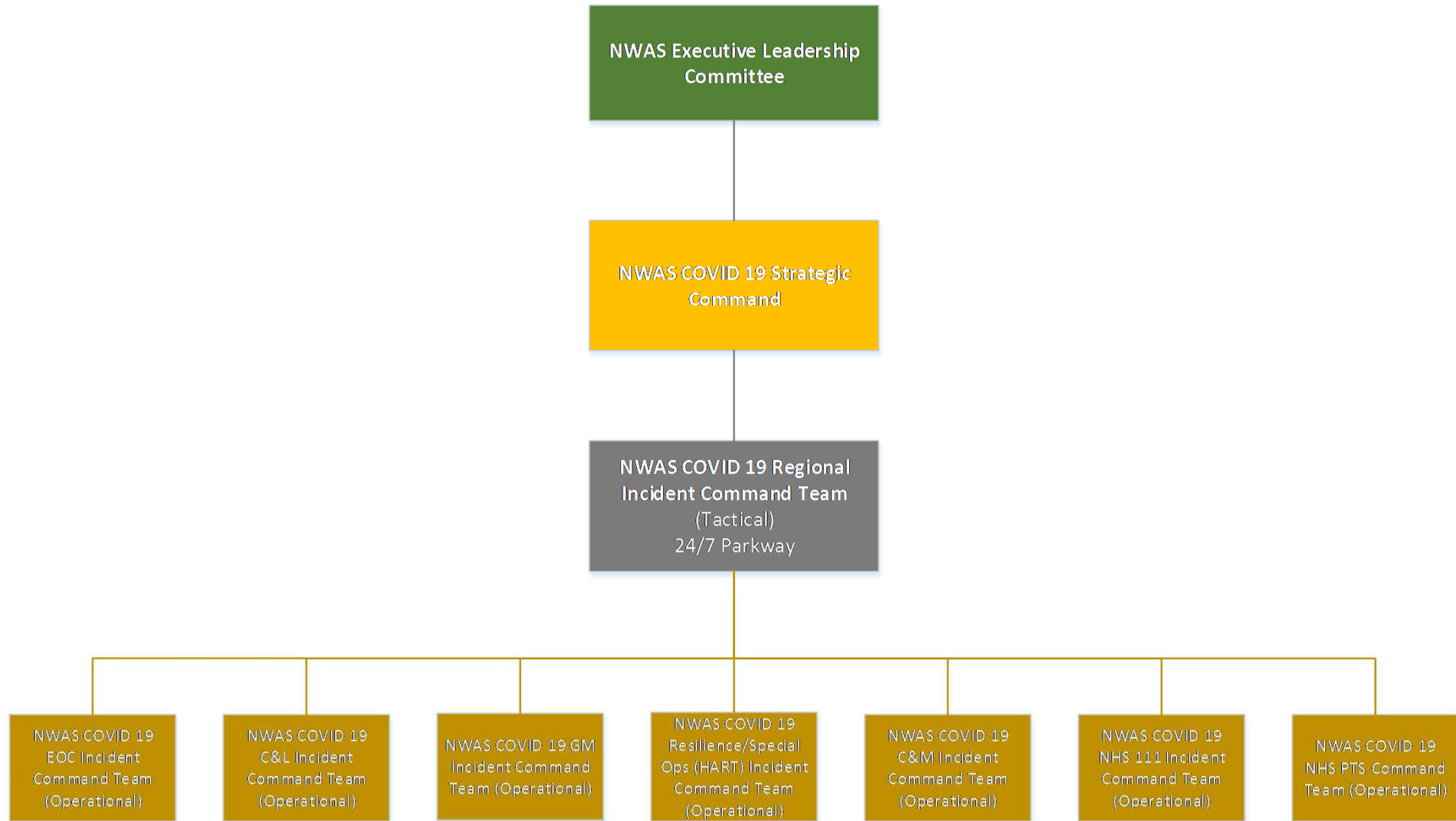
Daily reporting



Weekly reporting



# NWAS Covid-19 Command Structure

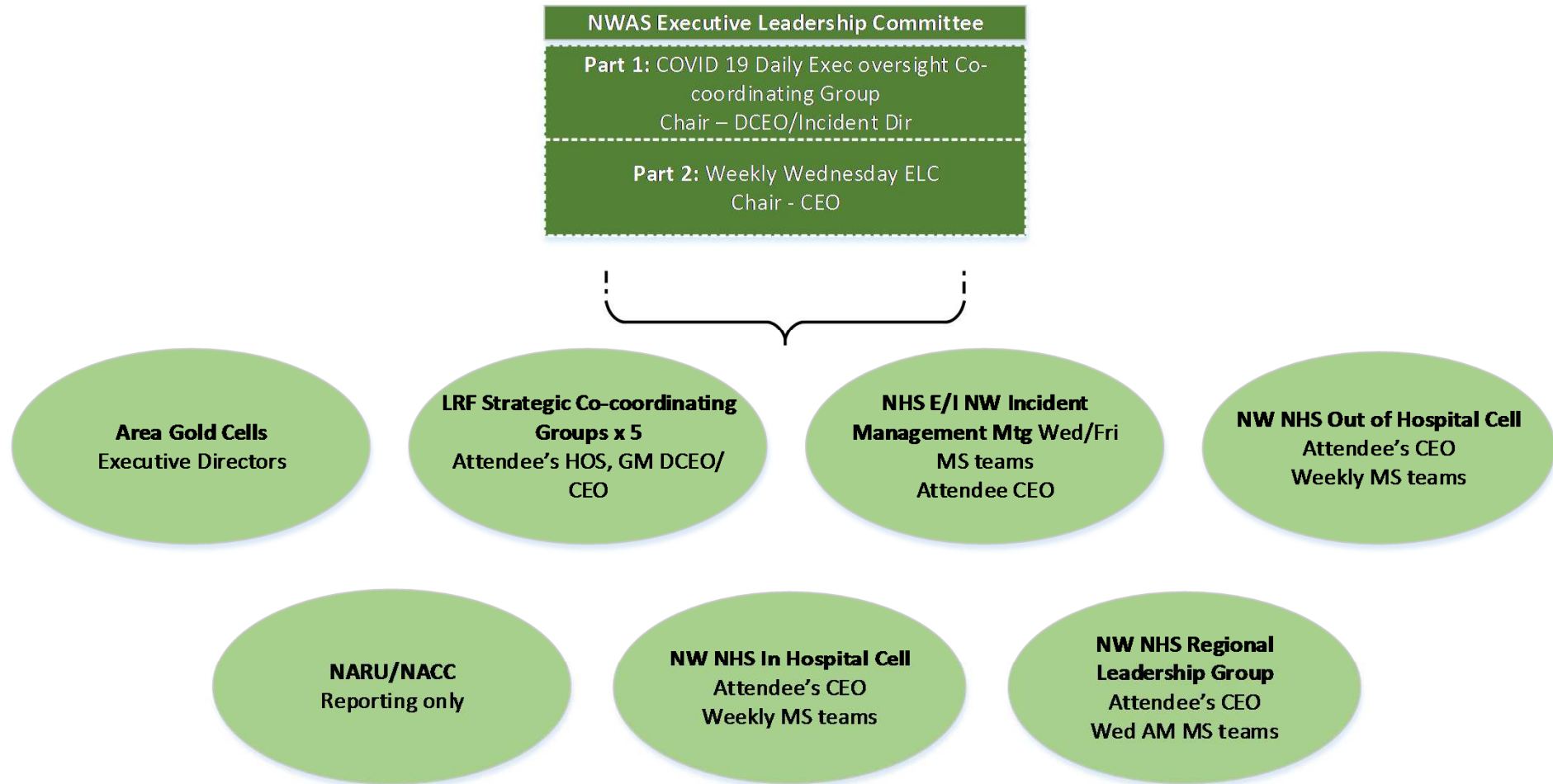


Delivering the right care, at the right time, in the right place

v4 27/10/20



# External Collaboration



# Any questions?

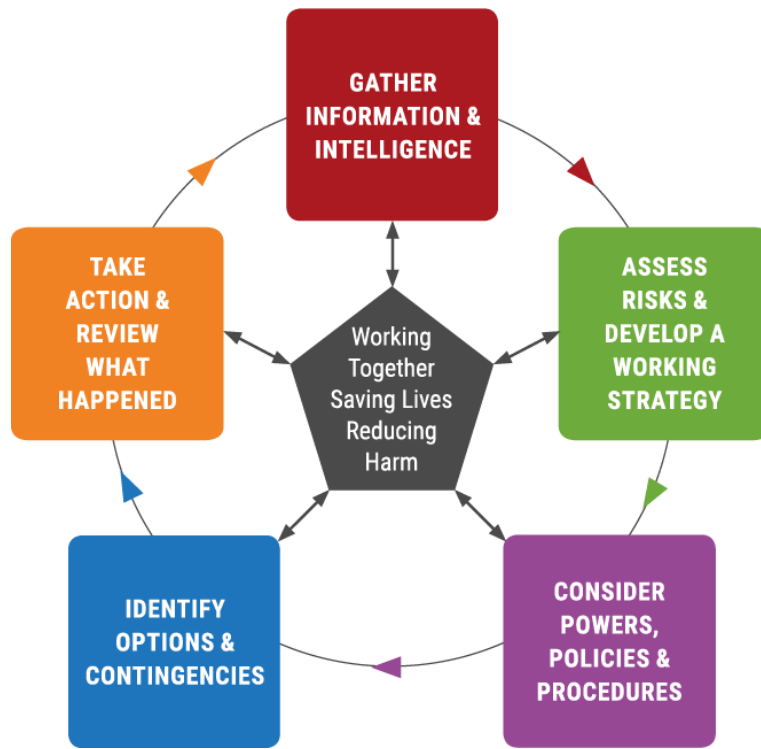
**North West Ambulance Service NHS Trust**

**EXECUTIVE LEADERSHIP COMMITTEE  
PART 1 - COVID 19 EXECUTIVE OVERSIGHT CO-ORDINATING GROUP v3 from 28<sup>th</sup> Oct 20  
Daily Telecon at 8.30am and regular Wednesday meeting**

**MS Teams**

**AGENDA**

<b>Item No</b>	<b>Agenda Item</b>	<b>Purpose</b>	<b>Lead</b>
1.	Welcome and Apologies	Assurance	Chair (CEO or DCEO)
2.	Minutes and Action Log <b>(Wednesday meeting only)</b>	Information	Chair
3.	Situational briefing Exec led Cells <b>(PREPARE):</b>		
3.1	➤ Duty Strategic Commander SITREP	Gather Information and Intelligence	Duty Commander
3.2	➤ Strategic Delivery & Performance Cell		G Blezard
3.3	➤ Workforce/Health & Wellbeing Cell		L Ward
3.4	➤ Reg Compliance/Safety Cell (TTT, Outbreaks,IPC)		M Power
3.5	➤ Patient Safety & Clinical Cell		C Grant
3.6	➤ Finance/Fleet/Logistics Cell (PPE, Stock, Cleaning)		C Wood
4.	Situational briefing Exec led work streams <b>(TRANSFORM): (Wednesday meeting only)</b>		
4.1	➤ EU Exit, Transformation & Forward Planning Cell	Gather Information and Intelligence	S Desai
5.	Situation briefing Exec led work streams <b>(RESTORE): (Wednesday meeting only)</b>		
5.1	➤ Assurance, Restore & Reporting Cell	Gather Information and Intelligence	A Wetton
6.	Risks/Urgent issues requiring attention	Decision	Chair
7.	Policies and Procedures <b>(Wednesday meeting only)</b>		Chair/All
8.	Contingency Plan <b>(Wednesday meeting only)</b> ➤ Strategic Aims & Priorities	Information	Chair /All
9.	AOB	Information	All
10.	Next Steps/Actions	Decision	Chair



**NORTH WEST AMBULANCE SERVICE NHS TRUST  
TERMS OF REFERENCE – DAILY EXECUTIVE OVERSIGHT CO-ORDINATING  
GROUP**

**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 Executive Leadership Committee hereby resolves to establish a time limited Daily Executive Oversight Co-ordinating Group (*hereinafter referred to as 'the Group'*). The Group has no executive powers, other than those specifically delegated within these terms of reference.

The Group is an executive meeting to make Trust wide decisions relating to performance, patient and staff safety, clinical priorities and COVID19 pressures.

**2. MEMBERSHIP**

The Group shall comprise the following membership:

- Deputy Chief Executive (Chair)
- Director of Operations (Deputy Chair)
- Director of Finance
- Medical Director
- Director of Quality, Innovation and Improvement
- Director of People
- Director of Strategy and Planning
- Director of Corporate Affairs
- Chief Executive

There is an expectation that members will attend all meetings unless on annual leave or absent from work.

Other Officers of the Trust shall attend at the request of the Group in order to present and provide clarification on issues and with the consent of the Chair will be

permitted to participate in the debate.

The quorum necessary for the transaction of Group business shall be at least the Chair or Deputy Chair plus at least three other members.

### **3. ACCOUNTABILITY**

The Group's authority is as set out in the NWS Scheme of Delegation.

### **4. REVIEW ARRANGEMENTS**

Any changes to the Terms of Reference must be recommended to the Executive Leadership Committee for approval.

### **5. WORKING METHODOLOGY**

The Group will normally meet five days per week. The Chair may, however, call a meeting at any time.

The Committee shall be supported administratively by the Corporate Governance Department and an action log shall be produced and checked by the Chair and submitted for agreement and update at the next meeting.

### **6. DUTIES AND INTERRELATIONS**

The Group is established to ensure the Trust continues to meet immediate priorities and that mechanisms are used to facilitate:

- Prepare
- Transform
- Restore

The main functions of the Group are to:

- i. ensure continued fast paced, cross directorate collaboration
- ii. ensure all Executive Directors up to date with the Trust's position across all immediate priorities and make recommendations to improve performance.

### **7. DELEGATED AUTHORITY**

The meeting is a management meeting and any decisions made will be made in accordance with the delegated authority of the individuals in attendance in the same way those individuals make management decisions in relation to their remit and authority.

It is important for all attendees to ensure that decisions taken are not "ultra vires" and that where necessary; decisions are escalated in accordance with the Scheme of

Delegation.

## **8. INWARD REPORTING ARRANGEMENTS**

The Group will receive headline Key Performance Indicators relating to operational performance daily.

The Performance Meeting on Tuesday will inform of emerging trends and concerns.

On Thursday the operational requirements for the forthcoming weekend will be clarified.

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**NORTH WEST AMBULANCE SERVICE NHS TRUST  
FINANCE, FLEET & LOGISTICS CELL  
TERMS OF REFERENCE**

**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 Director of Finance hereby resolves to establish a time limited working group known as the Finance, Fleet & Logistics Cell (*hereinafter referred to as 'the Group'*). The Group has no executive powers.

The Group is established in response to the developing COVID-19 outbreak and in expectation of an extended period of exceptional pressure.

**2. MEMBERSHIP**

The Group shall comprise the following membership:

- Director of Finance (Chair)
- Deputy Director of Finance (Deputy Chair)
- Assistant Director of Estates, Fleet & Facilities Management
- Head of Property and Projects
- Head of Fleet and Logistics
- Head of Facilities Management
- Head of Procurement
- Heads of Finance (x3)
- Head of Technical Accounts

There is an expectation that members will attend all meetings unless on annual leave or absent from work.

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



The quorum necessary for the transaction of Group business shall be at least the Chair or Deputy Chair plus at least four other members.

### **3. ACCOUNTABILITY**

The Group's authority is as set out in the NWAS Scheme of Delegation.

### **4. REVIEW ARRANGEMENTS**

Any changes to the Terms of Reference must be agreed by the Group.

### **5. WORKING METHODOLOGY**

The Group will normally meet weekly days per week. The Chair may, however, call a meeting at any time.

The Group shall be supported administratively by the Corporate Governance Department and an action log shall be produced and checked by the Chair and submitted for agreement and update at the next meeting.

### **6. DUTIES AND INTERRELATIONS**

The main functions of the Group are to:

- i. Ensure that business conducted during incident COVID-19 command and delivery structures complies with the limits defined in the Trust Scheme of Delegation, Standing Orders, and Standing Financial Instructions
- ii. Support Strategic Command and report to the Executive Leadership Committee on the status of issues under the remit of the Group
- iii. Review and approve plans for internal transformation and changes under the remit of the Group
- iv. Proactively identify risks and mitigations to delivery of service

### **7. DELEGATED AUTHORITY**

The meeting is a management meeting and any decisions made will be made in accordance with the delegated authority of the individuals in attendance in the same way those individuals make management decisions in relation to their remit and authority.

It is important for all attendees to ensure that decisions taken are not "ultra vires" and that, where necessary, decisions are escalated in accordance with the Scheme of Delegation.

### **8. INWARD REPORTING ARRANGEMENTS**

None.



# REPORT

<b>Board of Directors</b>	
<b>Date:</b>	25 <sup>th</sup> November 2020
<b>Subject:</b>	Integrated Performance Report
<b>Presented by:</b>	Director of Quality, Innovation and Improvement
<b>Purpose of Paper:</b>	For Assurance
<b>Executive Summary:</b>	<p>The Integrated Performance Report for November 2020 shows performance on Quality, Effectiveness, Finance, Operational Performance and Organisational Health during October 2020 unless otherwise stated.</p> <p>The highlights from this <b>October</b> report are as follows;</p> <p><b>Quality</b></p> <ul style="list-style-type: none"> <li>• The Trust is on track with its strategic goal of reducing complaints. The month average is 26 complaints per 1000 WTE staff, against a strategy goal of 31.</li> <li>• 59% of level 1-3 complaints were closed within agreed SLA which meets the strategy goal for Q2 and 9% of level 4-5 complaints were closed within SLA which is below the strategy goal for Q2 of 50%.</li> <li>• 1617 incidents were reported, of which 26 are unscored for September and 120 were unscored for October.</li> <li>• Incident closure rates have improved to: 88% level 1-3 (above strategy goal of 85) and 62% for Level 4-5 (below strategy goal of 80%).</li> <li>• 5 Serious Incidents were reported.</li> <li>• There were 7 new safety alerts which were all reviewed, actioned and closed.</li> </ul> <p><b>Effectiveness</b></p> <ul style="list-style-type: none"> <li>• Ambulance quality indicators demonstrate movement in our national position both positive and negatively for February. Details for March, April and May will be supplied when available, during this time period reporting was</li> </ul>

suspended due to Covid-19. Data for June show all measures within normal variation.

- Hear & Treat performance was 10.6% for October and in line with previous months, NWS maintained its position as a national leader.
- See and Treat performance in October and since June has been around 29.8%
- The investment in transformation programmes (clinical hub, GM CAS, EMT and paramedic upskilling with pathfinder and Manchester Triage system) have resulted in a systematic reduction in see and convey since March with this month at 59.6%

Month	H&T	S&T	S&C
October	10.6%	29.8%	59.6%

### Patient Experience

- FFT suspended nationally

### Finance

- The Financial Risk Rating metrics have been suspended and will return when then new operating framework is launched after transition from the Covid-19 financial framework.

### Patient Emergency Service (PES)

- Call Pick Up performance was 80.1%.
- Average hospital turnaround time was 32 minutes 32 seconds across the North West which is below the commissioned standard of 34m.

### ARP Performance

	Standard	Actual
C1 (Mean)	7:00	8:03
C1 (90 <sup>th</sup> )	15:00	13:22
C2 (Mean)	18:00	45:40
C2 (90 <sup>th</sup> )	40:00	1:40:28
C3 (Mean)	1:00:00	2:18:38
C3 (90 <sup>th</sup> )	2:00:00	5:36:30
C4 (90 <sup>th</sup> )	3:00:00	5:57:11

- C1 Mean and 90th both Spike for 1 day on the 1st October due to an incident involving the evacuation of Estuary Point and loss of C3.
- Only C1 90th centile was achieved in October. All other standards are not being achieved. The primary reason for this is related to COVID 19 abstractions.

- Another contributing factor is the loss of resource due to increased handover delays which equated to 2336 hours or 97 24/7 ambulances.

### NHS 111

	Standard	Actual
Calls Within 60s	95%	24%
Average Time to answer		10min 26s
Abandoned Calls	<5%	26.68%
Call back Within 10 min	75%	8%
Average Call Back		1hour 14min
Warm Transfer to Nurse	75%	34%

- Performance throughout October was particularly challenged due to the marked increase in staff absence relating to Covid. On average in October 360 operational hours have been lost daily. This peaked on the 18th October at 513 operational hours, which equates to around 40% loss.

### PTS

- Activity in October for the trust was 38% below contract baselines, whilst the year to date position (July 2020 – October 2020) is performing at 41% below baseline. This is due to Covid-19.

### Organisational Health

- **Sickness:** The overall sickness absence rate for the latest reporting month (September 2020) was 6.35%.
- **Turnover** was 7.19%.
- **Agency:** Despite the impact of Covid-19 agency costs at the trust stand at 0.7% in September.
- **Vacancy:** Positions across the trust are under establishment by 3.31%. This is mainly as a result of establishment changes in 111
- **Appraisal:** The overall appraisal completion rate was 75.78% against a revised trust target of 85% this is lower than 95% due to the effect of Covid-19.
- **Mandatory Training:** The trust is 80% compliant against a target of 95%. This is due to the impact of Covid-19 and the addition of new topics for the

	<p>current years cycle of training. The target of 95% will be met by March 2021, a plan is in place to achieve this.</p> <ul style="list-style-type: none"> <li>• <b>COVID 19</b> There have been 343 instances of staff that have tested positive for Covid-19 in October 2020 with 457 instances since July. There have been 28 Outbreaks on trust sites since July 2020.</li> </ul>
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<b>Recommendations, decisions or actions sought:</b>	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>• Note the content of the report</li> <li>• Note the impact on performance of COVID-19 staff abstractions</li> <li>• Clarify any items for further scrutiny</li> </ul>
--	--

<b>Link to Strategic Goals:</b>	<b>Right Care</b>	<input checked="" type="checkbox"/>	<b>Right Time</b>	<input checked="" type="checkbox"/>
	<b>Right Place</b>	<input checked="" type="checkbox"/>	<b>Every Time</b>	<input checked="" type="checkbox"/>

**Link to Board Assurance Framework (Strategic Risks):**

<b>SR01</b>	If we do not deliver appropriate safe, effective and patient-centred care, this may impact on the Trusts' compliance with regulatory requirements for quality and safety	<input type="checkbox"/>
<b>SR03</b>	If we do not meet national and local operational performance standards through transition to an integrated service model within the funding envelope, this may impact on providing timely patient care	<input type="checkbox"/>

<b>Are there any Equality Related Impacts:</b>	
<b>Previously Submitted to:</b>	
<b>Date:</b>	
<b>Outcome:</b>	

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## 1. PURPOSE

The purpose of this report is to provide the Board of Directors with an overview of integrated performance on an agreed set of metrics required by the Single Oversight Framework up to the month of October 2020. The report shows the historical and current performance on Quality, Effectiveness and Operational performance. Where possible it includes agreed regulatory and practice standards. It also includes information about the performance of peers to address three important assurance questions:

- How are we performing over time? (as a continuously improving organisation)
- How are we performing with respect on strategic goals?
- How are we performing compared with our peers and the national comparators?

## 2. INTEGRATED PERFORMANCE SUMMARY

### Quality

#### Q1 – Complaints and Compliments

In October 2020, 161 complaints were received, against a 12 month average of 142 per month. 113 compliments were received this month. The Trust is on track with its strategic goal of reducing complaints. The month average is 26 complaints per 1000 WTE staff, against a strategy goal of 31.

A total of 158 complaints were closed in October 2020 (147 cases were risk scored 1-3 and 11 were risk scored 4-5). 59% of level 1-3 complaints were closed within agreed SLA which meets the strategic goal for Q2 and 9% of level 4-5 complaints were closed within SLA which is below the strategy goal for Q2 of 50%.

#### Q2 – Incidents

In August 2020, 1617 incidents were opened this compares to 12 month average of 1290. The increase in incident reports against the average attributable to the reporting of ALL staff with a positive Covid-19 result which is necessary to trigger the investigation required for RIDDOR reporting. 26 incidents are unscored for September and 120 are unscored for October. Incident closure rates have improved to: 88% level 1-3 (above strategy goal of 85) and 62% for Level 4-5 (below strategy goal of 80%).

#### Q3 - Serious Incidents (SIs)

5 Serious Incidents (SIs) were reported in October 2020. 4 SI reports were due with the commissioners and 3 out of the reports were submitted within the 60 day timescale. One report was delayed with an agreed extension. 1 SI relates to the fire at Estuary Point on the 1st October which resulted in a significant impact to service delivery with operations on paper. A summary of what we understand to have happened technically and assurance that any outstanding risks are mitigated was reported to the Resources Committee. Since the incident a full de brief was facilitated by the resilience team and operational report produced. An investigation is under way bringing in multiple incidents that were raised. The investigation will include why the site was evacuated, the route cause, ops, IT and estates responses and impact to patient care.

#### Q5 - Safety Alerts and Health and Safety

There have been 7 new alerts in October 2020. The total number of CAS/NHS Improvement alerts received between November 2019 and October 2020 is 26, with 1 alert applicable. 42 MHRA Medical



Equipment Alerts have been received with 1 applicable alert. 64 MHRA Medicine alerts have been received, with no alerts applicable. 2 IPC alerts have been received, with 2 alerts applicable.

## **Effectiveness**

### **E1 - Patient Experience**

Because of the COVID -19 pandemic in March 2020, NHS England suspended the FFT process at the end of Q4, resulting in no submission of March data in April reporting window.

### **EOC**

This suspension resulted in a substantive drop in the number of PES FFT returns from 25 in March to 2 in April 2020 (92%). As to be expected, this low rate of return has continued throughout the period of cessation, with returns for September and October being the same as those at Q1. Satisfaction rates remain at 100%. Currently there are no national figures to enable trust-ranking analysis. Previously the trust held second place in terms of number of returns – for both January and February 2020.

National collection of FFT PES data, for those trusts which elected to continue to collect it following the national revision which took effect in April 2020, recommenced in November 2020\* with reporting required in December. \*NWAS intend to continue collection as well as participating in co-production work with patient groups.

### **PTS**

As reported above, the cessation of FFT nationally, led to a substantive drop of returned PTS FFT responses, from 521 in March to just 1 in April 2020 (99.8%). October saw an increase in return rate from 1 in September to 4 in October. Satisfaction rates remain at 100%. Previously on the national stage, in February and January, the trust held second place in relation to number of returns. In terms of satisfaction, the trust had dropped from first to second position. (February 2020 data).

National collection of FFT PTS data recommenced in November 2020 with reporting required in December.

### **NHS 111**

NHS 111 surveys have continued to be nationally mandated throughout the pandemic. The number of NHS 111 returns increased from 200 in August to 267 in September (33.5%). The drop in the number of October returns was due to a technical issue encountered with the migration to the new Cleric system that saw a 4 week delay in the generation of the required data files needed for sending out the surveys. There was a drop of 1.2% in satisfaction levels from 97.5% for August to 96.3% in September. The subsequent drop in satisfaction in October of 86.4% (9.9%) can be partially attributed to the very low level of return, just 22.

## **E2 – ACQIs**

### **Effectiveness**

Ambulance quality indicators demonstrate movement in our national position both positive and negatively for February. In February, 4.8% of patients suffering an out of hospital cardiac arrest survived to hospital discharge (national mean 7.2%). This performance fell below the lower control limit; the first time since 2017 this has occurred. The Trust's Resuscitation Group have undertaken a comprehensive review with correlation to an increased number of termination of resuscitation attempts and category 1 performance which coincides with the first wave of Covid-19. The figure for the Utstein sub-group was 13.5% (national mean 20%). This performance saw the Trust ranked 9th for both categories for English ambulance trusts.

The rates of the Return of Spontaneous Circulation (ROSC) achieved during the management of patients suffering an out of hospital cardiac arrest for the Utstein group was 48.6% (national mean 49%), ranking 7th nationally. For the overall group the rate was 23.6% (national mean 29.5%) ranking the Trust in 10th position nationally.

Mean call to PPCI time for patients suffering a myocardial infarction was outside of the national mean of 2h 12mins; the Trust's performance was 2h 23mins for these patients. Mean call to door time for patients suffering a hyper acute stroke was marginally better than the national mean of 1h 20mins; the Trust's mean response to these patients was 1h 19mins.

The Stroke care bundle result of 98.4% was fractionally ahead of the national mean of 98.3%. Care bundle data for acute STEMI and sepsis was not published for February as is consistent with the NHSE reporting schedule.

Data for June show all measures within normal variation.

### **E3 – H&T, S&T & S&C Outcomes**

**Hear & Treat Performance** for October 2020 was 10.6% with the number of incidents with no face to face response totalling 10,377. Nwas was the top performing ambulance Trust for Hear & Treat throughout the month of October, building on previous months of consistent delivery. During the second wave of COVID-19 subsided we have again seen Hear and treat increase. To support patient safety throughout the Trust the Clinical Hub continued to increase its support to the wider Emergency Operations Centre environments with initiatives such as the Clinical Coordination Desk trial. The Greater Manchester Clinical Assessment Service (CAS) trial continued with its increased capacity which is helping to deliver strong hear & treat performance as in other areas with CAS provision.

**See and Treat** for October continues to hold at 29% since June 2020, with a slight increase in the percentage although far from the height of 36.5% in April. The NHS Service Finder has recently been made available to all operational staff via the GETAC devices on each Ambulance. Over the coming months the Reducing Avoidable Conveyance project will seek to socialise the use of the NHS Service Finder as an alternative to current internal paper-based directory of available pathways. Work has been undertaken to include all internal available pathways on NHS Service Finder in readiness. It is anticipated that this will offer increased opportunities to reduce safe avoidable conveyance.

**See and Convey.** Investment in transformation programmes (clinical hub, GM CAS, EMT and paramedic upskilling with pathfinder and Manchester Triage system) have resulted in a systematic reduction in see and convey since March and in October at 59.6 there is a point on the lower control limit.

### **Finance**

#### **F1 – Finance**

For the seven months of the Covid-19 framework, the 2020/21 monthly financial returns have been redesigned to collect a minimum dataset to reduce the burden on organisations wherever possible, whilst maintaining a monthly data collection process.

The Financial Risk Rating metrics have been removed and will be added back once the new operating framework is launched after transition from the Covid-19 financial framework.

### **Operational**

#### **PES Activity**

### OP1 – Call Pick Up

For October 2020, call pick up in 5 seconds performance was at 80.1.7%. 21,549 calls took longer than 5 seconds to pick up. Mean call answering has increased to 13 seconds. The reasons for this are likely to be multifactorial and include increase in call volume (figure 01.1). This is also influenced by increases in staff abstractions which are impacting on the deployment of the call handling workforce. The call volume has returned (and at points increased) to historic seasonal levels. There has also been an increase in secondary (repeat) calls into the service. In October the Trust also supported Yorkshire Ambulance Service (YAS) in answering in excess of 5k of their emergency calls due to a COVID 19 outbreak and staff high abstractions within the EOC at Yorkshire Ambulance Service. This support has now ceased.

The increase in activity and abstractions are being mitigated through tactical movement of workforce. Additional recruitment of EOC workforce has been approved and will provide greater resilience. It is anticipated that call volume will continue to increase as we move towards winter. It should be noted that activity has the potential to spike upwards as the prevalence of COVID is still high within the North West footprint.

### OP2 – Hospital Turnaround

Performance for the month of August shows a hospital turnaround time of 32 minutes 32 seconds across the North West. This shows a deterioration in performance from previous positions. This is due to an increase in lost emergency ambulance hours at the Emergency Departments. For October this equated to 2,483 lost hours. The trust is continuing to work with NW NHSE&I and the Acute trusts to address the increase in handover time. The Every Minute Matters work is currently paused due to Covid-19, however the trust is in dialogue with NHSE&I with a view to starting phase three.

Issues with patients waiting outside the A&E department following arrival by ambulance have been raised with regulators and are now being monitored by ELC on a weekly basis. Key clinical risks have been escalated to ELC and Q&P committee.

Since the end of August 2020 delayed admissions to hospitals have become an increasing problem for trust. During the week commencing 26th October there were 130 instances where patients were held in the back of the ambulance after arrival at hospital. Since August there have been 636 occasions where this has occurred. The average length of these delays was 70 minutes. In total just over 702 hours have been lost to the trust because of this issue. There are ongoing investigation within the trust to understand and address the delayed admissions.

### OP3 – ARP Standards

	C1 Mean	C1 90th	C2 Mean	C2 90th	C3 Mean	C3 90th	C4 90th
October 2020	00:08:03	00:13:22	00:45:40	1:40:28	02:18:38	05:36:30	05:57:11
Target	00:07:00	00:15:00	00:18:00	40:00	01:00:00	02:00:00	03:00:00

C1 Mean and 90th both Spike for 1 day on the 1st October due to an incident involving the evacuation of Estuary Point and loss of C3. An investigation is being completed jointly by Estates, IT and Operations to understand the root cause and identify any lessons learned.

Only C1 90th centile was achieved in October. All other standards are not being achieved. The primary reason for this is a mismatch between demand and resource levels. Resource levels have been inadequate for a number of years, with the exception of 2 months this year, and the additional impact of COVID 19 abstractions has resulted in challenges in delivering more double crewed ambulances to meet demand. To combat this the Trust has increased additional resources from third party providers, increased the scope of practice for these providers, paused non-essential staff release and is focused on maximising operational resources to meet the needs of patients.

C2 long waits have increased which is a significant patient safety concern. A new process for managing waiting calls is being piloted in the EOC which brings consistency and a safety aspect to escalating waiting calls.

In the national comparator data for August we rank 11th on all measures except for C1 where we are 9th.

The biggest contributor to the decline in all our standards has been COVID 19 related absences. In October we lost 6064 days of staffing due to being COVID 19 positive, TTT or self isolating. In recent weeks the changes implemented above have taken effect. The Trust has now improved to middle and lower quartiles in comparison with other trusts.

#### **OP4 – 111**

Performance throughout October was particularly challenged. This was due to the marked increase in staff absence relating to Covid, with staff either isolating or having a positive test result.

Throughout October on average 360 operational hours have been lost daily. This peaked on the 18th October at 513 operational hours, which equates to around 40% loss.

Asymptomatic swabbing was also introduced and offered to staff on 30th October, in the absence of data available to managers around the outcomes of the swabbing it is not thought to have had a significant contribution to the losses seen in the service.

In order to support performance NHS England agreed to support NWS by implementing National contingency at 30%, this was put in place on 6th November, this was in recognition that the service had suffered a significant staff loss and consequent pressures on performance. This allowed the service to continue to deliver but with a reduced volume of calls. The contingency support was removed on the 12th November and performance during the contingency period was between 60% and just over 90%.

#### **OP5 – PTS Activity**

Overall activity during Oct 2020 was 38% below contract baselines with Lancashire 45% below contract baselines whilst Merseyside is operating at -29% (-7165) Journeys below baseline. For the year-to-date position (July 2019 - Oct 2020) PTS is performing at -41% (-217032 journeys) below baseline. Within these overall figures, Cumbria and Lancashire are operating at 47% and 48% below baseline whilst Greater Manchester and Merseyside are operating at 37% and 31% below baseline respectively.

In terms of unplanned activity, cumulative positions within Greater Manchester and Merseyside are 32% (4184 journeys) and -14% (-1009 journeys) above baseline respectively. As unplanned activity is generally of a higher acuity requiring ambulance transportation, increased volumes in this area impact on resource availability leading to challenges in achieving contract KPI performance. Cumbria and Lancashire are -46% (-2298 journeys) and -25% (-4734 journeys) below baseline.

In terms of overall trend analysis, Greater Manchester has experiencing upward activity movement for the 12 months up to around October 2018 where activity has plateaued. Lancashire has experienced a downward trend over the same period which is also plateauing whilst Cumbria and Merseyside are experiencing relatively consistent levels of activity.

### **Workforce**

#### **OH1 – Sickness**

The overall sickness absence rates for September 2020 were 6.35% with figure OH1.1 displaying a stable position within control limits. This includes COVID-19 related sickness of 0.84%.

111 have shown good improvements compared to last year, September figures for non COVID-19 sickness were 6.82% which is a significant reduction from the same period last year which was 11.31%. PTS sickness was 7.75% which is slightly higher than last year. PES sickness is at 6.3% of which 5.3% is non COVID-19 related which demonstrates a stable position.

In addition to sickness reported via ESR, COVID-19 self-isolating absences have been captured by GRS, Telipoti and Marvel. This data is reported externally.

#### **OH2 – Turnover**

Turnover is calculated on a rolling year average and this does lend to some small variations between months with October 2020 turnover being 7.19%

There is special casue showing on NWS turnover with the last two data points below the lower control limit. However in this scenario it is a positive position.

Staff turnover has in the main been positively affected by COVID-19 and the changed job market. 111 has seen the most significant reduction in turnover to 18.94% but overall the Trust turnover remains low and below sector average.

#### **OH4 – Temporary Staffing**

As a result of COVID-19 , the Trust Agency usage and expenditure is projected to exceed the Agency ceiling. This does not currently form part of performance management under emergency budget arrangements. The Trust has not been advised of any changes to the 2019/20 ceiling limits.

Agency staff have been used to support the Trust's response to the Pandemic and have been utilised primarily in the Contact Centre environment.

ELC approved the recruitment of an additional 123 Agency staff in EOC for the period up to the financial year, so levels are expected to remain higher than in previous years.

#### **OH5 – Vacancy Gap**

There has been a worsening of the vacancy position in October but this reflects the significant change in establishment implemented in month in 111 as a result of the agreed contract extension and 111 First.

Although recruitment plans for 111 are on track, the establishment change now shows the current position against all the growth requirements resulting in a current vacancy gap of 15%. This position is expected to significantly improve by December. Gaps are supplemented by agency and bank working to bridge the gap. The vacancy position in PES is positive and very stable within 1% of establishment. This excludes the continuing use of PTS staff to supplement resources (OH 5.3). The increase in PTS vacancies in October reflects the permanent appointment of some of these staff onto the EMT1 apprenticeship.

#### **OH6 – Appraisals**

As a result of the impact of COVID-19, appraisals were paused in March 2020 in line with national guidance. They were recommenced in June and improvement can be seen until the commencement of the second wave. Appraisals were formally paused again for frontline staff on October 21<sup>st</sup> as a result of demand and high levels of abstractions.

As a result completion rates are currently 76% overall.

Following resumption in June 2020, a revised target was set as part of recovery planning of 85% and the current pause is under regular review with recovery plans to be revised as staffing levels improve.

## **OH7– Mandatory Training**

Mandatory training for frontline staff was paused in March 2020. Classroom training for PTS resumed in May 2020 with reduced capacity. EOC and 111 resumed online training in June 2020. PES mandatory training resumed in August but finished in October 2020 ahead of the scheduled plan (November) due to operational pressures.

The training cycle has been extended from January 2021 to March 2021 as part of the recovery actions. Classroom training for both PTS and PES is on track against the revised trajectory.

The Trust moved to competence-based reporting for mandatory training. The overall Trust mandatory training compliance position at the end of October is 80% against a 95% compliance target.

## **Covid-19**

There have been 343 instances of staff that have tested positive for Covid-19 in October 2020 with 457 instances since July 2020.

There have been 28 outbreaks on trust sites from July until the end of October. The largest outbreak has been at Middlebrook where the call centre for 111 is based. The largest 5 outbreak sites account for 28% of confirmed covid cases and the 28 outbreaks account for 53% of confirmed covid cases since July.

## **3. LEGAL and/or GOVERNANCE IMPLICATIONS**

- 3.1 Failure to ensure on-going compliance with national targets and registration standards could render the Trust open to the loss of its registration, prosecution and other penalties.

## **4. RECOMMENDATIONS**

- 4.1 The Board of Directors is recommended to:
- Note the content of the report
  - Clarify any items for further scrutiny through the appropriate assurance committee.

# Q1 COMPLAINTS

Figure Q1.1

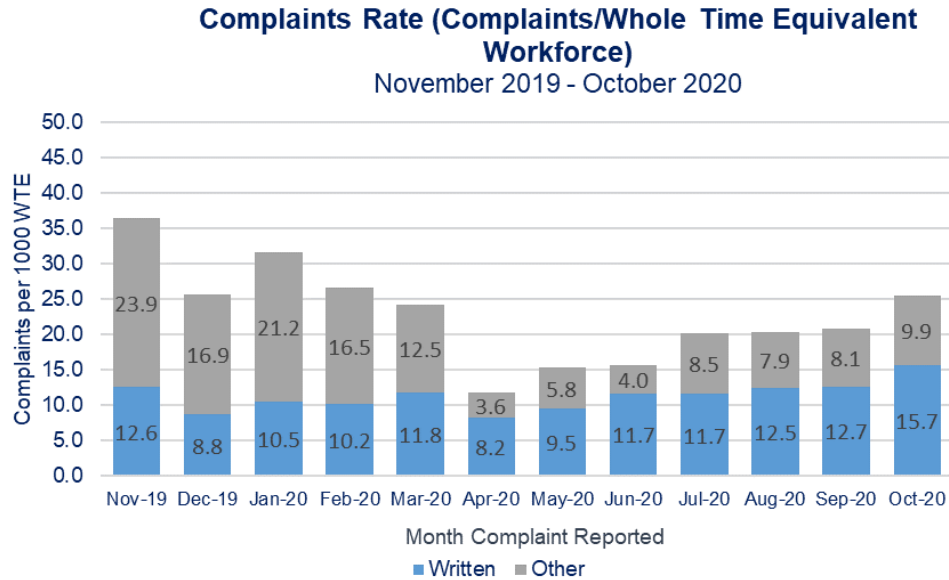


Table Q1.1: Complaints Opened by Month

Severity	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
1 - Minimum	15	11	12	7	5	9	7	5	9	7	3	5
2 - Minor	159	108	151	122	109	40	62	61	80	80	94	107
3 - Moderate	33	17	18	17	30	19	19	18	29	21	19	22
4 - Major	13	14	14	18	5	3	4	8	6	16	12	15
5 - Serious	6	8	1	1	1	2	3	5	3	2	3	12
<b>Total</b>	<b>226</b>	<b>158</b>	<b>196</b>	<b>165</b>	<b>150</b>	<b>73</b>	<b>95</b>	<b>97</b>	<b>127</b>	<b>126</b>	<b>131</b>	<b>161</b>
<b>Compliments</b>	<b>123</b>	<b>113</b>	<b>148</b>	<b>76</b>	<b>138</b>	<b>142</b>	<b>121</b>	<b>117</b>	<b>128</b>	<b>161</b>	<b>92</b>	<b>113</b>

## Complaints & Compliments

In October 2020,

161 complaints were received, against a 12-month average of 142 per month.

113 compliments were received this month.

The rate of complaints in October 2020 is 26 per 1000 WTE, which is below the strategy goal for 2020/21 of 31.

The average for the fiscal year (1 April 2020 – 31 August 2020) is 16.7 per 1000 WTE which is significantly below the target. This reduction in complaints is attributed to the current COVID-19 pandemic where we saw a reduction in lower-level complaints due to the following reasons:

- Improved performance in the early and mid-stages of the first wave of COVID-19.
- Reduced PTS journeys which typically generate a high number of lower-level complaints.
- More tolerance from the public for minor concerns.

\* baseline is the financial year 2017/18

Figure Q1.2

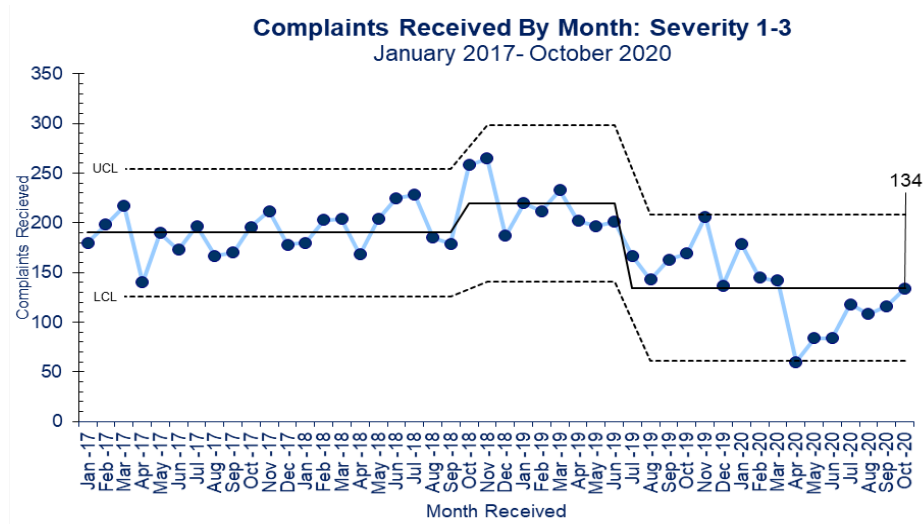


Figure Q1.3

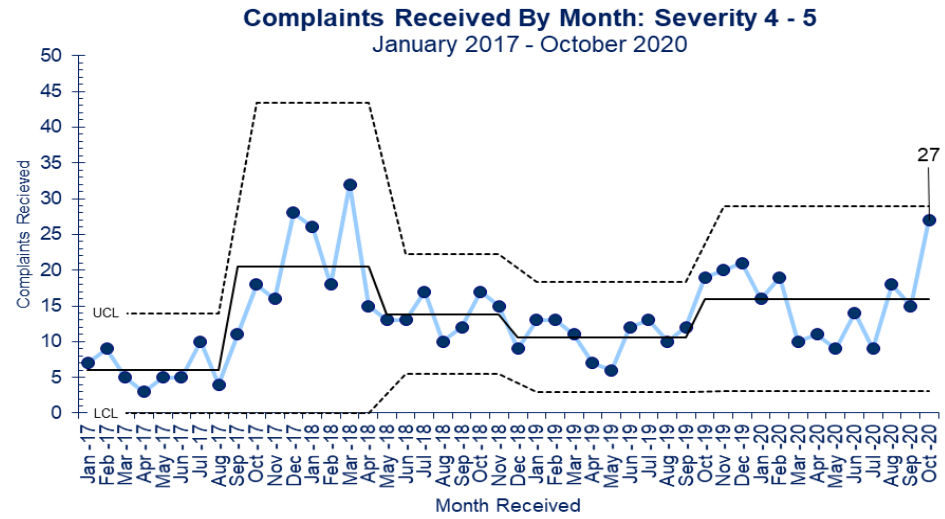


Figure Q1.4

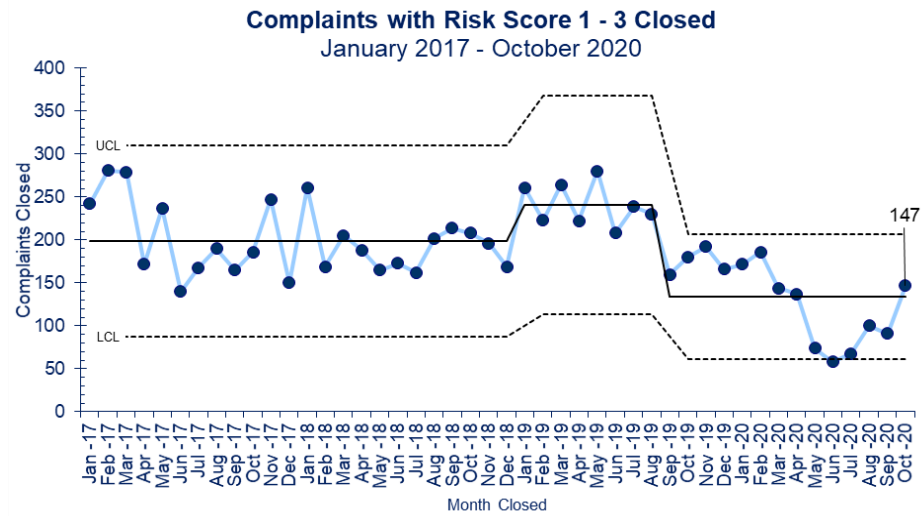


Figure Q1.5

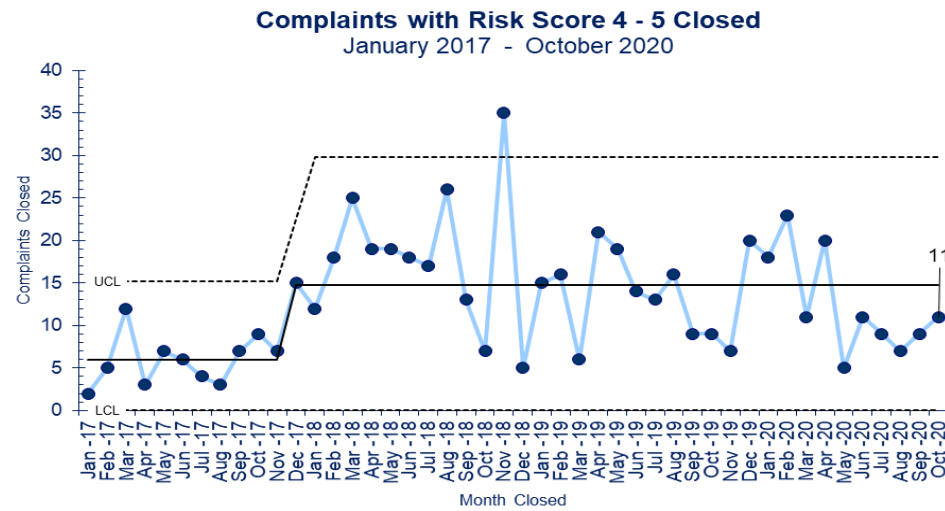
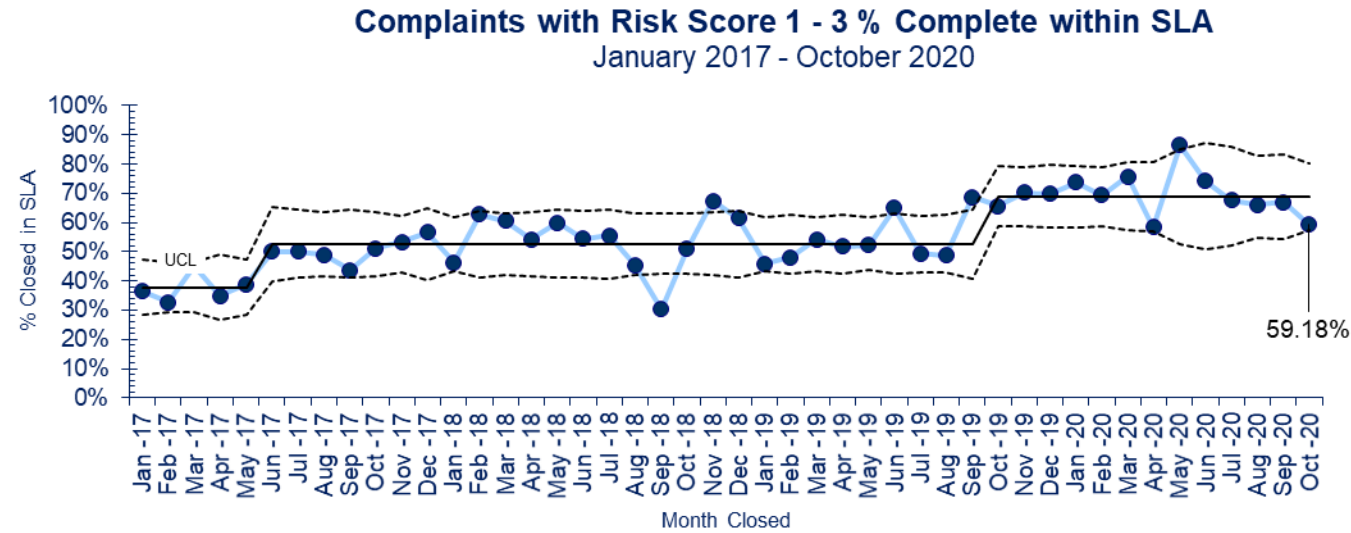




Figure Q1.6



## Complaints Closure

A total of 158 complaints were closed in October 2020 (147 cases were risk scored 1-3 and 11 were risk scored 4-5).

Overall, 59% of cases risk scored 1-3 were closed within the agreed timescales and 9% of level 4-5 complaints were closed within agreed timescales.

### Right Care Strategy Goals Performance:

1. 85% of complaints with a risk score of 1 to 3 will be closed within agreed timeframes by the end of 2020/21.

The goal at the end of Q2 2020/2021 is that 50% of complaints with a risk score of 1 to 3 will be closed within agreed timescales. The Q2 actual figures as noted above was 59% so this measure has been achieved.

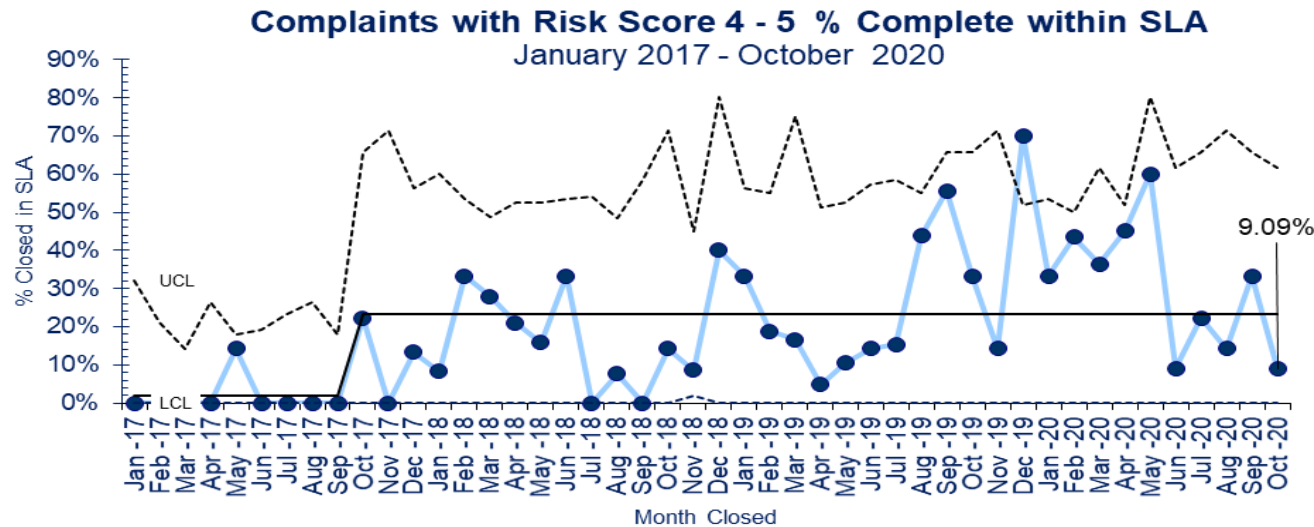
2. 75% of complaints with a risk score of 4 to 5 will be closed within agreed timeframes by the end of 2020/21.

The goal for at the end of Q2 is 50% and as noted above only 9% of level 4/5/ complaints were closed within the agreed timescales. This has been due to several reasons:

- Due to the COVID-19 pandemic the Patient Safety team have been subject to increased workload pressures such as staff COVID-19 RIDDOR reporting, taking over the higher risk (3,4,5,) external investigations from the Clinical Safety team so they can focus on IPC.
- There have been staffing deficits due to vacancies and long-term sickness particularly with the band 6 and 7 staff who focus on level 4 and 5 investigations.
- There has also been increased workload within operational management teams that have impacted upon the closure of complaints.

The Patient Safety Team are in the process of reviewing the processes relating to level 4 and 5 complaints with the aim of improvement by the end of Q3.

Figure Q1.7



# Q2 INCIDENTS

Figure Q2.1

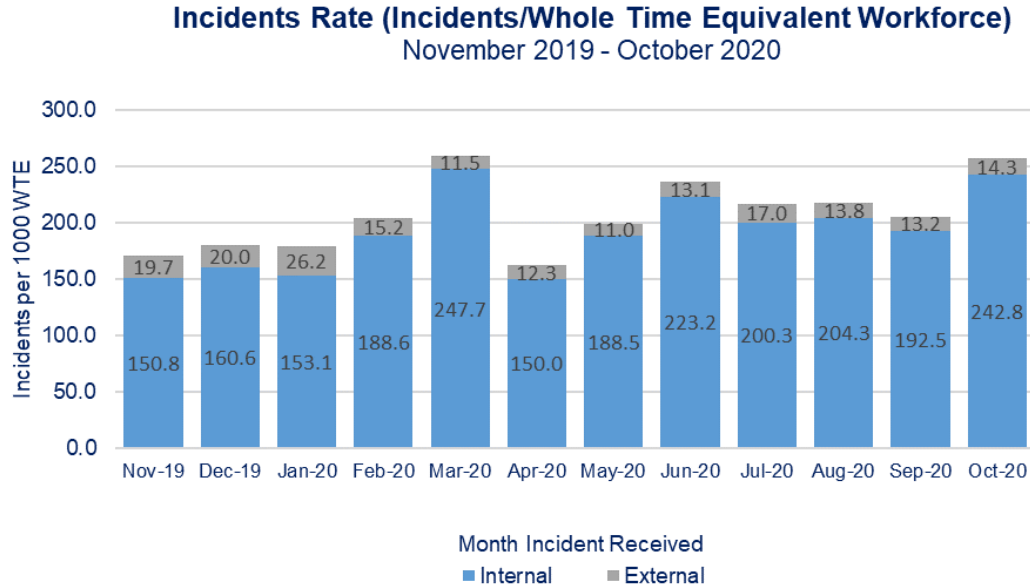


Table Q2.1

Severity	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
1. Insignificant	145	158	173	242	263	167	185	250	228	196	182	185
2. Minor	705	695	707	776	1104	595	754	821	813	872	741	730
3. Moderate	174	219	202	210	198	205	266	368	272	244	311	533
4. Major	11	15	13	13	6	15	11	10	15	11	18	34
5. Catastrophic	4	4	2	2	7	7	3	6	6	9	15	15
Unscored	17	22	12	19	23	15	17	19	24	28	26	120
<b>Total</b>	<b>1056</b>	<b>1113</b>	<b>1109</b>	<b>1262</b>	<b>1601</b>	<b>1004</b>	<b>1236</b>	<b>1474</b>	<b>1358</b>	<b>1360</b>	<b>1293</b>	<b>1617</b>
Unscored %	1.61%	1.98%	1.08%	1.51%	1.44%	1.49%	1.38%	1.29%	1.77%	2.06%	2.01%	7.42%

## Incidents

In October 2020 1617 internal and external incidents were opened, against a 12 month average of 1290.

With an increase in activity there has been an increase in internal incident numbers from staff reporting contact incidents with suspected covid-19 staff and patients.

### Right Care Strategy Goals:

Reduce the reported unscored incidents in IPR to 25 unscored incidents in the previous month.

In September 26 are unscored, just above the goal. Currently in October 120 are unscored.

With increase in demand on the service there has been associated delays in the timely risk scoring of opened incidents within timeframe.

Figure Q2.2

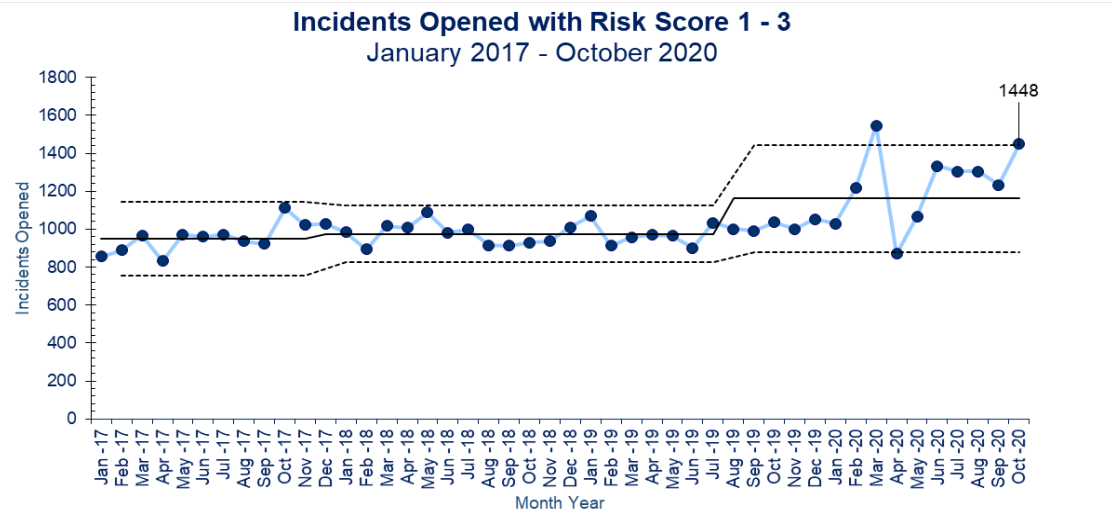


Figure Q2.3

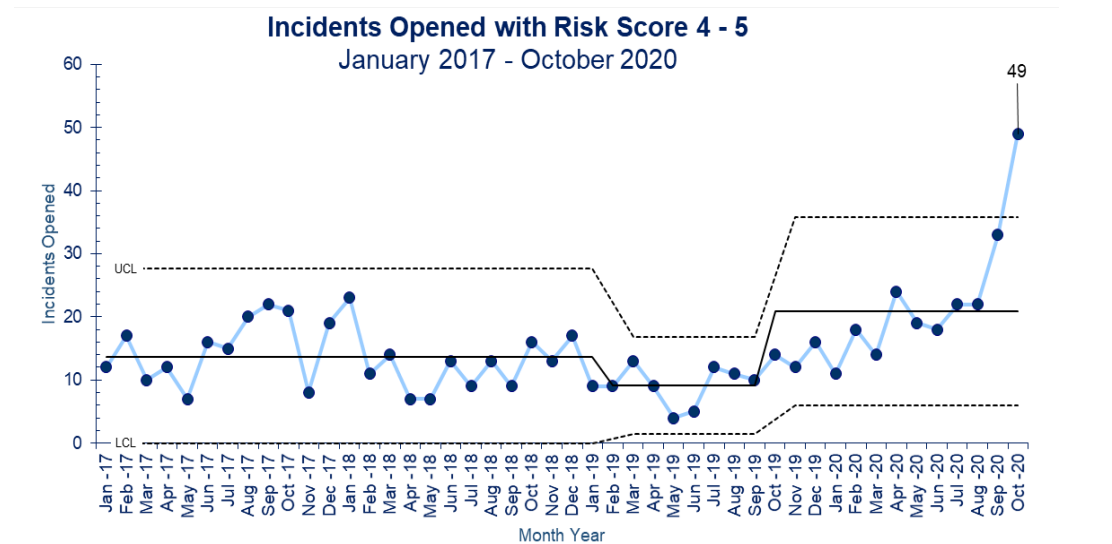


Table Q2.1 – Top 10 Incident Categories Opened in October 2020

Category	05/10/2020	12/10/2020	19/10/2020	26/10/2020	Total
Infection Control	43	46	56	76	221
Information	29	25	25	53	132
Staff Welfare	18	26	27	16	87
Access/admission/transfer issue	10	16	25	26	77
Communication	20	14	23	16	73
Unknown	12	21	16	18	67
111 Assessment/Advice	23	13	14	7	57
Equipment Missing / Lost	20	8	12	13	53
Inappropriate Use of Service	11	10	14	12	47
Manual Handling	10	8	14	11	43

Figure Q2.5

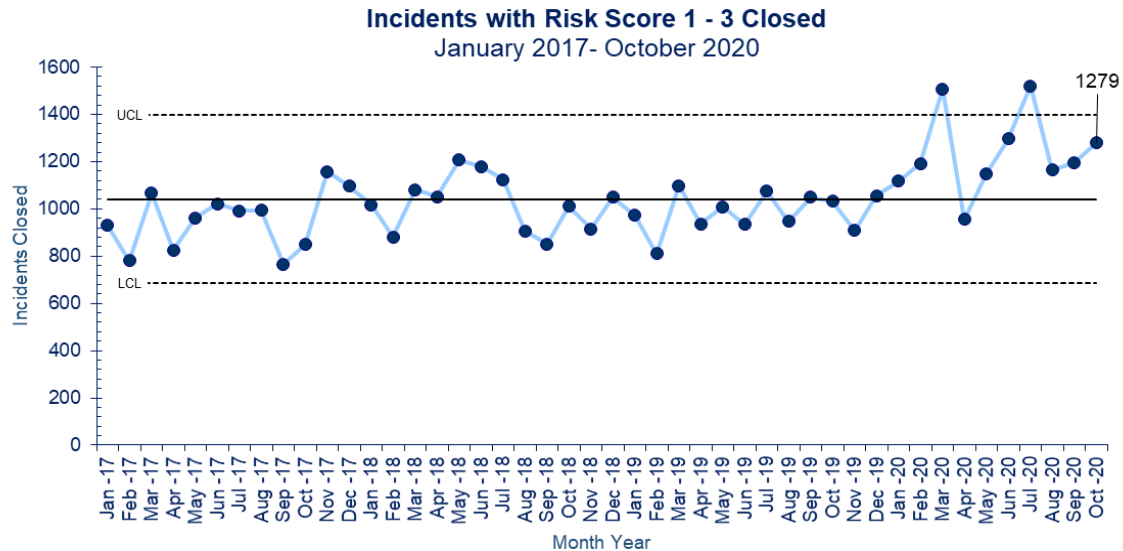
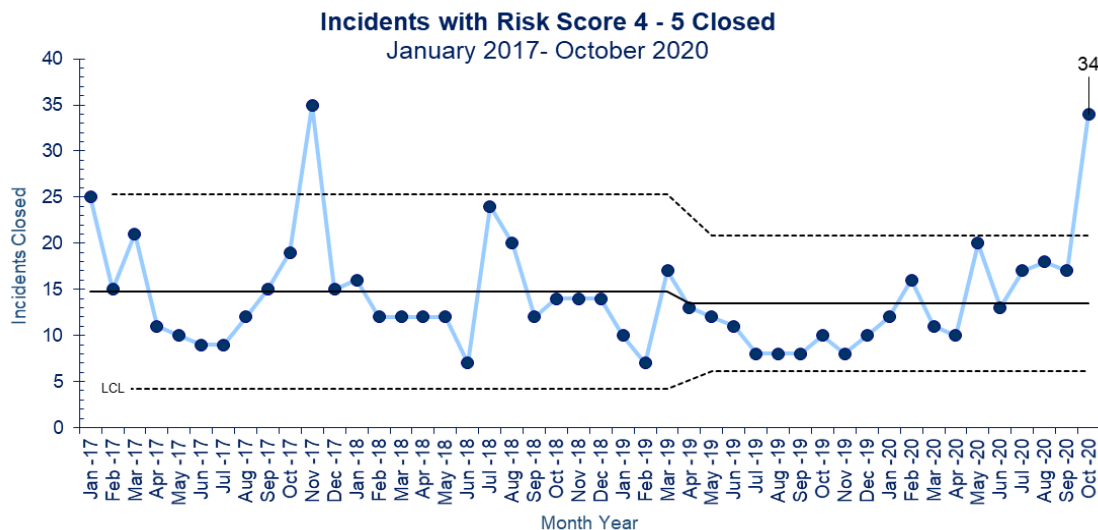


Figure Q2.6



## Incidents Closure

In total, 1313 incidents (level 1-5) were closed during October 2020. Of these, 88% level 1-3 and 62% level 4-5 incidents were closed within the agreed standard.

The increased closure rate of level 1 to 5 incidents within agreed timeframes is attributed to the continual weekly review of all open incidents by Operational teams. Any delays to closure are pre-empted and escalated early.

### Right Care Strategy Goals Performance:

1. Increase closure within agreed timeframes to 85% by 2020/21 for severity 1-3 (**Figure Q2.7**)

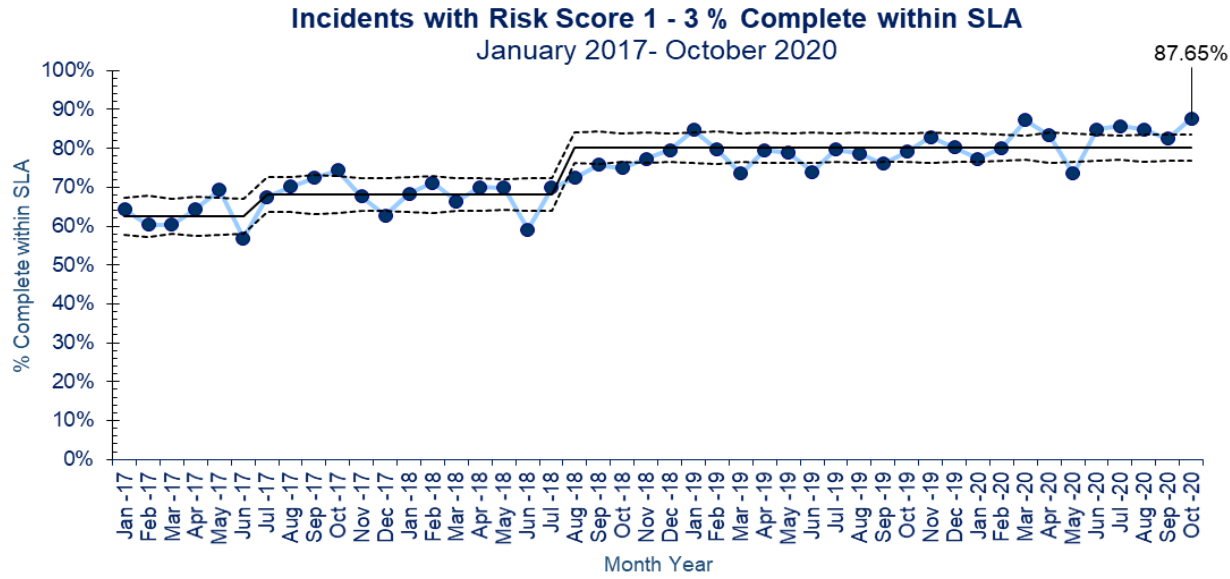
The Trust has achieved their Strategy Goal (85%) for Risk 1-3 Incident Closures in the agreed timeframe as October performance shows performance at 88%.

2. Increase closure within agreed timeframes to 80% by 2020/21 for severity 4-5 (**Figure Q2.8**).

During October, the Trust has not achieved the Strategy Goal (80%) for risk scored 4-5 incidents within the agreed timeframe for closure with performance at 62%.

BAF Risk: SR01.

Figure Q2.7

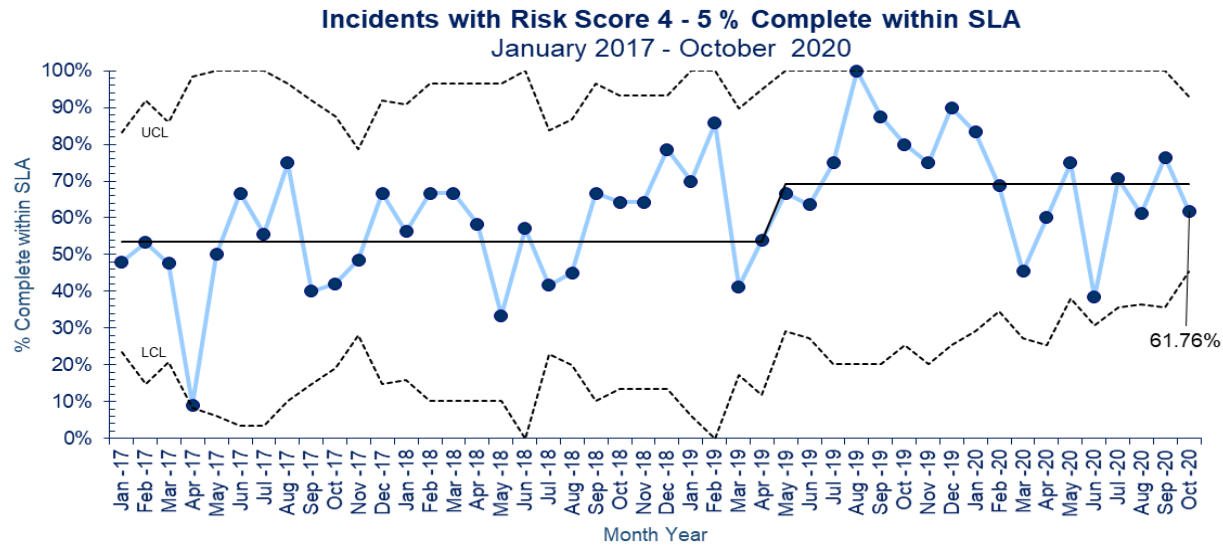


SLAs are calculated using the following measures/ targets.

No exceptions are taken into account:

Risk Score	Target Days to Close Incident (From Date Received)
1	20
2	20
3	40
4	60
5	60

Figure Q2.8



# Q3 SERIOUS INCIDENTS

Figure Q3.1

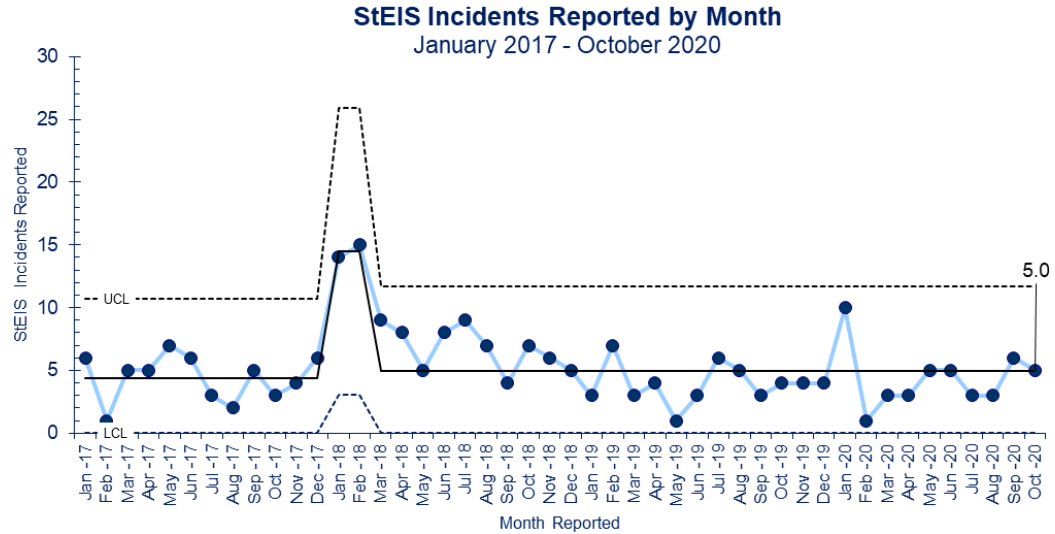


Table Q3.1: StEIS Incidents Opened in October 2020 by Source

Source	SD - Emergency Operations Centre	SD - Emergency Operations Centre	SD - Paramedic Emergency Services Operations (Inc. Urgent)	Total
<b>111 Complaint/Steis</b>				
Complaint/StEIS	1			1
External/StEIS				
IRF/StEIS	4			4
Legal/StEIS				
<b>Total</b>	<b>5</b>			<b>5</b>

## Serious Incidents

5 Serious Incidents (SIs) were reported in October 2020.

4 SI reports were due with the commissioners in October 2020. 3 out of the 4 reports were submitted within the 60-day timescale. 1 report was delayed with an agreed extension.

### Right Care Strategy Goals:

1. Increase the proportion of cases where the notify-to-confirm interval is within the agreed timeframes to 85% by 2020/21.

The notify to confirm interval is completed within agreed timescales.

2. Increase the proportion of cases where the confirmation to report interval is within the agreed 60-day timeframe to 95% by 2020/21.

The goal for the end of Q2 2020/2021 was to be 65% compliant and the actual was 69%. We have therefore met the required standard.

In July 2020, the Patient Safety team introduced a new SI Panel Approval process which has significantly improved the compliance with this measure.

75% of the SI's reports due in October 2020 were submitted within the timescales.

# Q5 SAFETY ALERTS

Figure Q5.1:

Safety Alerts	Number of Alerts Received (Nov 19 – Oct 20)	Number of Alerts Applicable (Nov 19 – Oct 20)	Number of Open Alerts
CAS/ NHS Improvement	26	1	0
MHRA – Medical Equipment	42	1	0
MHRA - Medicine Alerts	64	0	0
IPC	2	2	0

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## IPC – Alerts Applicable

1. Measles - 5 cases 1 NWAS staff member and 4 public cases throughout the period of January and February 2020 . Actions: Staff member contained and vaccinated who finished the incubation period on 18/01/2020. Contact staff members referred to occupational health staff that may pose a risk to patients and staff have removed from working. Patient contact of infected member of staff , 02/01/2020 warn and inform letters sent out to them,08/01/2020. Comms information and advisory bulletin sent out. 09/01/2020 .NWAS working alongside Public Health England and other Health care organisations. LEAD: L Donovan (Clinical Safety practitioner lead GM) Fran Dreniw (Sector Manager South) Senior management informed and monitoring.
2. Coronavirus is a viral disease (Covid-19). Coronavirus has been spreading throughout the world therefore it has been declared as a national pandemic and is still ongoing. There is a multi faceted action plan that operates across the trust, this includes HR, Procurement, Communications, Operations and the quality teams. This is being discharged via A Hansen (LEAD and DiPC) and the Executive Leadership Committee (ELC).
3. Type IIR masks that are in use in some Trusts are not fit for purpose and should be destroyed. All PPE hubs in the trust were checked and there were none in the Trust.
4. Foreign body aspiration during intubation, under review with Medical director.

## NWAS Response

There have been 7 new safety alerts in October 2020.

The total number of CAS/NHS Improvement alerts received between November 2019 and October 2020 is 26, with 1 alerts applicable.

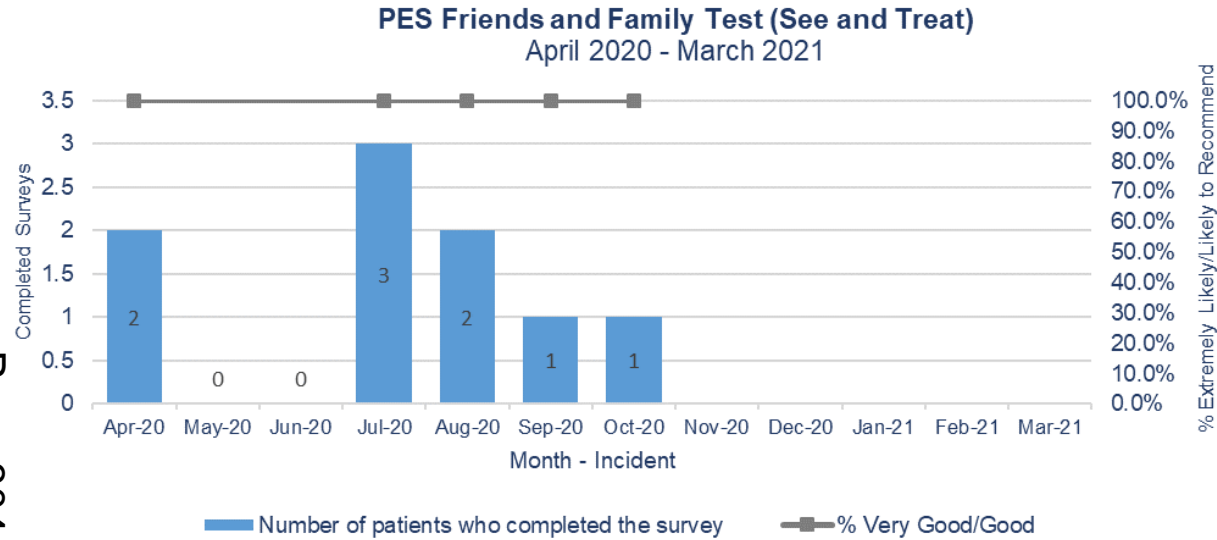
42 MHRA Medical Equipment Alerts have been received with 1 alert being applicable.

64 MHRA Medicine alerts have been received, with 0 alerts applicable.

2 IPC alerts have been received, with 2 alerts applicable.

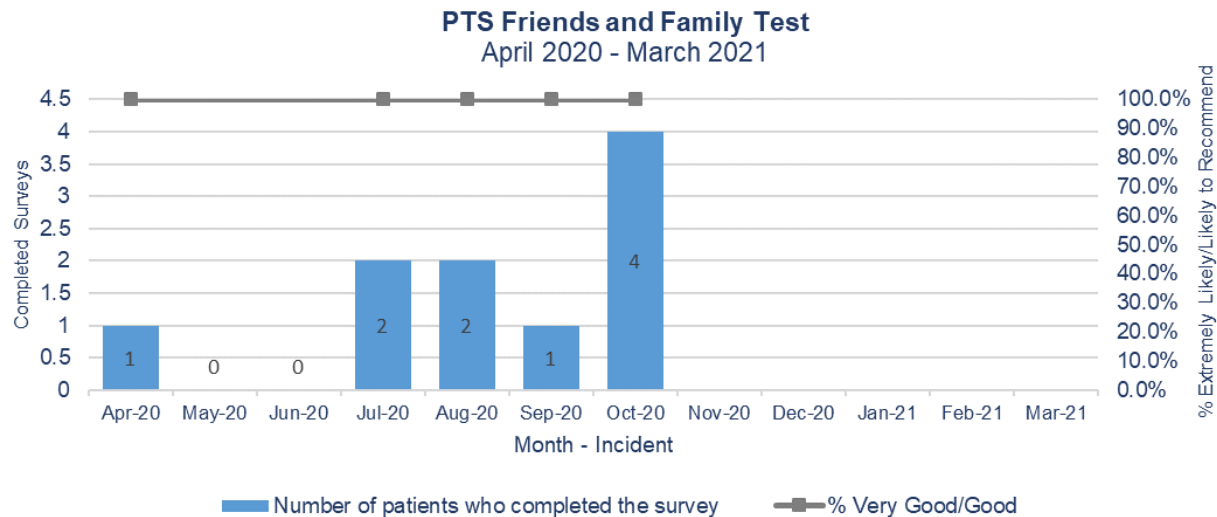
# E1 PATIENT EXPERIENCE

Figure E1.1



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Figure E1.2



## Patient Experience (PES)

Because of the COVID -19 pandemic in March 2020, NHS England suspended the FFT process at the end of Q4, resulting in no submission of March data in April reporting window.

This suspension resulted in a substantive drop in the number of PES FFT returns from 25 in March to 2 in April 2020 (92%). As to be expected, this low rate of return has continued throughout the period of cessation, with returns for September and October being the same as those at Q1. Satisfaction rates remain at 100%. Currently there are no national figures to enable trust-ranking analysis. Previously the trust held second place in terms of number of returns – for both January and February 2020.

National collection of FFT PES data, for those trusts which elected to continue to collect it following the national revision which took effect in April 2020, recommenced in November 2020\* with reporting required in December. \*NWAS intend to continue collection as well as participating in co-production work with patient groups.

## Patient Experience (PTS)

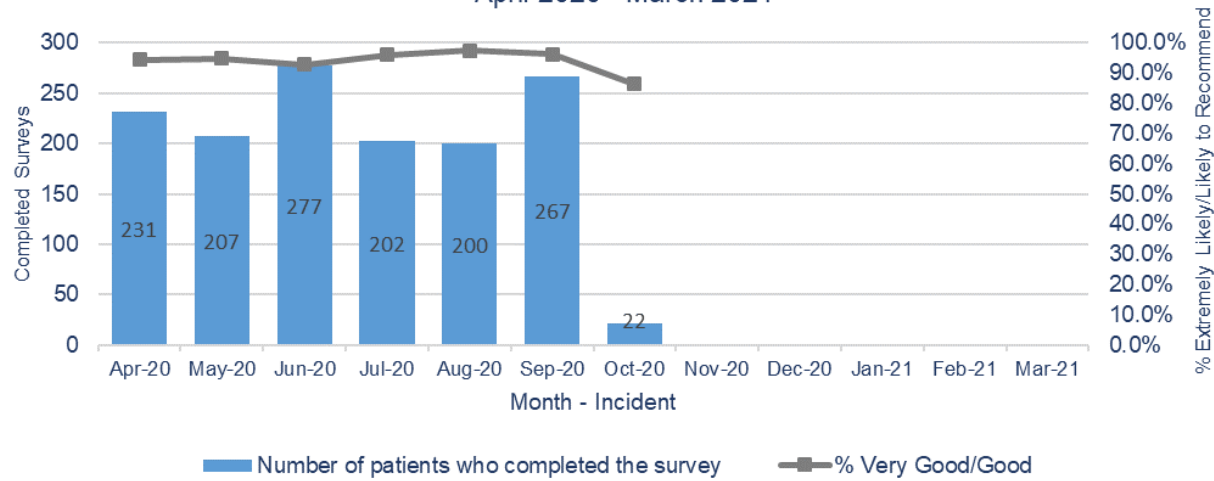
As reported above, the cessation of FFT nationally, led to a substantive drop of returned PTS FFT responses, from 521 in March to just 1 in April 2020 (99.8%). October saw an increase in return rate from 1 in September to 4 in October. Satisfaction rates remain at 100%. Previously on the national stage, in February and January, the trust held second place in relation to number of returns. In terms of satisfaction, the trust had dropped from first to second position. (February 2020 data).

National collection of FFT PTS data recommenced in November 2020 with reporting required in December.



Figure E1.3

### 111 Friends and Family Test April 2020 - March 2021



## Patient Experience (111)

NHS 111 surveys have continued to be nationally mandated throughout the pandemic. The number of NHS 111 returns increased from 200 in August to 267 in September (33.5%). The drop in the number of October returns was due to a technical issue encountered with the migration to the new Cleric system that saw a 4 week delay in the generation of the required data files needed for sending out the surveys. There was a drop of 1.2% in satisfaction levels from 97.5% for August to 96.3% in September. The subsequent drop in satisfaction in October of 86.4% (9.9%) can be partially attributed to the very low level of return, just 22.

# E2 AMBULANCE CLINICAL QUALITY INDICATORS

Table E2.1: ACQI February 2020

ACQI Indicator		YTD Performance (%)	Sample Size (Current Month)	February 20 Performance (% / hrs: mins)	January 20 Performance (%)*	February 20 Rank position	Rank movement	Performance Range % / hrs: mins (national mean)
Cardiac Arrest ROSC	Overall	32.3%	229	23.6%	35.8%	10	↓	23.6-34.0 (29.5)
	Utstein	54.7%	37	48.6%	48.5%	7	↑	22.2-59.3 (49.0)
	Resus Care Bundle	66.9%	N/A	N/A	70.6%	N/A	N/A	N/A
Cardiac Arrest Survival to Discharge	Overall	8.8%	229	4.8%	7.4%	9	↑	3.2-12.5 (7.2)
	Utstein	27.6%	37	13.5%	24.2%	9	↔	9.1-31.3 (20.0)
Acute STEMI	PPCI (mean call to PPCI time)	N/A	131	2 hours 23 mins	2 hours 21 mins	9	↔	1hr 54 mins - 2hrs 28 mins (2hrs12mins)
	Care Bundle	74.7%	N/A	N/A	79.5%	N/A	N/A	N/A
Stroke	Hyper acute (mean call to door time)	N/A	520	1 hour 19 mins	1hr 20 mins	7	↑	1hr 11 mins - 1hr 28 mins (1hr20mins)
	Care Bundle	98.6%	921	98.4%	N/A	7	N/A	94.6-99.8 (98.3)
Sepsis	Care Bundle	78.3%	N/A	N/A	N/A	N/A	N/A	N/A

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## ACQIs

In February, 4.8% of patients suffering an out of hospital cardiac arrest survived to hospital discharge (national mean 7.2%) (E2.1). This performance fell below the lower control limit; the first time since 2017 this has occurred (E2.3). The Trust's Resuscitation Group have undertaken a comprehensive review with correlation to an increased number of termination of resuscitation attempts and category 1 performance which coincides with the first wave of Covid-19. The figure for the Utstein sub-group was 13.5% (national mean 20%). This performance saw the Trust ranked 9th for both categories for English ambulance trusts.

The rates of the Return of Spontaneous Circulation (ROSC) achieved during the management of patients suffering an out of hospital cardiac arrest for the Utstein group was 48.6% (national mean 49%), ranking 7th nationally. For the overall group the rate was 23.6% (national mean 29.5%) ranking the Trust in 10th position nationally and demonstrating special cause (E2.1),

Mean call to PPCI time for patients suffering a myocardial infarction was outside of the national mean of 2h 12mins; the Trust's performance was 2h 23mins for these patients.

Mean call to door time for patients suffering a hyper acute stroke was marginally better than the national mean of 1h 20mins; the Trust's mean response to these patients was 1h 19mins.

The Stroke care bundle result of 98.4% was fractionally ahead of the national mean of 98.3%. Care bundle data for acute STEMI and sepsis was not published for February as is consistent with the NHSE reporting schedule.

Commentary is focussed on data to February, Figures E2.1 – E2.4 do include data for June. There is as yet no published data for March to May. This will be released when the data is refreshed nationally.

Data for June show all measures within normal variation.

Figure E2.1

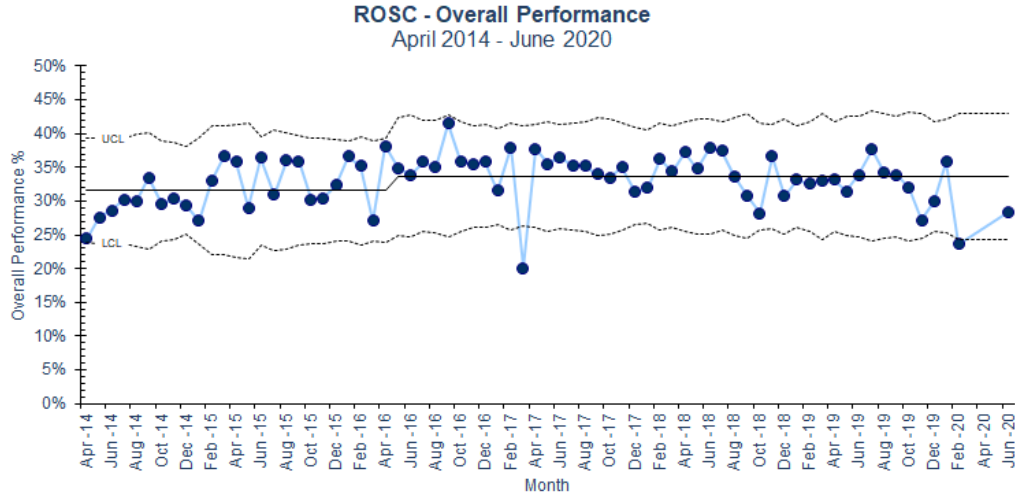


Figure E2.2

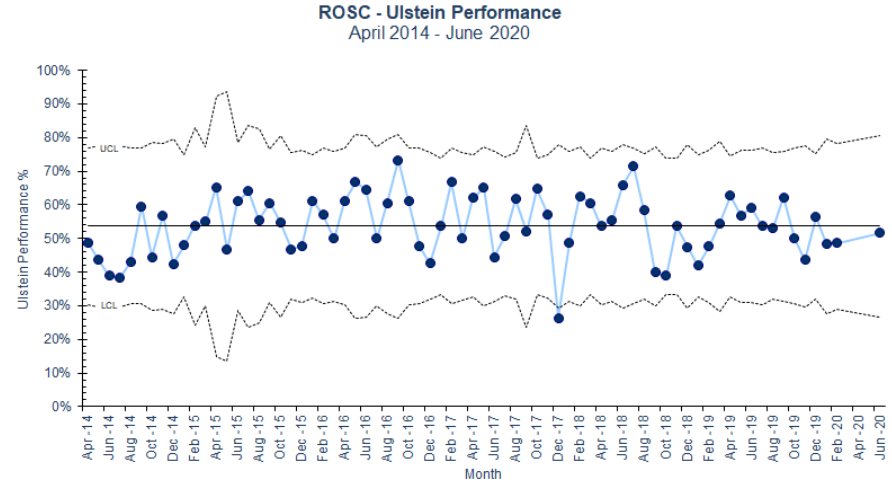


Figure E2.3

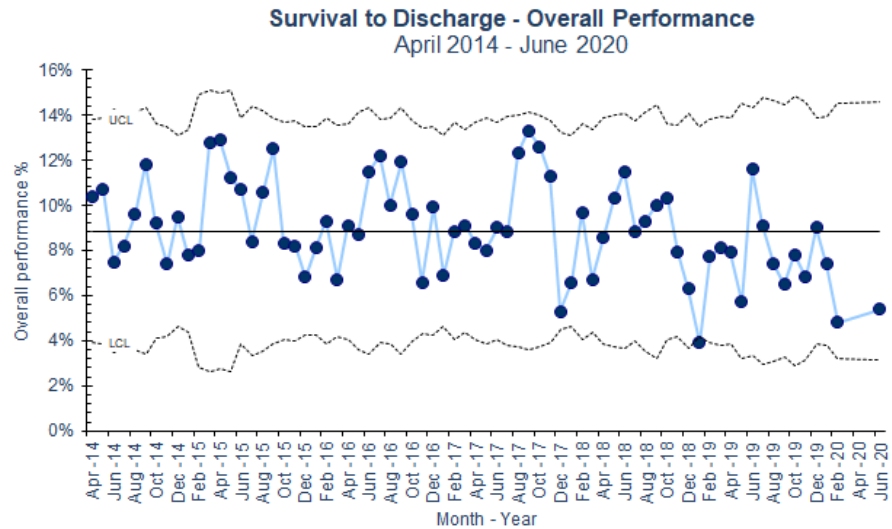


Figure E2.4

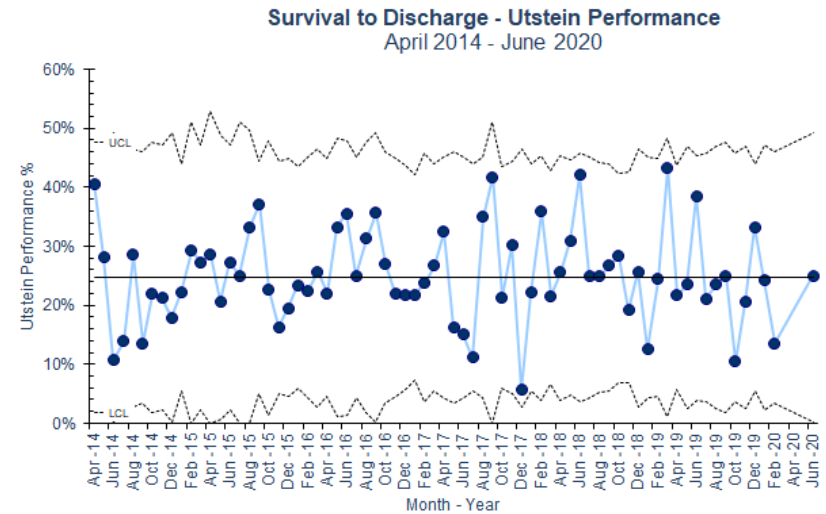


Figure E2.5

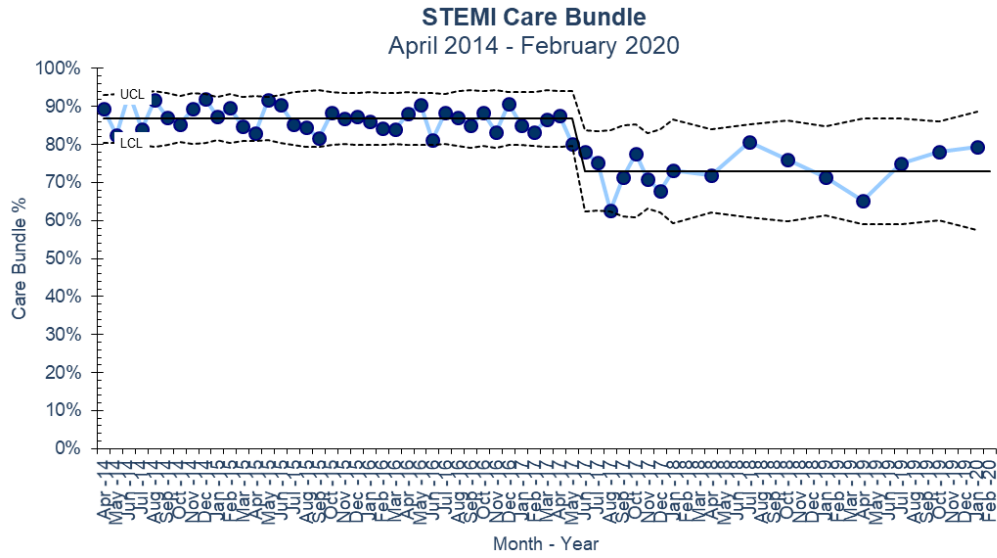
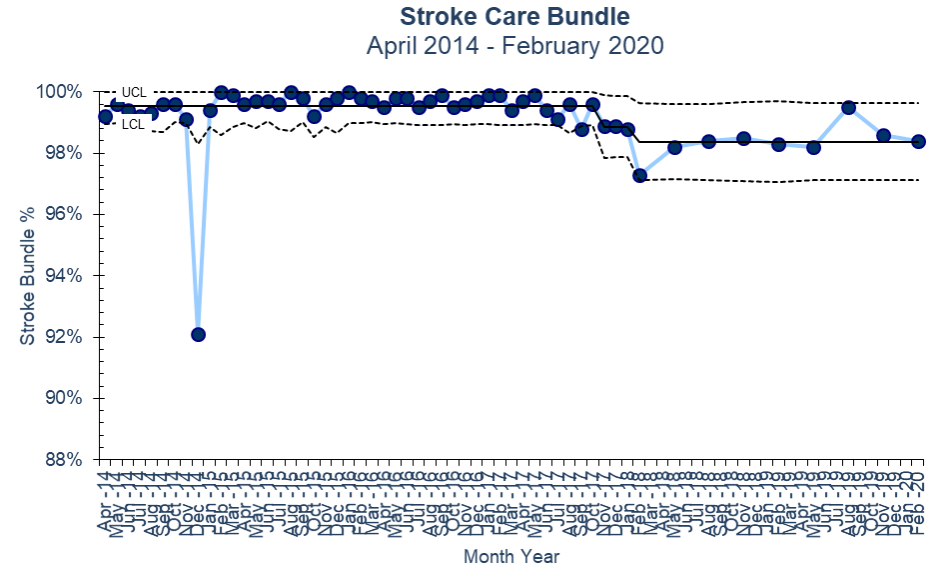


Figure E2.6



**N.B.** Stroke CB data now published nationally 1 month in 3: February, May, August and November (data produced internally on monthly basis).  
STEMI CB now published nationally 1 month in 3: January, April, July and October (data produced internally on monthly basis).

# E3 H&T, S&T, S&C OUTCOMES

Figure E3.1

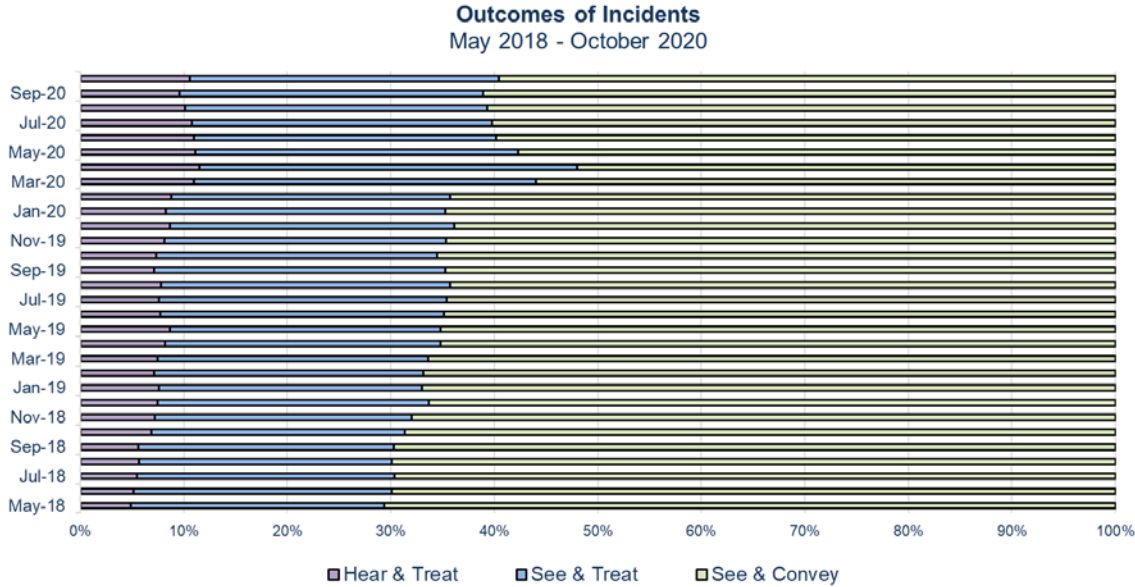


Table E3.1

Month/Yr	Incidents with no face to face response	Hear and Treat %	F2F Incidents with no transport	See & Treat %	F2F Incidents with transport	See & Convey %
Nov-19	8,101	8.1%	27,031	27.2%	64,357	64.7%
Dec-19	9,064	8.6%	28,779	27.5%	66,966	63.9%
Jan-20	8,170	8.3%	26,612	27.0%	63,873	64.7%
Feb-20	7,867	8.8%	24,033	26.9%	57,381	64.3%
Mar-20	10,602	11.0%	31,921	33.1%	54,002	55.9%
Apr-20	10,616	11.5%	33,586	36.5%	47,852	52.0%
May-20	10,216	11.1%	28,587	31.2%	52,933	57.7%
Jun-20	10,053	11.0%	26,606	29.2%	54,580	59.8%
Jul -20	10,422	10.8%	28,006	29.0%	58,101	60.2%
Aug - 20	9,672	10.1%	28,081	29.2%	58,381	60.7%
Sep- 20	8,921	9.6%	27,334	29.4%	56,865	61.1%
Oct-20	10,377	10.6%	29,183	29.8%	58,279	59.6%

## Outcomes

Hear & Treat Performance for October 2020 was 10.6% with the number of incidents with no face to face response totalling 10,377. In line with previous months, NWS maintained its position as a national leader in Hear & Treat during October. To help ensure patient safety the Clinical Coordination Desk trial was extended to provide 24 hour cover, utilising senior clinicians from across the Trust. In preparation of a second wave of COVID-19 the Clinical Hub began to increase its clinical establishment to support possible increased demand and patient safety. The Greater Manchester Clinical Assessment Service (CAS) continued supporting hear & treat performance within the Greater Manchester area.

See & Treat for October continues to hold at 29% since June 2020, with a slight increase in the percentage although far from the height of 36.5% in April. The NHS Service Finder has recently been made available to all operational staff via the GETAC devices on each Ambulance. Over the coming months the Reducing Avoidable Conveyance project will seek to socialise the use of the NHS Service Finder as an alternative to current internal paper-based directory of available pathways. Work has been undertaken to include all internal available pathways on NHS Service Finder in readiness. It is anticipated that this will offer increased opportunities to reduce safe avoidable conveyance.

We have seen a reduction since March in see and convey with Octobers figure at 59.6% on the lower control limit.

Table E3.2

Provider	Hear & Treat
North West	10.6%
North East	9.6%
Yorkshire	9.0%
East of England	9.0%
South Central	8.9%
East Midlands	8.9%
London	8.0%
Isle of Wight	7.3%
South East Coast	6.2%
South Western	5.3%
West Midlands	4.5%

Table E3.3

Provider	See & Treat
South Western	38.0%
West Midlands	37.7%
South Central	34.1%
Isle of Wight	33.9%
South East Coast	33.4%
East of England	32.2%
East Midlands	31.2%
London	31.0%
North West	29.8%
Yorkshire	29.4%
North East	27.6%

Table E3.4

Provider	See & Convey
South Western	56.7%
South Central	57.0%
West Midlands	57.9%
East of England	58.8%
Isle of Wight	58.8%
North West	59.6%
East Midlands	59.9%
South East Coast	60.4%
London	61.0%
Yorkshire	61.6%
North East	62.8%

Figure E3.4

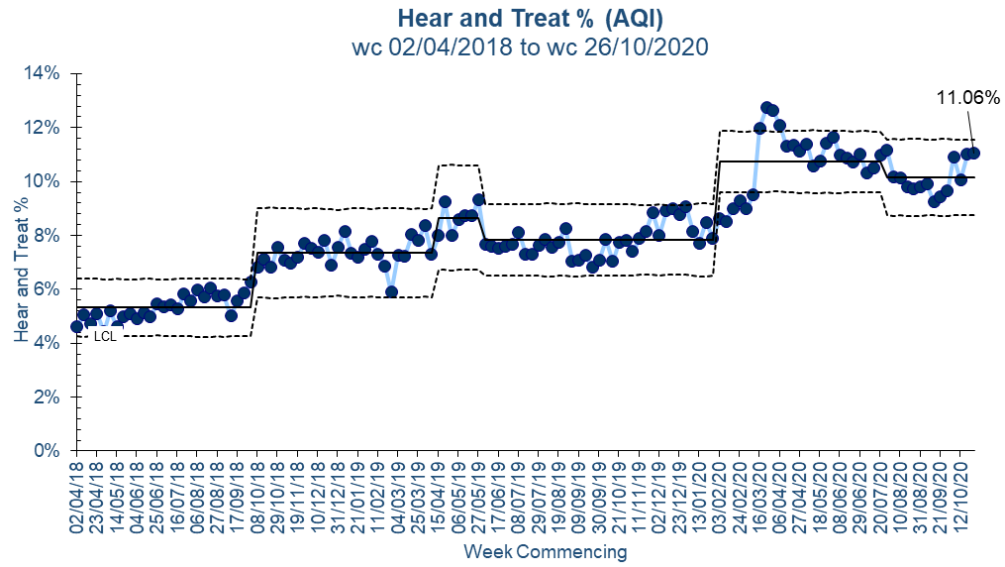


Figure E3.5

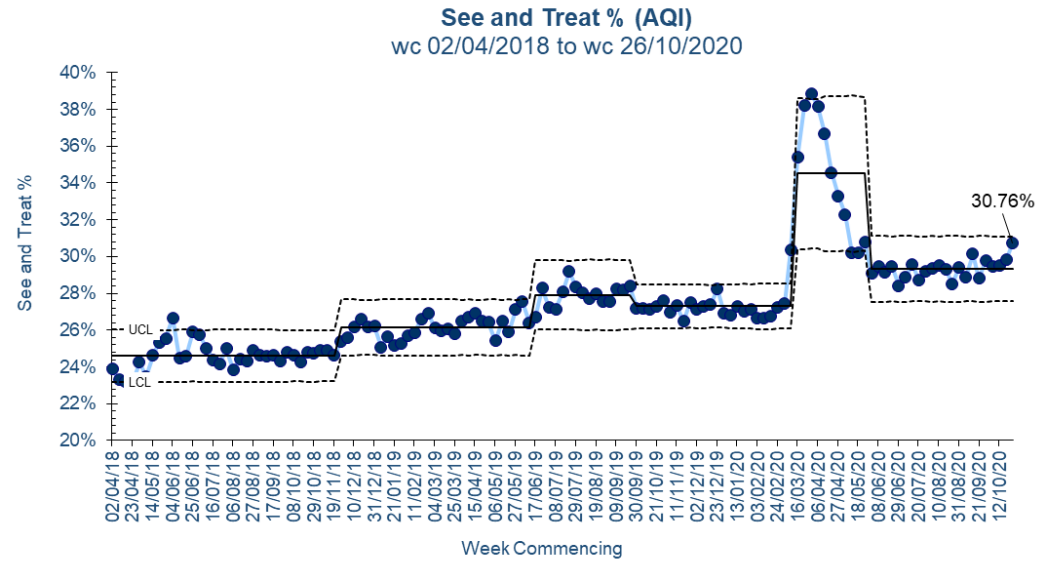
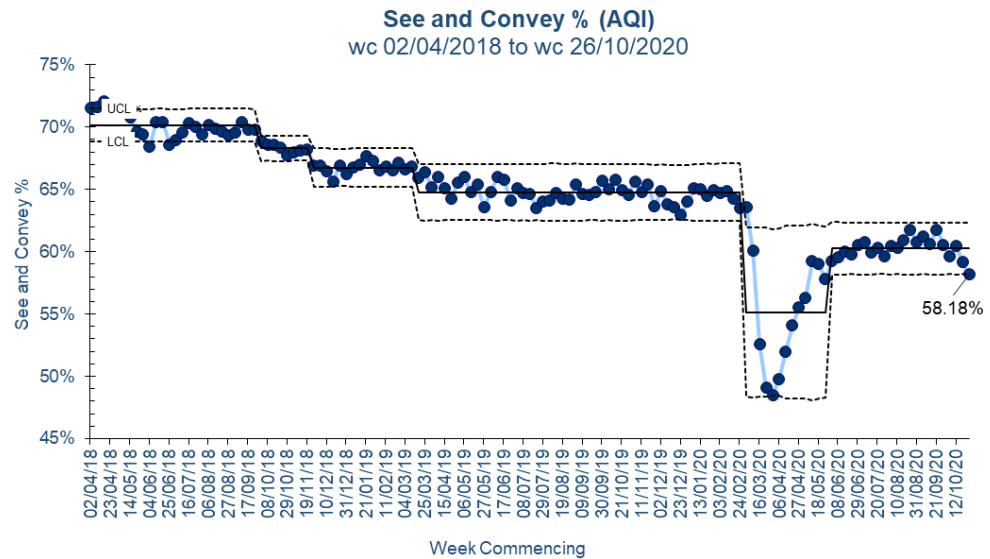


Figure E3.6



# F1 FINANCIAL SCORE

Figure F1.1

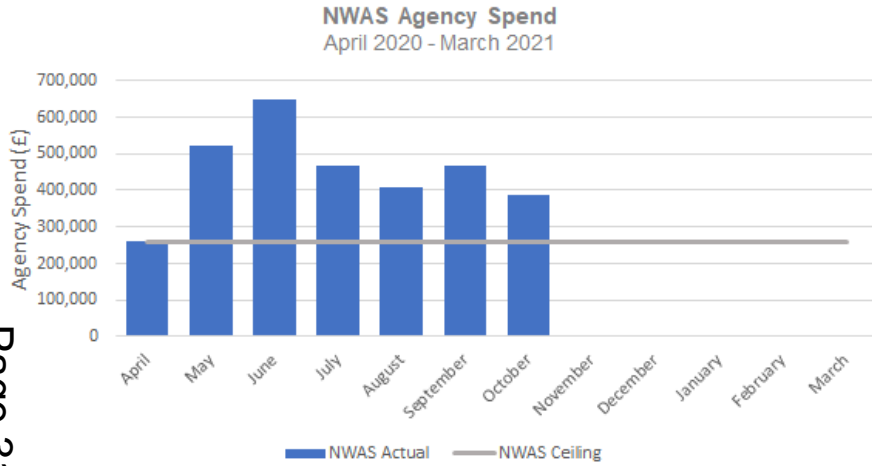


Figure F1.2

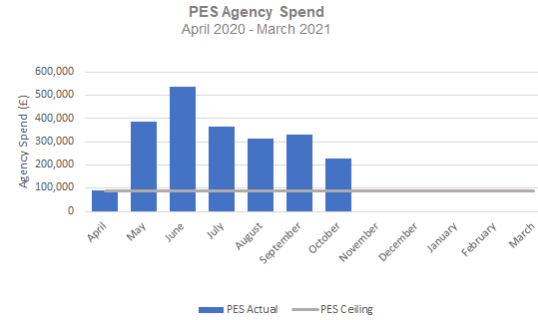


Figure F1.3

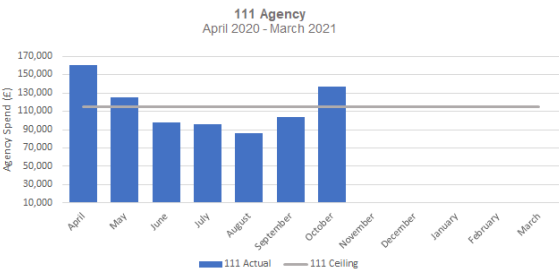


Figure F1.4

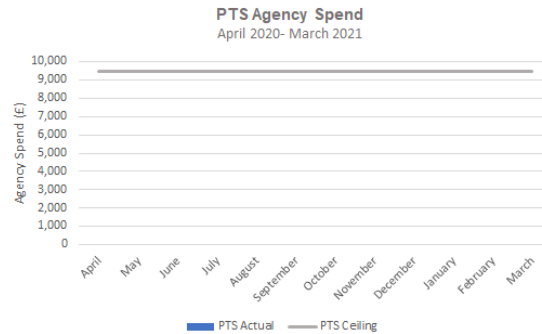
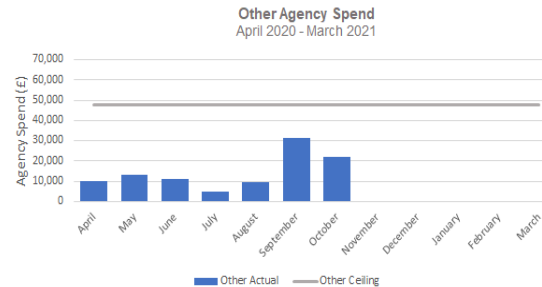


Figure F1.5



## Finance Position – October 2020

### Month 07 Finance Position:

#### Agency Expenditure

The year-to-date expenditure on agency is £3.159m which is £1.345m above the year-to-date ceiling of £1.814m.

Please Note: The agency ceiling is based on 2019/20 ceiling figures and will be updated as soon as we have the information.

#### Risk Rating

For the seven months of the Covid-19 framework, the 2020/21 monthly financial returns have been redesigned to collect a minimum dataset to reduce the burden on organisations wherever possible, whilst maintaining a monthly data collection process.

The Financial Risk Rating metrics have been removed and will be added back once the new operating framework is launched after transition from the Covid-19 financial framework.



# O1 CALL PICK UP

Figure O1.1

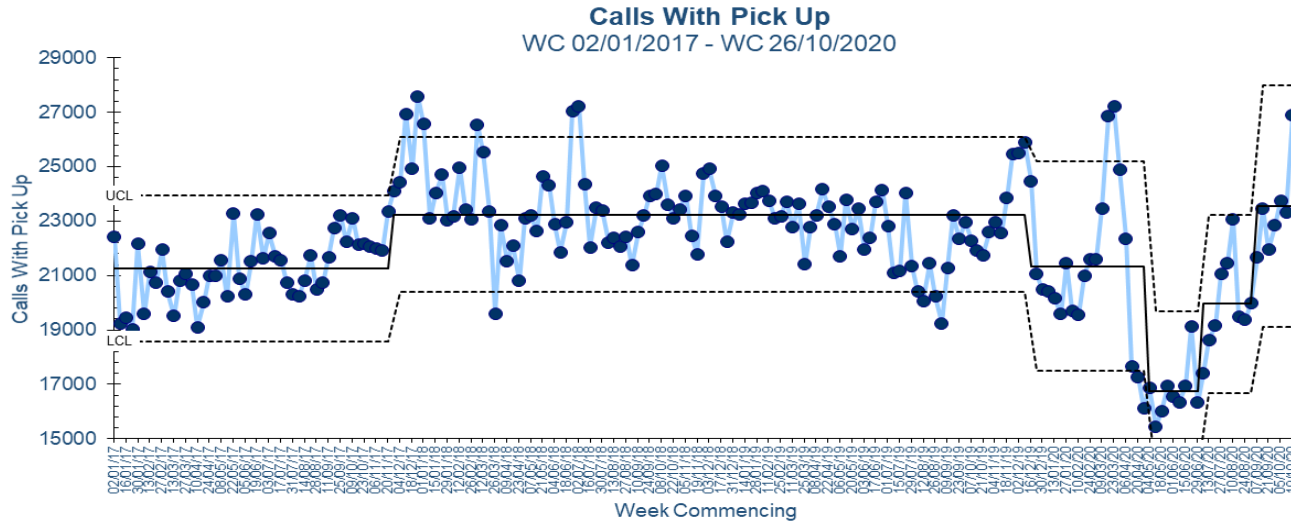
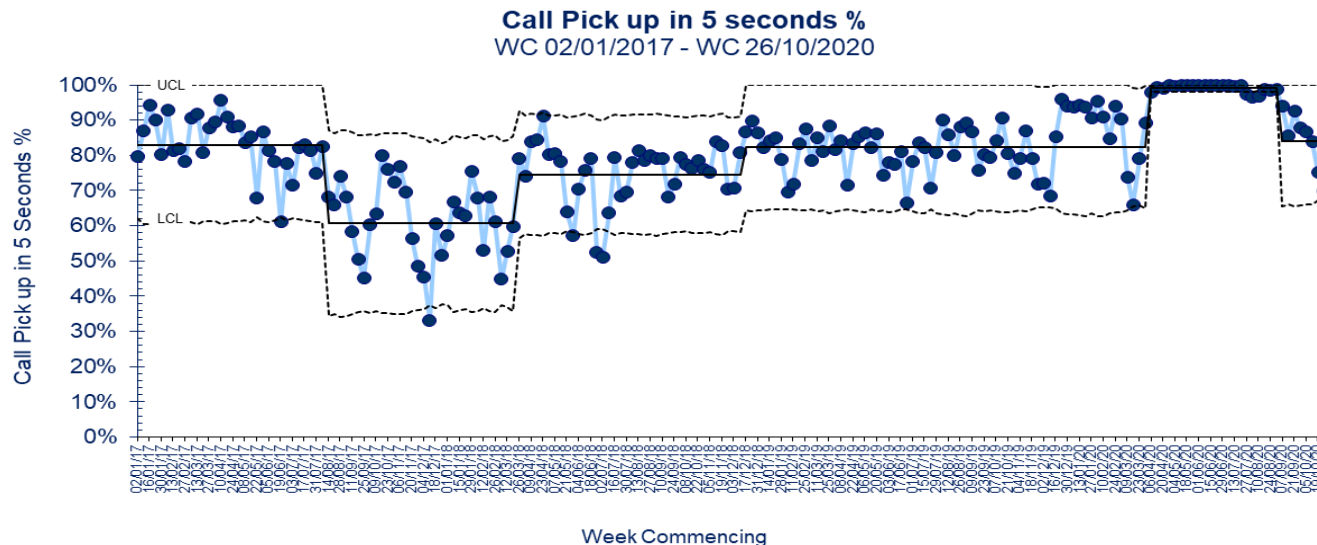


Figure O1.2



## Call Pick Up

**Definition:** The percentage of emergency calls recorded in the CAD system and answered with 5 seconds, excluding 111 direct entries. Call pick up is not a national standard but is widely used by ambulance trusts to monitor call handling performance with a target of 95%.

**Performance:** For October 2020, call pick up in 5 seconds performance was at 80.1%. 21,459 calls took longer than 5 seconds to pick up. A new phase is seen in the control charts for the period of October (for call pick up in 5 seconds) with a new lower control limit reflecting the lower percentage of calls picked up within 5 seconds. Mean call answering has increased to 13 seconds and this is the result of the increase in call volume (figure O1.1). This is also influenced by increases in abstractions that are impacting on the capacity of the call handling workforce. The call volume has returned (and at points increased) to historic seasonal levels. This can be attributed to the increase in incidents and the increase in secondary calls into the service. In October the Trusts also supported Yorkshire Ambulance Service (YAS) in answering in excess of 5k of their emergency calls due to high abstractions with the EOC teams at YAS. This support has now ceased.

The increase in activity and abstractions are being mitigated through tactical movement of workforce. Additional recruitment of EOC workforce has been approved and will provide greater resilience. It is anticipated that call volume will continue to increase as we move towards winter. It should be noted that activity has the potential to spike upwards as the prevalence of COVID is still high within the North West footprint.

Figure O1.3: Source - CAD calls

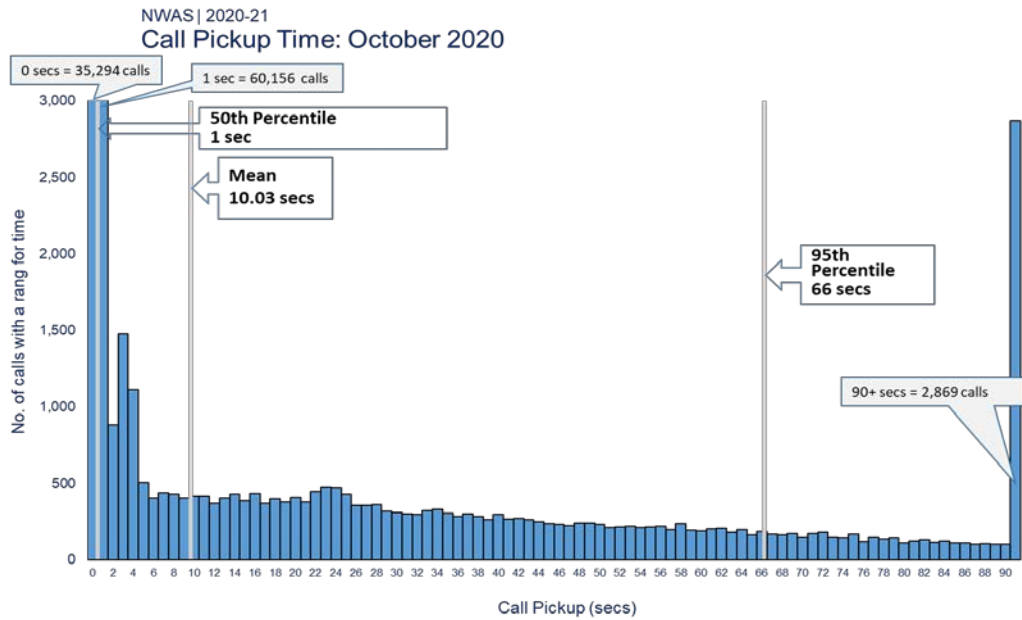
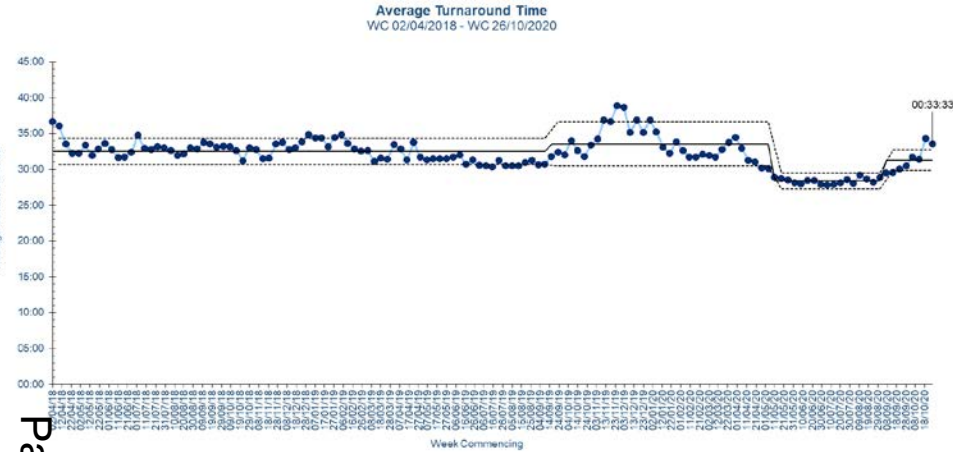


Table O1.1: Calls and Call Answer Times (Source – AQI)

Month/Yr	Contact Count	Calls answered	Call answer times (seconds)				
			Total	Mean (Switch)	Median (50th centile)	95th centile	99th centile
Nov - 19	140,609	126,698	1,583,850	13	1	78	127
Dec - 19	146,720	130,786	1,548,068	12	1	76	124
Jan - 20	125,079	103,307	471,336	5	1	19	87
Feb - 20	117,409	98,259	531,953	5	1	36	69
Mar - 20	142,039	123,743	1,504,031	12	1	74	133
Apr - 20	116,584	96,542	196,505	2	1	1	52
May- 20	105,814	83,256	53,010	1	1	1	1
Jun - 20	107,860	84,608	52,592	1	1	1	1
Jul - 20	114,801	90,806	73,021	1	1	1	1
Aug - 20	121,982	105,185	143,121	1	1	1	1
Sep - 20	126,257	106,554	415,836	4	1	24	77
Oct - 20	147,930	124,987	1,662,141	13	1	66	113

# O2 A&E TURNAROUND

Figure O2.1



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Table O2.1

Month	Hospital Attendances	Average Turnaround Time [mm:ss]	Average Arrival to Handover Time [mm:ss]	Average Handover to Clear Time [mm:ss]
Nov-19	57,735	34:39	23:39	10:48
Dec-19	61,304	37:22	26:42	10:42
Jan-20	58,150	34:08	23:12	10:53
Feb-20	52,392	32:08	20:51	11:07
Mar-20	49,419	32:37	20:54	11:26
Apr-20	41,267	31:58	19:45	12:06
May-20	47,637	29:10	17:08	11:47
Jun-20	49,207	28:14	16:43	11:21
Jul-20	52,551	28:05	16:44	11:10
Aug-20	52,059	28:33	17:28	10:52
Sep-20	49,946	29:37	18:45	10:53
Oct-20	51,452	32:32	21:47	11:04

Figure O2.2

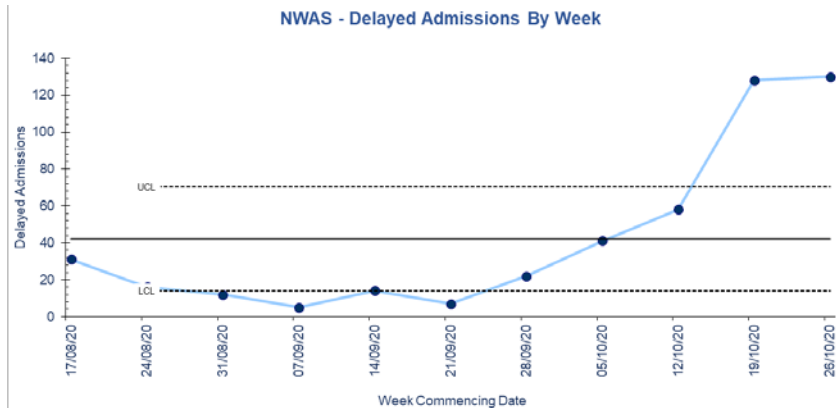


Table O2.2

Week Commencing	No. of Delayed Admissions
17/08/2020	31
24/08/2020	16
31/08/2020	12
07/09/2020	5
14/09/2020	14
21/09/2020	7
28/09/2020	22
05/10/2020	41
12/10/2020	58
19/10/2020	128
26/10/2020	130

## A&E Turnaround Times

The average turnaround for October 2020 was 32 minutes 32 seconds across the North West. This is an increase on previous recent months. Lost emergency ambulance hours at the Emergency Department continues to increase due to a delay in handover and for October equates to 2483 lost hours. The Trust continue to work with NW NHSEI and Acutes across the region to address the increase in hospital handover.

The 5 hospitals with the longest turnaround times during October 2020 were:

Royal Oldham	41:50
Whiston	38:44
Royal Albert Edward Infirmary	36:56
Royal Bolton	36:47
Aintree University	35:51

We are now entering into the second wave of COVID-19. This has put pressure on NWAS with increased staff abstractions, 6064 days absence were lost in October due to COVID related illness, increased job cycle times due to cleaning, donning and doffing of PPE. The Trust has now stood up its command structure to mitigate the impact of the additional pressure.

Since the end of August 2020 delayed admissions to hospitals have become an increasing problem for trust. During the week commencing 26th October there were 130 instances where patients were held in the back of the ambulance after arrival at hospital. Since August there have been 636 occasions where this has occurred. The average length of these delays was 70 minutes. In total just over 702 hours have been lost to the trust because of this issue. There are ongoing investigations within the trust to address the delayed admissions.

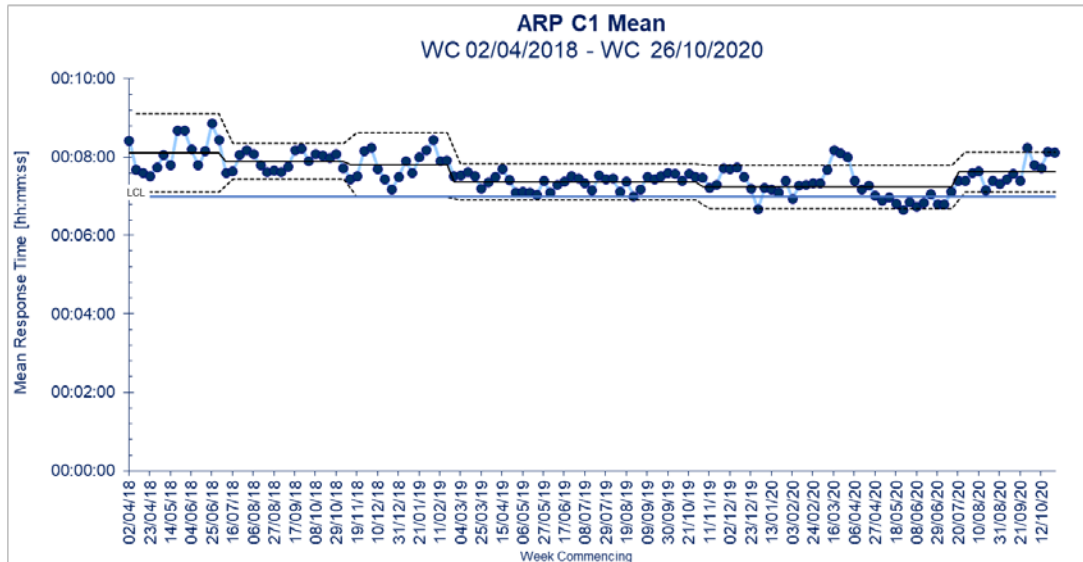
# O3 ARP RESPONSE TIMES

Table O3.1 - Incidents with a response

Month/Yr	C1	C2	C3	C4
Nov-19	10,787	53,795	15,992	3,438
Dec-19	11,276	57,593	14,551	4,738
Jan-20	9,803	52,929	14,070	5,244
Feb-20	8,879	47,867	12,456	4,360
Mar-20	9,855	51,929	13,151	4,095
Apr-20	7,476	42,643	17,779	3,697
May-20	6,423	43,931	17,881	4,790
Jun-20	6,688	45,477	16,507	4,195
Jul-20	7,642	48,575	17,245	3,352
Aug-20	8,528	49,476	16,503	2,990
Sep-20	8,539	49,551	15,070	2,832
Oct-20	9,363	52,072	15,146	2,509

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Figure O3.1



## Activity

### ARP Response Times

C1 Mean and 90th both Spike for 1 day on the 1st October due to an incident involving the evacuation of Estuary Point and loss of C3. An investigation is being completed jointly by Estates, IT and Operations to understand the root cause and identify any lessons learned.

Only C1 90th centile was achieved in October. All other standards are not being achieved. The primary reason for this is related to COVID 19 abstractions. To combat this the Trust has increased additional resources from third party providers, increased the scope of practice for these providers, paused non-essential staff release and is focused on maximising operational resources to meet the needs of patients.

C2 long waits have increased which is a major concern. A new process for managing waiting calls is being piloted which brings consistency and a safety aspect to escalating waiting calls.

In the national comparator data for August we rank 11<sup>th</sup> for all expect for C1 where we are 9<sup>th</sup>.

The biggest contributor to the decline in all our standards has been COVID 19 related abstractions. In October we lost 6064 days of staffing due to being COVID 19 positive, TTT or self isolating. In recent weeks the changes implemented above have taken effect. The Trust has now improved to middle and lower quartiles in comparison with other trusts. Another contributing factor is the loss of resource due to increased handover delays which equated to 2336 hours or 97 24/7 ambulances.

### C1 Performance

#### C1 Mean

Target: 7 minutes

NWAS

October 2020: 8:03

YTD: 7:21

There is special cause variation with more than one week being on or above the upper control limit. This is primarily due to COVID 19 abstractions.



Figure O3.4

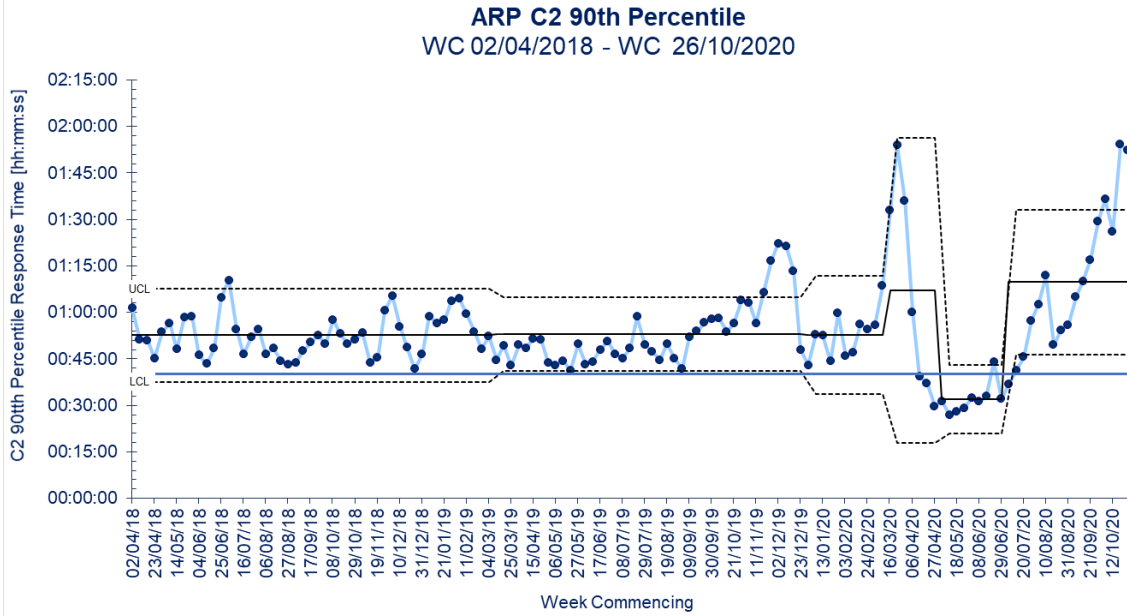
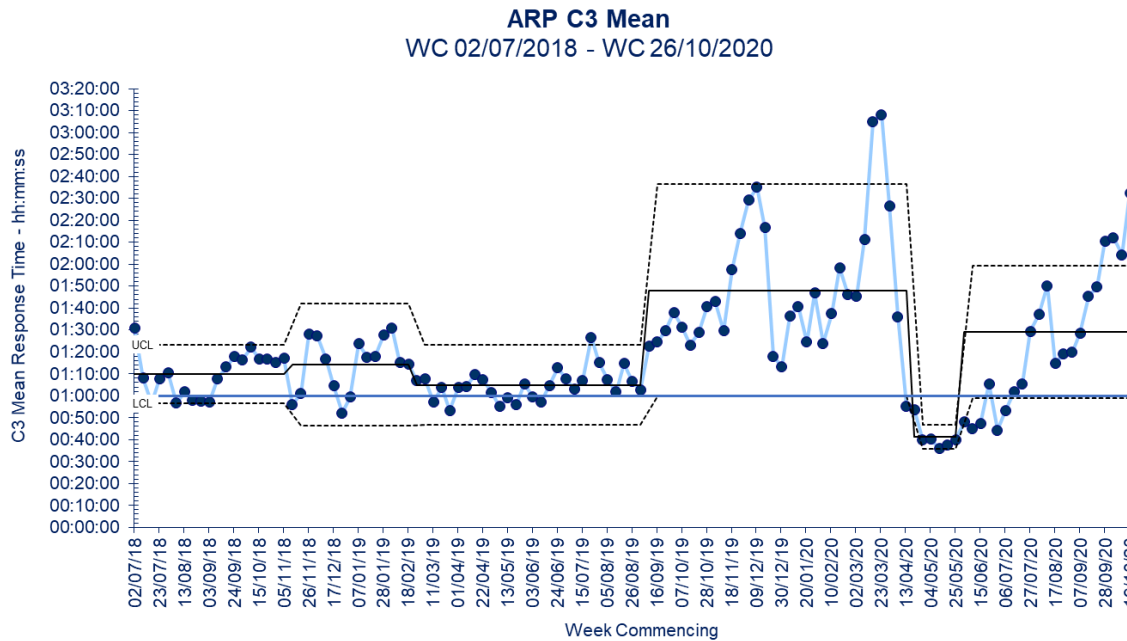


Figure O3.5



### C2 90<sup>th</sup> Percentile

Target: 40 Minutes

NWAS

October 2020: 1:40:28

YTD: 56:48

There is special cause variation with three out of the last 4 weeks being on or above the upper control limit.

### C3 Performance

#### C3 Mean

Target: 1 Hour

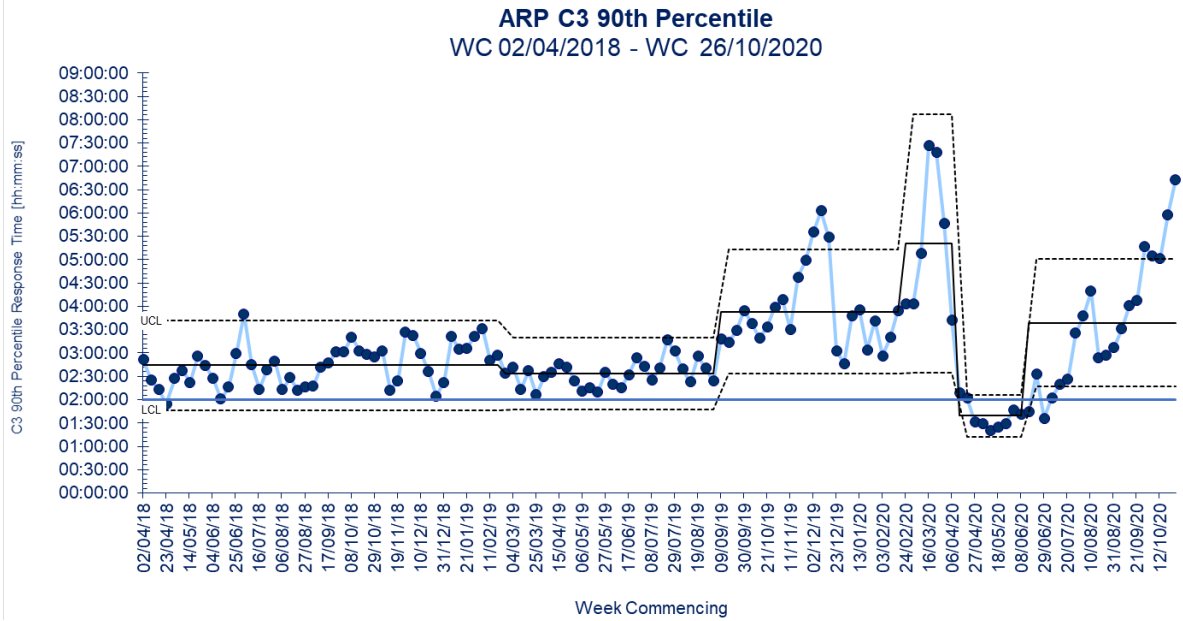
NWAS:

October 2020: 2:18:38

YTD: 1:17:38

There is special cause variation with the last 5 weeks being on or above the upper control limit.

Figure O3.6



**C3 90th Percentile**

Target: 2 Hours

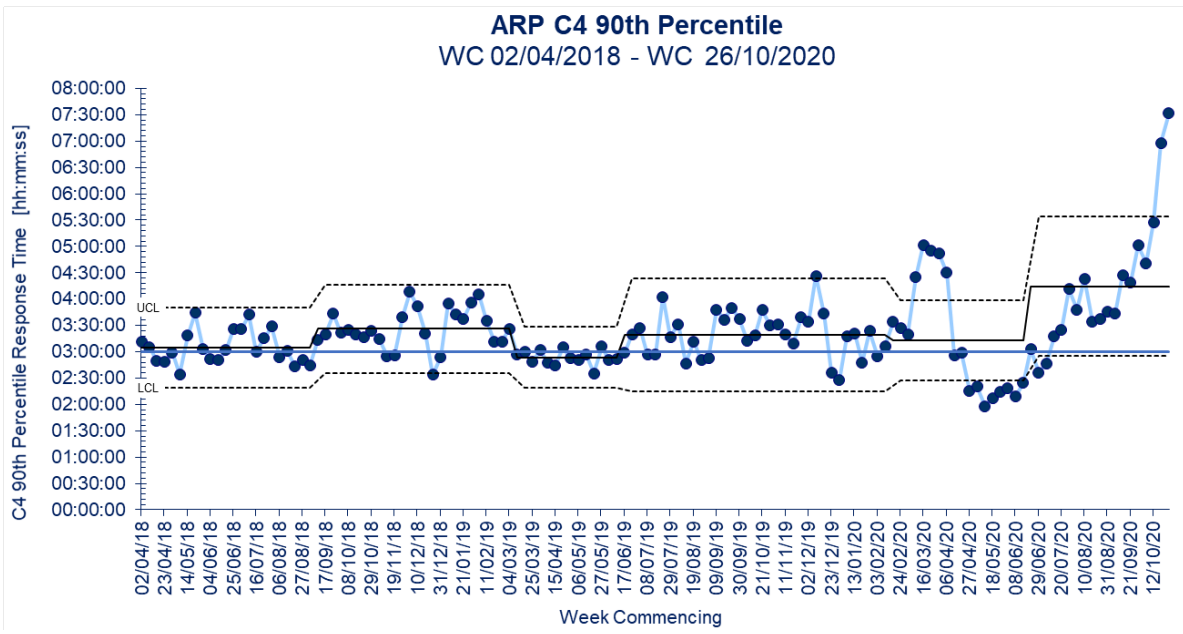
NWAS

October 2020: 5:36:30

YTD: 3:01:38

There is special cause variation with the last 5 weeks being on or above the upper control limit.

Figure O3.7



**C4 Performance**

**C4 90th Percentile**

Target: 3 Hours

NWAS

October 2020: 5:57:11

YTD: 3:25:03

There is special cause variation with the last 2 weeks being on or above the upper control limit.

Table O3.3 - C1

Provider	C1 Mean	C1 90th
London	6:21	10:35
South Central	6:23	11:43
North East	6:40	11:25
East of England	7:07	13:13
West Midlands	7:11	12:31
South East Coast	7:33	13:59
East Midlands	7:47	13:52
South Western	7:56	14:46
North West	8:03	13:22
Yorkshire	8:42	15:00
Isle of Wight	9:10	16:09

Table O3.4 - C2

Provider	C2 Mean	C2 90th
West Midlands	13:23	24:43
London	15:13	29:13
South Central	15:27	29:54
South East Coast	18:20	33:41
Isle of Wight	22:31	46:05
East of England	23:45	48:43
South Western	27:08	55:02
Yorkshire	29:13	1:01:55
East Midlands	30:11	1:03:15
North East	32:20	1:05:29
North West	45:40	1:40:28

Table O3.5 - C3

Provider	C3 Mean	C3 90th
London	39:22	1:31:38
West Midlands	40:20	1:33:39
South Central	45:52	1:45:17
East of England	1:01:25	2:32:25
Isle of Wight	1:08:35	2:47:17
South Western	1:20:51	3:14:49
South East Coast	1:23:48	3:06:47
Yorkshire	1:24:16	3:23:52
East Midlands	1:39:52	4:02:08
North East	1:57:58	4:53:30
North West	2:18:38	5:36:30

Table O3.6 - C4

Provider	C490th
West Midlands	2:22:11
South Central	2:37:28
London	2:52:32
Isle of Wight	2:55:15
East of England	3:19:22
North East	3:56:46
Yorkshire	4:00:47
South Western	4:16:45
East Midlands	4:23:32
South East Coast	4:28:26
North West	5:57:11



# O4 111 PERFORMANCE

Figure O4.1

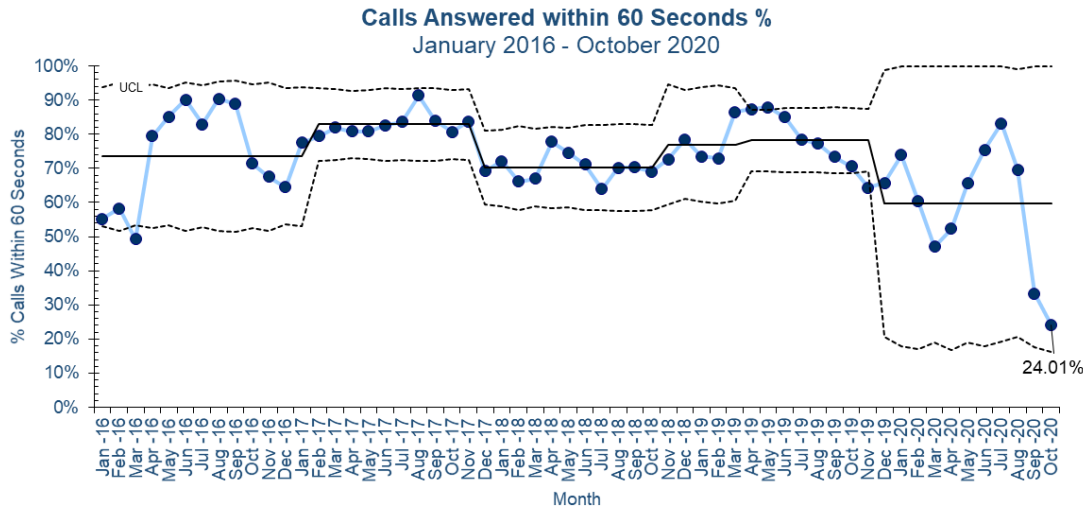
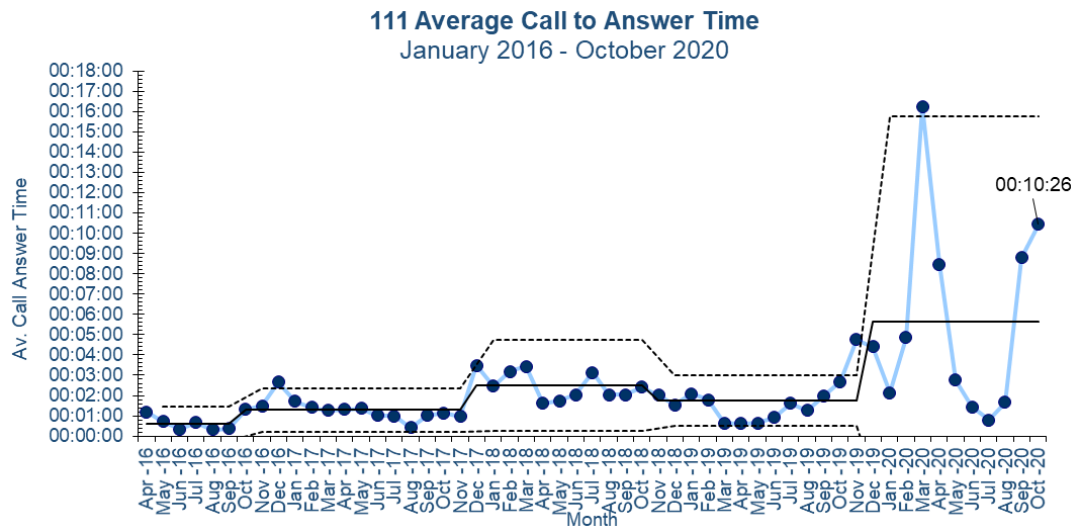


Figure O4.2



## 111 Performance

### Calls Answered within 60 seconds %

Target: 95%

### NWAS

October 2020: 24.01%

YTD: 58.61%

### National

79.1%

Performance throughout October was particularly challenging. This was due to the marked increase in staff absence relating to Covid, with staff either isolating or having a positive test result. Also Calls offered saw a 35% increase compared to the same period last year.

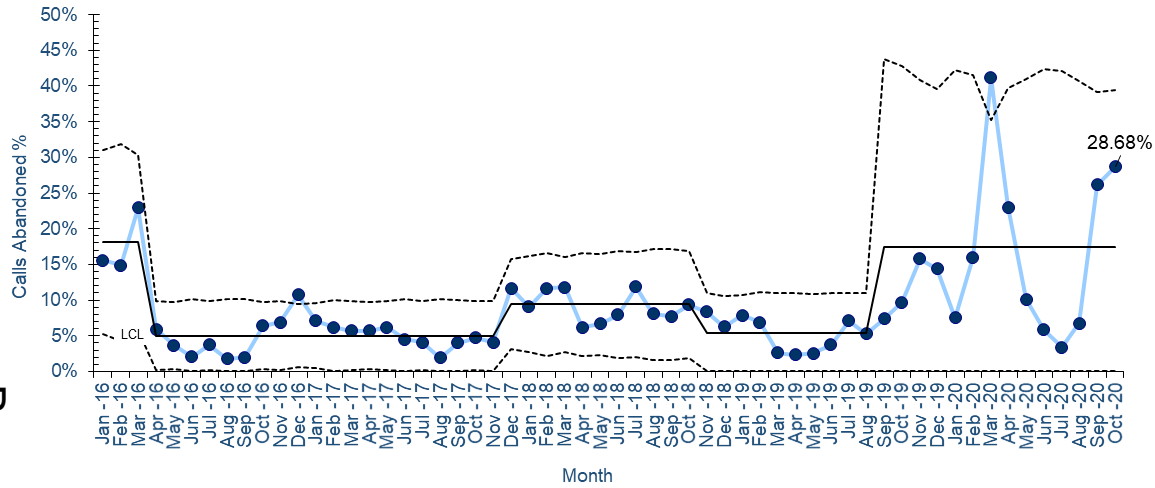
Throughout October on average 360 operational hours have been lost daily. This peaked on 18th October at 513 operational hours, which equates to around 40% loss.

Asymptomatic swabbing was introduced and offered to staff on 30th October, in the absence of data available to managers around the outcomes of the swabbing it is not thought to have had a significant contribution to the losses seen in the service.

In order to support performance NHS England agreed to support NWAS by implementing National contingency at 30%, this was put in place on 6th November, this was in recognition that the service had suffered a significant staff loss and consequent pressures on performance. This allowed the service to continue to deliver but with a reduced volume of calls. The contingency support was removed on the 12th November and performance during the contingency period was between 60% and just over 90%.

Figure O4.3:

111 Calls Abandoned %  
January 2016 - October 2020



**Calls Abandoned %**

Target: <5%

**NWAS**

October 20: 28.68%

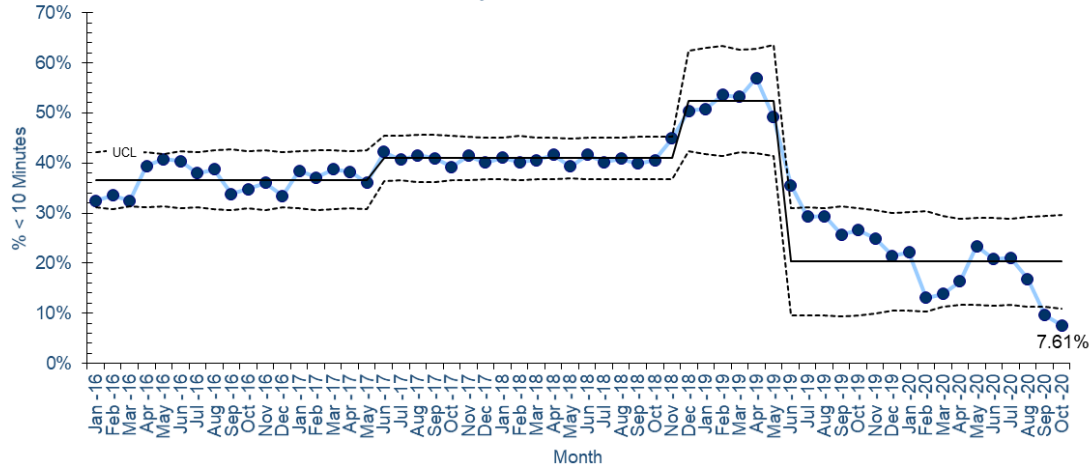
YTD: 15.80%

**National** 7.0%

Call abandoned KPI directly relates to the calls answered in 60s. When patients are waiting longer to have their calls answered there is a higher chance of these calls being abandoned, see previous section for detailed narrative.

Figure O4.4

Time Taken for Call Back < 10 Minutes %  
January 2016 - October 2020



**Call Back < 10 Minutes %**

Target: 75%

**NWAS**

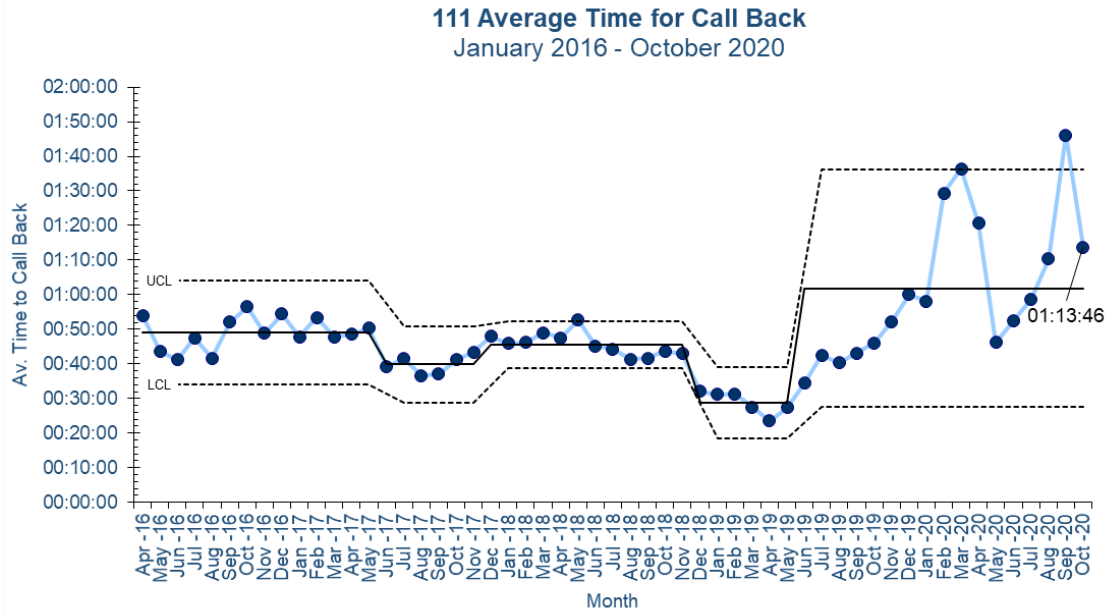
October 20: 7.61%

YTD: 16.78%

**National** 32.9%

As per previous narrative regarding staff absence.

Figure O4.5



**Warm Transfer to Nurse when Required%**

Target: 75%

**NWAS**

October 20: 33.57%

YTD: 26.59%

Delays in callbacks from clinicians occurred due to significant staff absence.

Calls waiting on the clinical queue for extended periods will be 'Comfort calling' to ensure that patients are aware there is a delay and that there is no immediate deterioration.

Figure O4.6

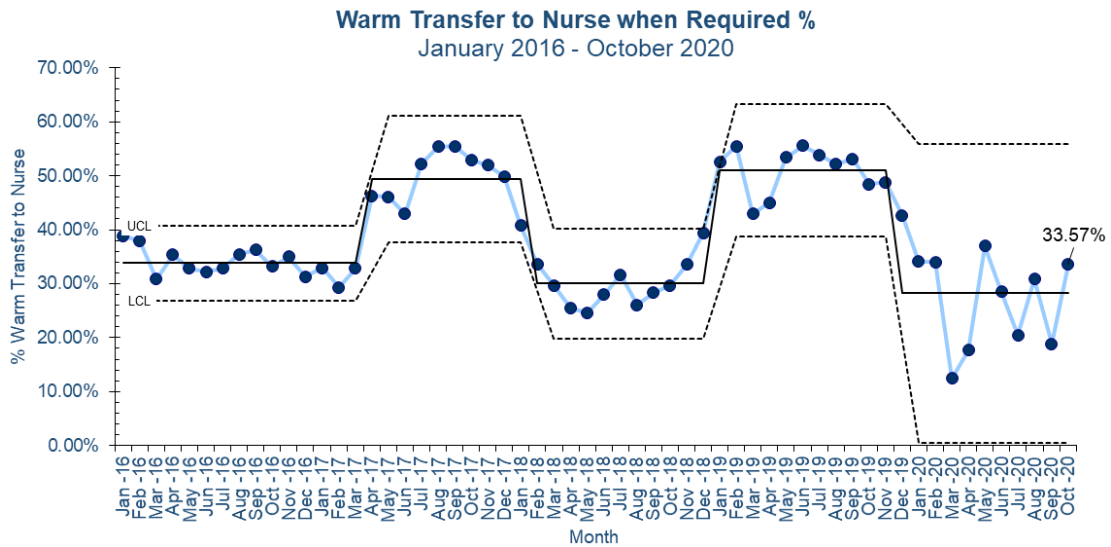


Table O4.1

Provider	Of calls offered, abandoned after at least 30 seconds
London Ambulance Service	0.3%
Integrated Care 24	0.3%
London Central & West Unscheduled Care Collaborative	0.4%
Derbyshire Health United	0.5%
West Midlands Ambulance Service	1.0%
Practice Plus Group (prev. Care UK)	1.3%
Herts Urgent Care	1.4%
Yorkshire Ambulance Service	1.8%
Kernow Health	2.7%
Isle of Wight NHS Trust	3.1%
Medvivo	3.9%
Vocare	4.1%
South East Coast Ambulance Service	5.4%
South Central Ambulance Service	7.4%
Devon Doctors Ltd.	9.3%
Dorset Healthcare	12.2%
North East Ambulance Service	19.9%
North West Ambulance Service	28.8%

Table O4.2

Provider	Of calls answered, calls answered in 60 seconds
London Central & West Unscheduled Care Collaborative	96.9%
Integrated Care 24	96.8%
Derbyshire Health United	96.7%
London Ambulance Service	96.7%
Practice Plus Group (prev. Care UK)	91.7%
Isle of Wight NHS Trust	90.3%
West Midlands Ambulance Service	90.3%
Herts Urgent Care	89.0%
Kernow Health	81.4%
Yorkshire Ambulance Service	80.5%
Devon Doctors Ltd.	77.7%
Vocare	77.3%
Medvivo	77.1%
South Central Ambulance Service	69.3%
South East Coast Ambulance Service	66.6%
North East Ambulance Service	56.2%
Dorset Healthcare	55.5%
North West Ambulance Service	23.8%

Table O4.3

Provider	Of call backs, call backs in 10 minutes	Provider	Of call backs, call backs in 10 minutes
Derbyshire Health United	67.0%	West Midlands Ambulance Service	25.2%
Isle of Wight NHS Trust	53.2%	Devon Doctors Ltd.	24.4%
Integrated Care 24	45.8%	Kernow Health	23.7%
Herts Urgent Care	42.5%	Medvivo	22.1%
Vocare	40.6%	Yorkshire Ambulance Service	20.3%
London Central & West Unscheduled Care Collaborative	38.3%	South Central Ambulance Service	16.6%
Practice Plus Group (prev. Care UK)	37.7%	South East Coast Ambulance Service	12.5%
North East Ambulance Service	27.0%	North West Ambulance Service	8.2%
London Ambulance Service	25.7%	Dorset Healthcare	7.1%

# O5 PTS ACTIVITY AND TARIFF

NORTH WEST AMBULANCE PTS ACTIVITY & TARIFF SUMMARY									
TOTAL ACTIVITY									
Current Month: Oct 2020					Year to Date: July 2019 - Oct 2020				
Contract	Annual Baseline	Current Month Baseline	Current Month Activity	Current Month Activity	Current Month Activity	Year to Date Baseline	Year to Date Activity	Year to Date Activity	Year to Date Activity
Cumbria	168,290	14,024	8,036	(5,988)	(43%)	56,097	29,853	(26,244)	(47%)
Greater Manchester	526,588	43,882	28,648	(15,234)	(35%)	175,529	110,687	(64,842)	(37%)
Lancashire	589,181	49,098	26,760	(22,338)	(45%)	196,394	101,695	(94,699)	(48%)
Merseyside	300,123	25,010	17,845	(7,165)	(29%)	100,041	68,794	(31,247)	(31%)
NWAS	1,584,182	132,015	81,289	(50,726)	(38%)	528,061	311,029	(217,032)	(41%)

UNPLANNED ACTIVITY									
Current Month: Oct 2020					Year to Date: July 2019 - Oct 2020				
Contract	Annual Baseline	Current Month Baseline	Current Month Activity	Current Month Activity	Current Month Activity	Year to Date Baseline	Year to Date Activity	Year to Date Activity	Year to Date Activity
Cumbria	14,969	1,247	469	(778)	(62%)	4,990	2,692	(2,298)	(46%)
Greater Manchester	39,178	3,265	3,421	156	5%	13,059	17,243	4,184	32%
Lancashire	56,132	4,678	2,790	(1,888)	(40%)	18,711	13,977	(4,734)	(25%)
Merseyside	22,351	1,863	1,390	(473)	(25%)	7,450	6,441	(1,009)	(14%)
NWAS	132,630	11,053	8,070	(2,983)	(27%)	44,210	40,353	(3,857)	(9%)

ABORTED ACTIVITY			
Oct 2020			
Contract	Contract Aborts	Contract Activity	Contract Aborts %
Cumbria	405	10,713	4%
Greater Manchester	2,712	35,812	8%
Lancashire	1,716	32,727	5%
Merseyside	1,178	21,843	5%
NWAS	6,011	101,095	6%

## PTS Performance

Overall activity during Oct 2020 was 38% below contract baselines with Lancashire 45% below contract baselines whilst Merseyside is operating at -29% (-7165) Journeys below baseline. For the year-to-date position (July 2019 - Oct 2020) PTS is performing at -41% (-217032 journeys) below baseline. Within these overall figures, Cumbria and Lancashire are operating at 47% and 48% below baseline whilst Greater Manchester and Merseyside are operating at 37% and 31% below baseline respectively.

In terms of unplanned activity, cumulative positions within Greater Manchester and Merseyside are 32% (4184 journeys) and -14% (-1009 journeys) above baseline respectively. As unplanned activity is generally of a higher acuity requiring ambulance transportation, increased volumes in this area impact on resource availability leading to challenges in achieving contract KPI performance. Cumbria and Lancashire are -46% (-2298 journeys) and -25% (-4734 journeys) below baseline.

Due to a technical issue aborted activity is only available for the month. This will be reported as normal in future. In terms of overall trend analysis, Greater Manchester has experiencing upward activity movement for the 12 months up to around October 2018 where activity has plateaued. Lancashire has experienced a downward trend over the same period which is also plateauing whilst Cumbria and Merseyside are experiencing relatively consistent levels of activity.

# OH1 STAFF SICKNESS

Figure OH1.1

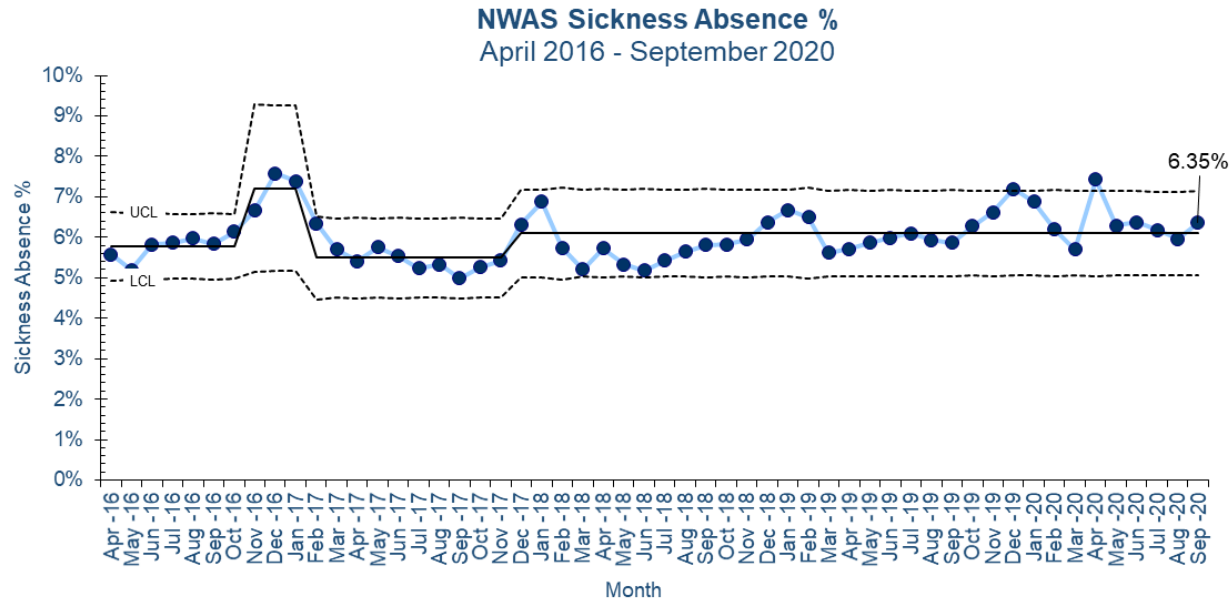


Table OH1.1

Sickness Absence	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
<b>NWAS</b>	6.27%	6.61%	7.19%	6.88%	6.20%	5.70%	7.42%	6.30%	6.38%	6.18%	5.96%	6.35%
<b>Amb. National Average</b>	5.85%	6.01%	6.60%	6.38%	5.93%	6.75%	7.40%	5.38%	4.65%			

## Staff Sickness

The overall sickness absence rates for September 2020 were 6.35% with figure OH1.1 displaying a stable position within control limits, despite the higher impact of COVID related sickness. This includes COVID-19 related sickness of 0.84%.

111 have shown good improvements compared to last year, September figures for non COVID-19 sickness were 6.82% which is a significant reduction from the same period last year which was 11.31% but overall figures show the impact of the outbreak at the Middlebrook site with the highest COVID related sickness of 1.4%

PTS sickness was 7.75% which is slightly higher than last year. PES sickness is at 6.3% of which 5.3% is non COVID-19 related which demonstrates a stable position with the underlying non-COVID sickness running below last year.

In addition to sickness reported via ESR, COVID-19 self-isolating absences have been captured by GRS, Telipoti and Marvel. This data is reported externally.

Figure OH1.2:

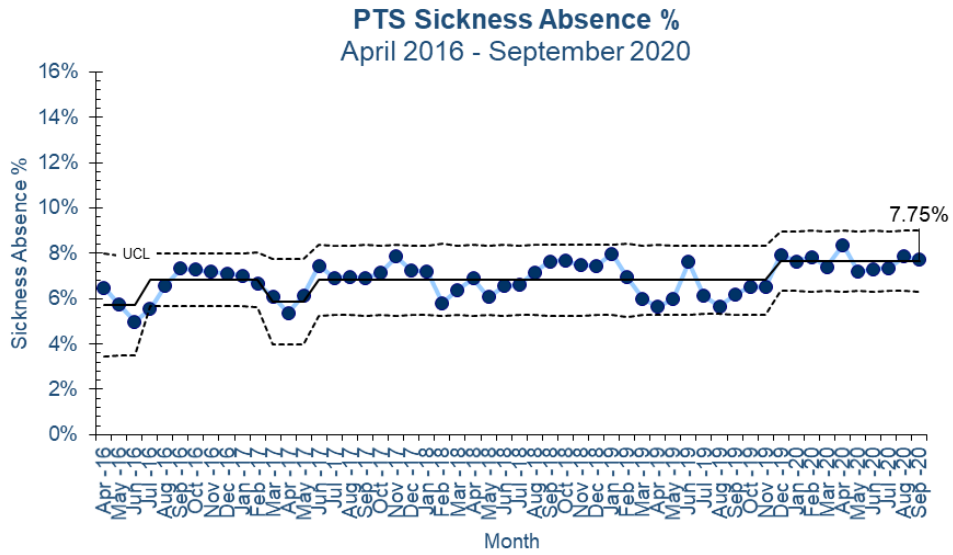


Figure OH1.3:

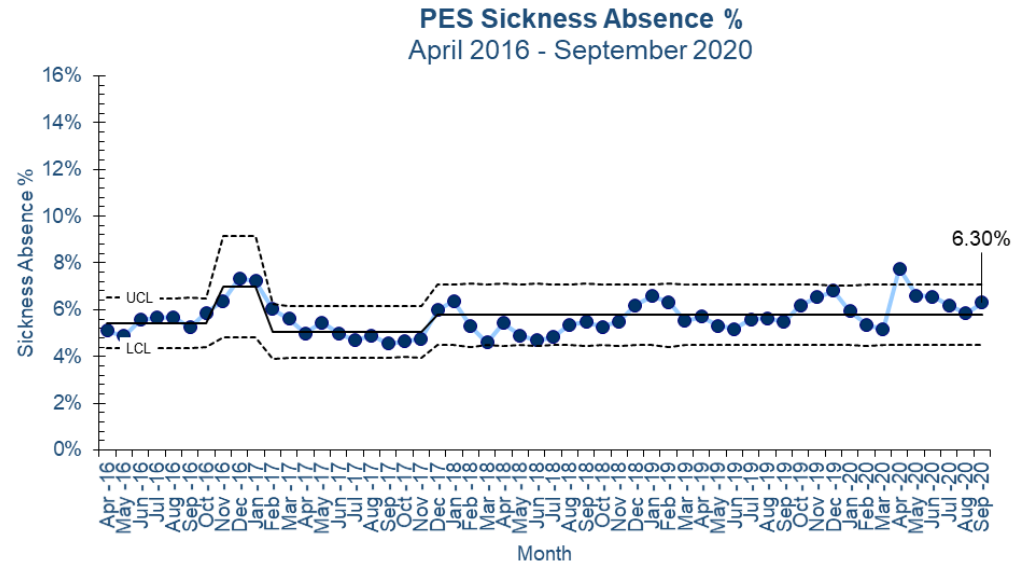


Figure OH1.4:

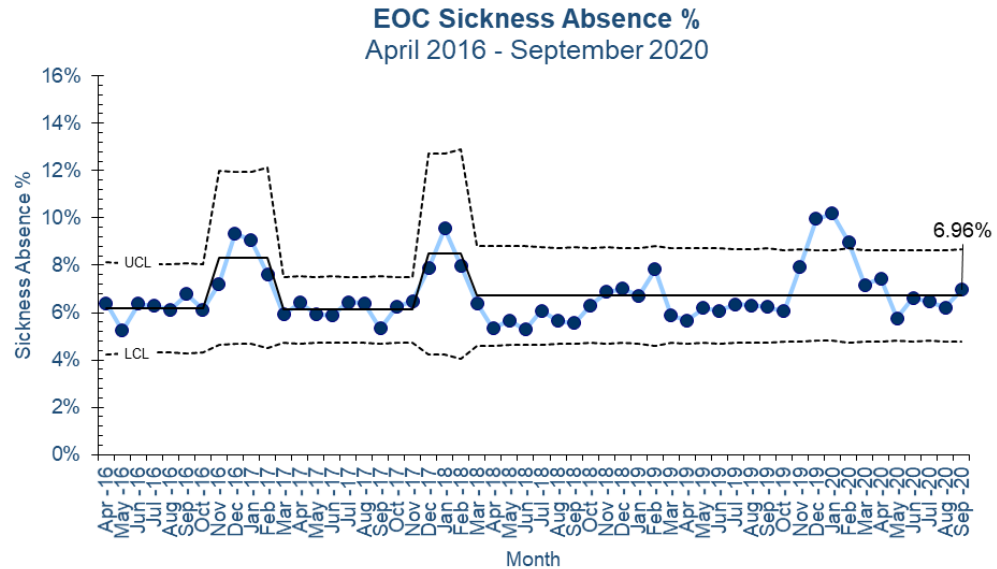


Figure OH1.5:

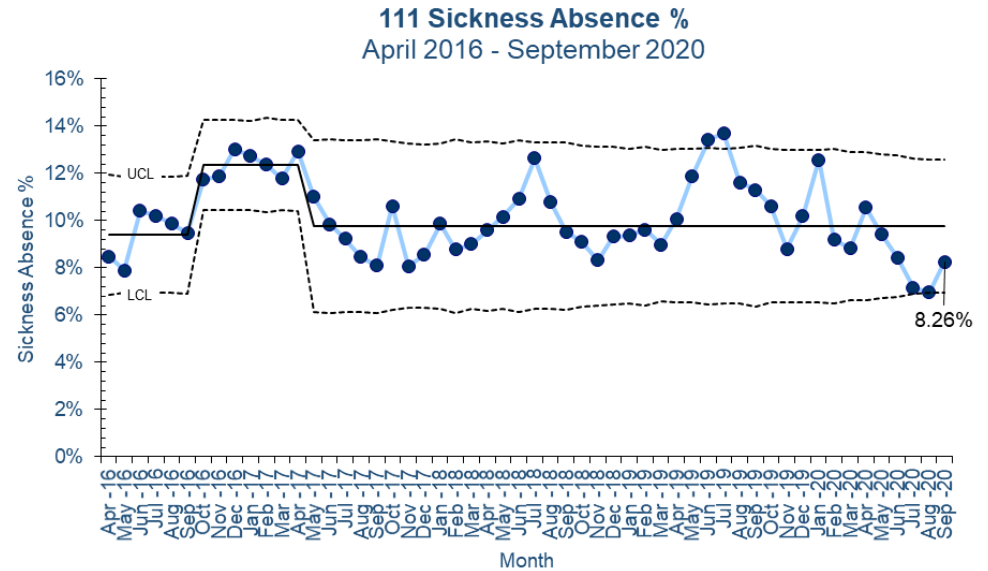


Figure OH1.6:

NWAS Sickness Covid & Non Covid

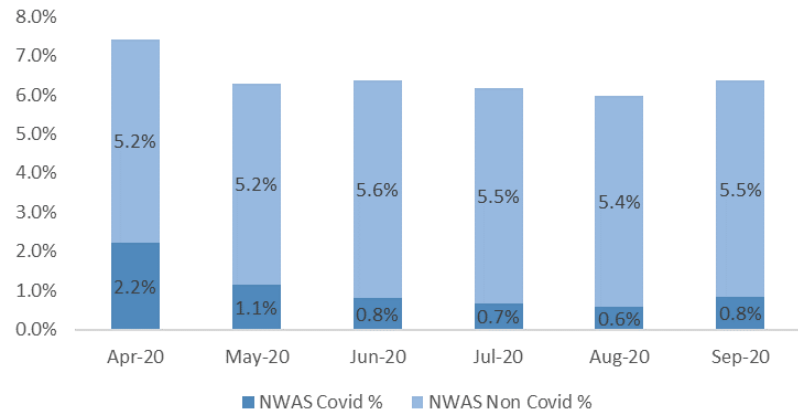


Figure OH1.7:

PTS Sickness Covid & Non Covid

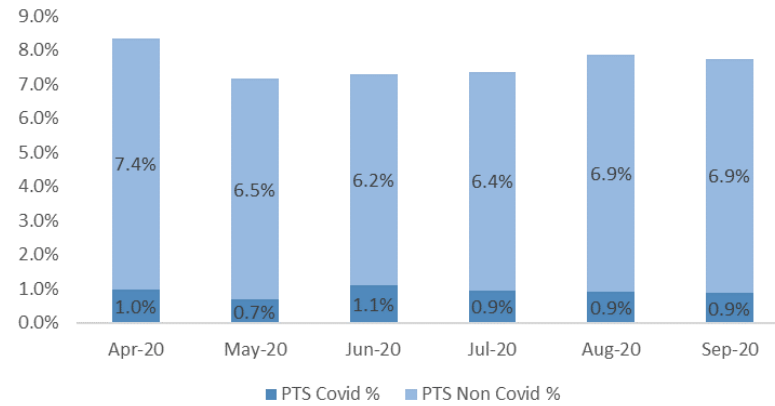


Figure OH1.8:

PES Sickness Covid & Non Covid

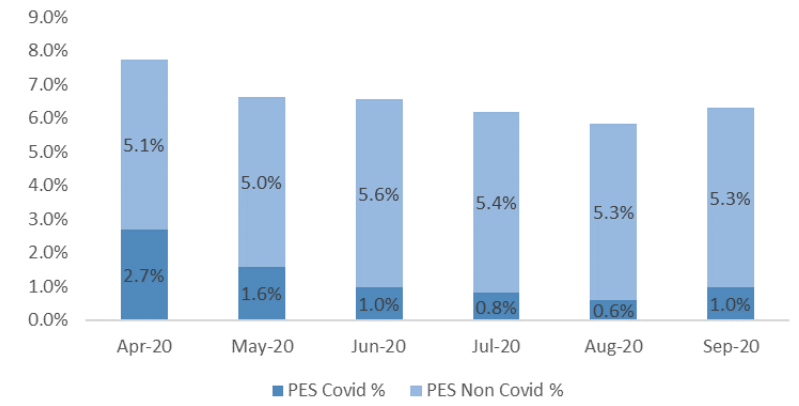


Figure OH1.9:

EOC Sickness Covid & Non Covid

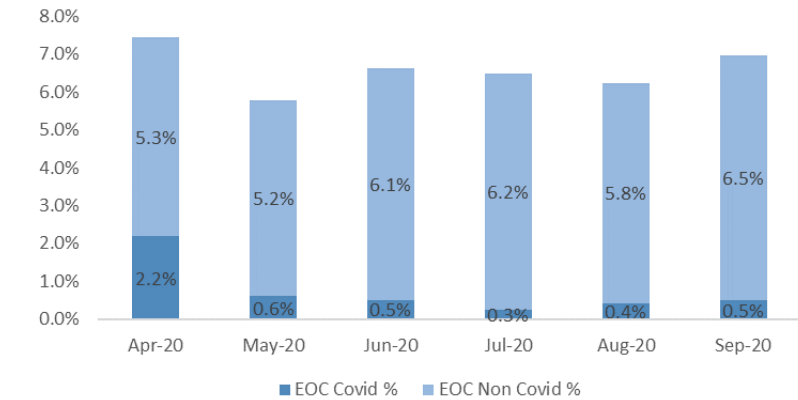


Figure OH1.10:

111 Sickness Covid & Non Covid

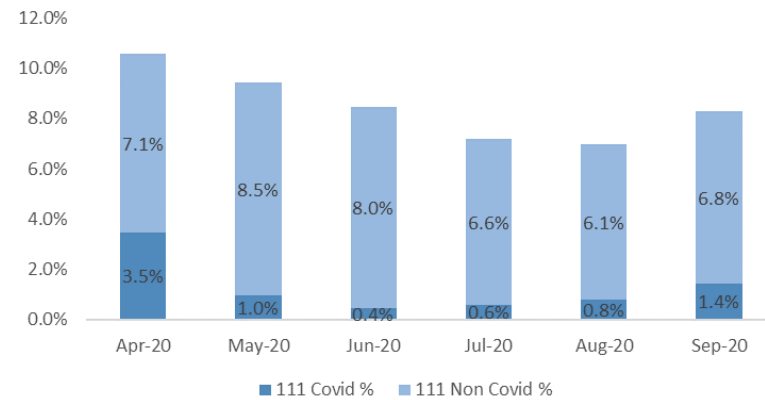
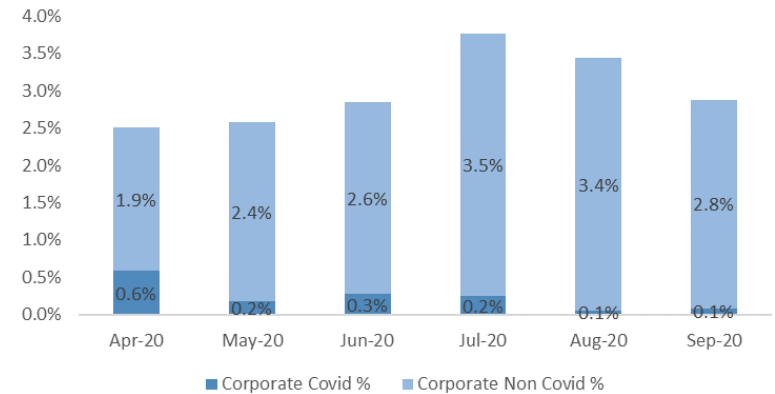


Figure OH1.11:

Corporate Sickness Covid & Non Covid





# OH2 STAFF TURNOVER

Figure OH2.1

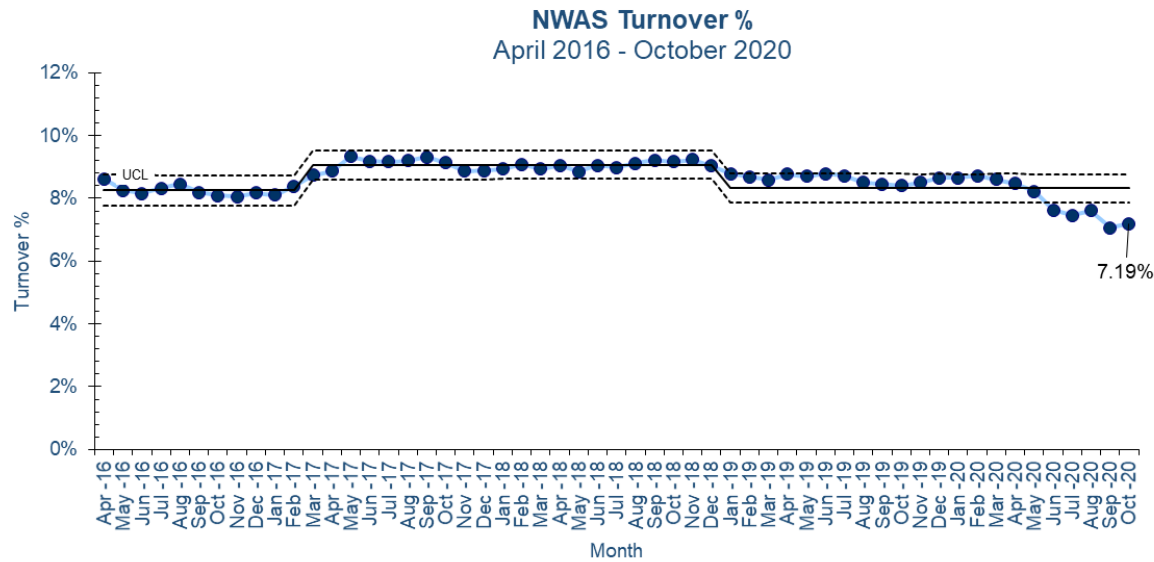


Table OH2.1

Turnover	Nov - 19	Dec - 19	Jan - 20	Feb - 20	Mar - 20	Apr - 20	May - 20	Jun - 20	July-20	Aug-20	Sep-20	Oct-20
<b>NWAS</b>	8.51%	8.65%	8.66%	8.72%	8.60%	8.46%	8.22%	7.63%	7.46%	7.60%	7.07%	7.19%
<b>Amb. National Average</b>	9.20%	8.92%	9.08%	9.12%	9.12%	8.94%	8.98%	8.69%	8.52%			

## Staff Turnover

Turnover is calculated on a rolling year average and this does lend to some small variations between months with October 2020 turnover being 7.19%

Figure OH2.1 is showing special cause variation with the last two data points below the lower control limit. However in this scenario it is a positive position. All service lines are close to the lower control limit.

Staff turnover has in the main been positively affected by COVID-19 and the changed job market. 111 has seen the most significant reduction in turnover to 18.94% but overall the Trust turnover remains lower than sector average.

Figure OH2.2

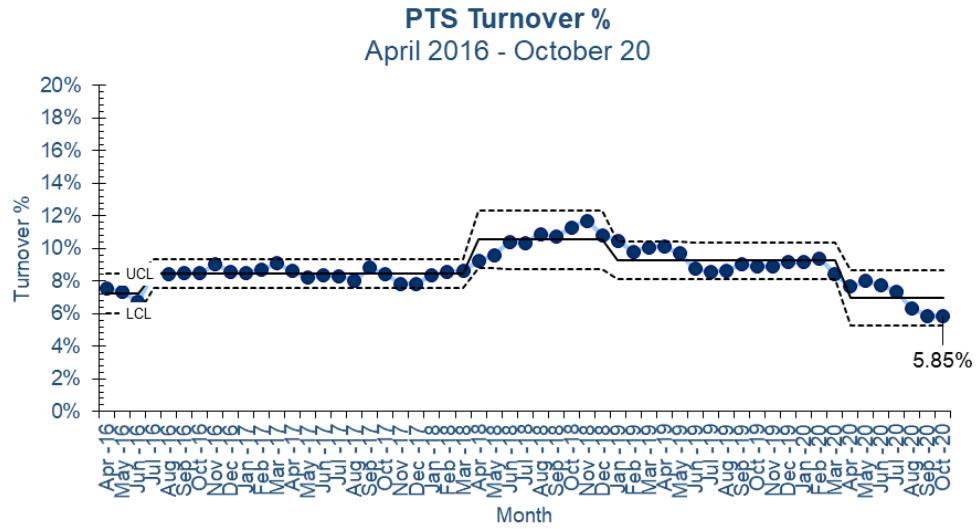


Figure OH2.3

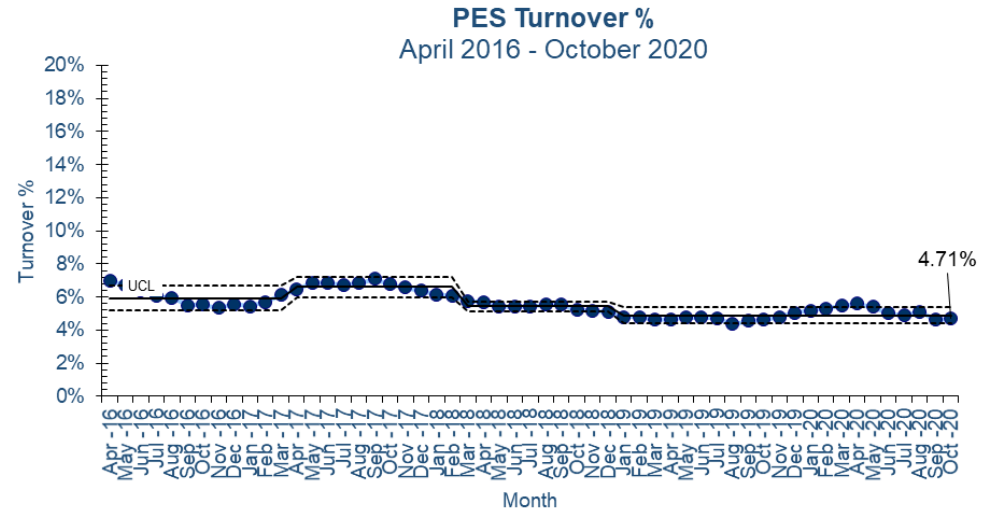


Figure OH2.4

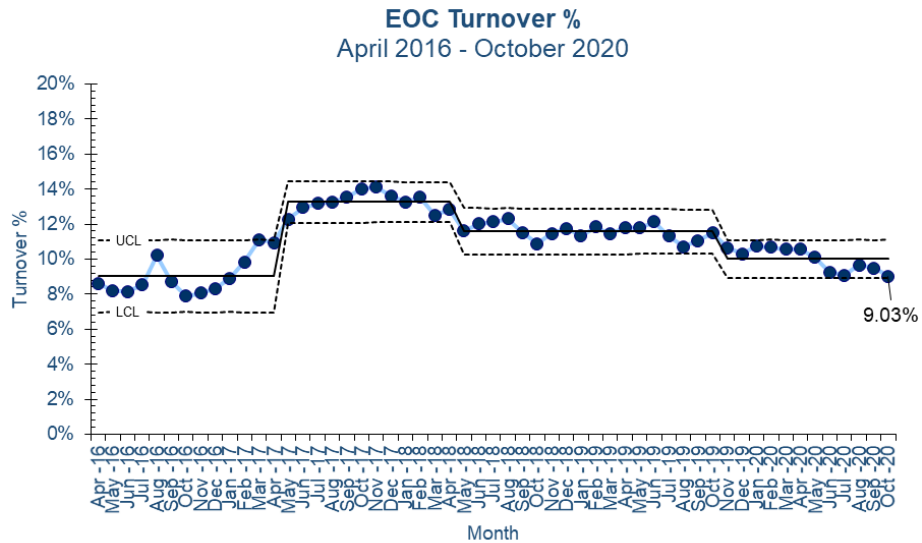
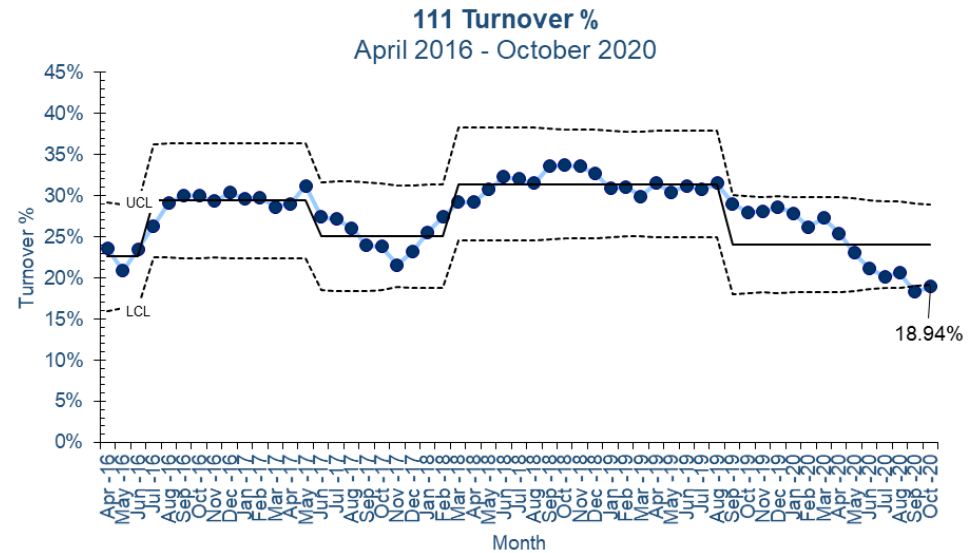
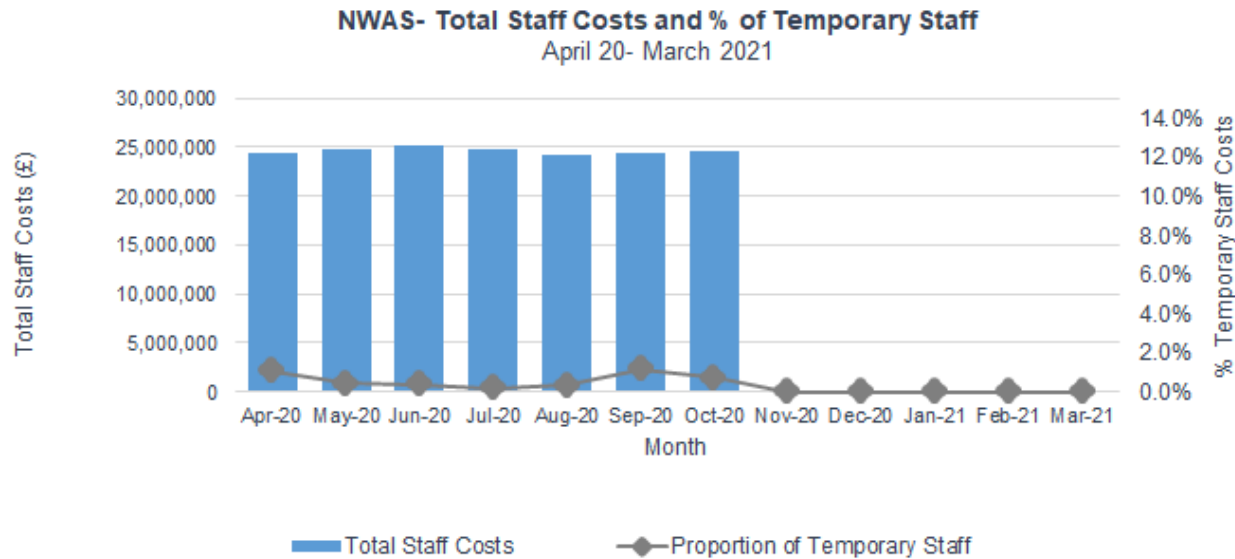


Figure OH2.5



# OH4 TEMPORARY STAFFING

Figure OH4.1:



## Temporary Staffing

As a result of COVID-19 , the Trust Agency usage and expenditure is projected to exceed the Agency ceiling, although this does not form part of reporting under the emergency arrangements. The Trust has not been advised of any changes to the 2019/20 ceiling limits.

Agency staff have been used to support the Trust's response to the Pandemic and have been utilised primarily in the Contact Centre environment.

ELC approved the recruitment of an additional 123 Agency staff in EOC for the period up to the end financial year, so levels are expected to remain higher than in previous years.

BAF Risk: SR04; SR11

Table OH4.1

NWAS	Nov-2019	Dec-2019	Jan -20	Feb-20	Mar-20	Apr-20	May-20	June-20	Jul-20	Aug-20	Sep-20	Oct-20
Agency Staff Costs (£)	82,553	79,503	57,922	80,913	153,153	261,425	523,449	647,832	465,485	407,651	466,727	386,841
Total Staff Costs (£)	21,758,192	21,083,687	21,613,064	22,646,658	21,904,103	24,361,995	24,812,375	25,181,809	24,737,935	24,176,859	24,352,743	24,669,105
Proportion of Temporary Staff %	0.1%	0.2%	0.6%	0.2%	0.4%	1.1%	0.4%	0.4%	0.2%	0.3%	1.2%	0.7%

Figure OH4.2:

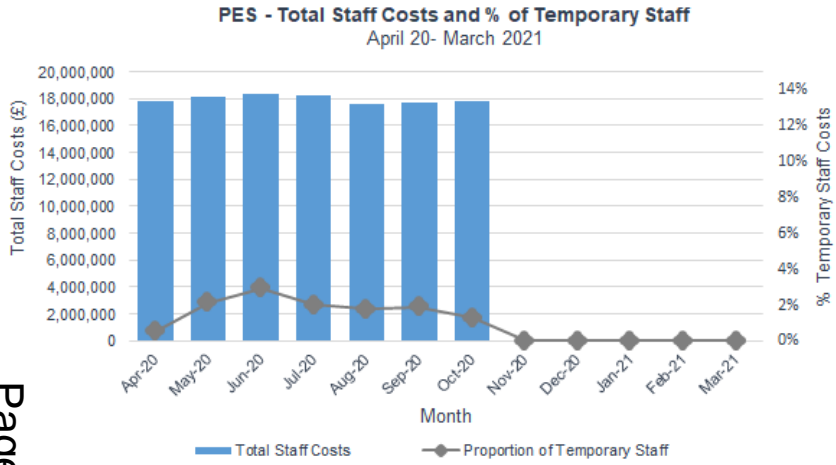


Figure OH4.3:

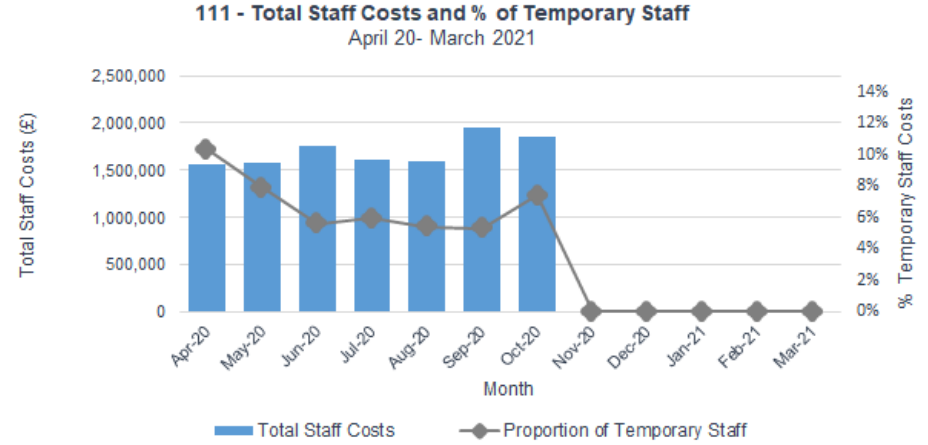


Figure OH4.4:

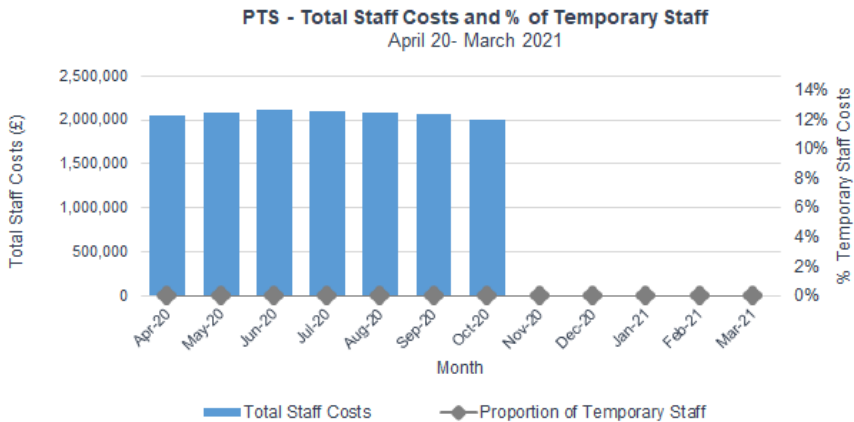
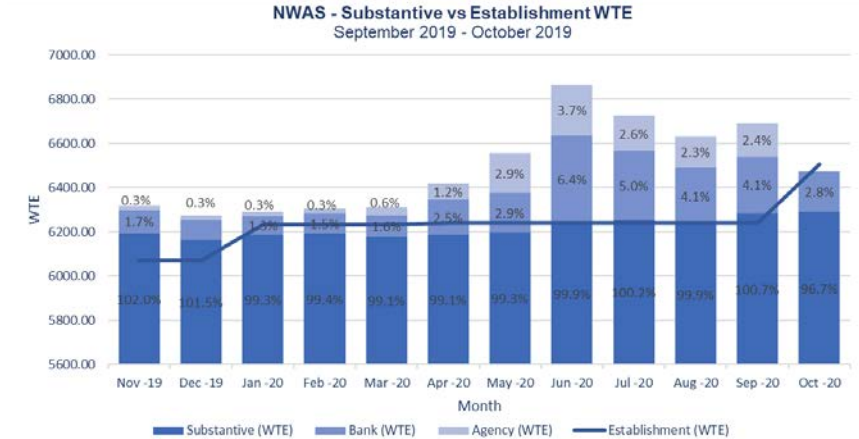
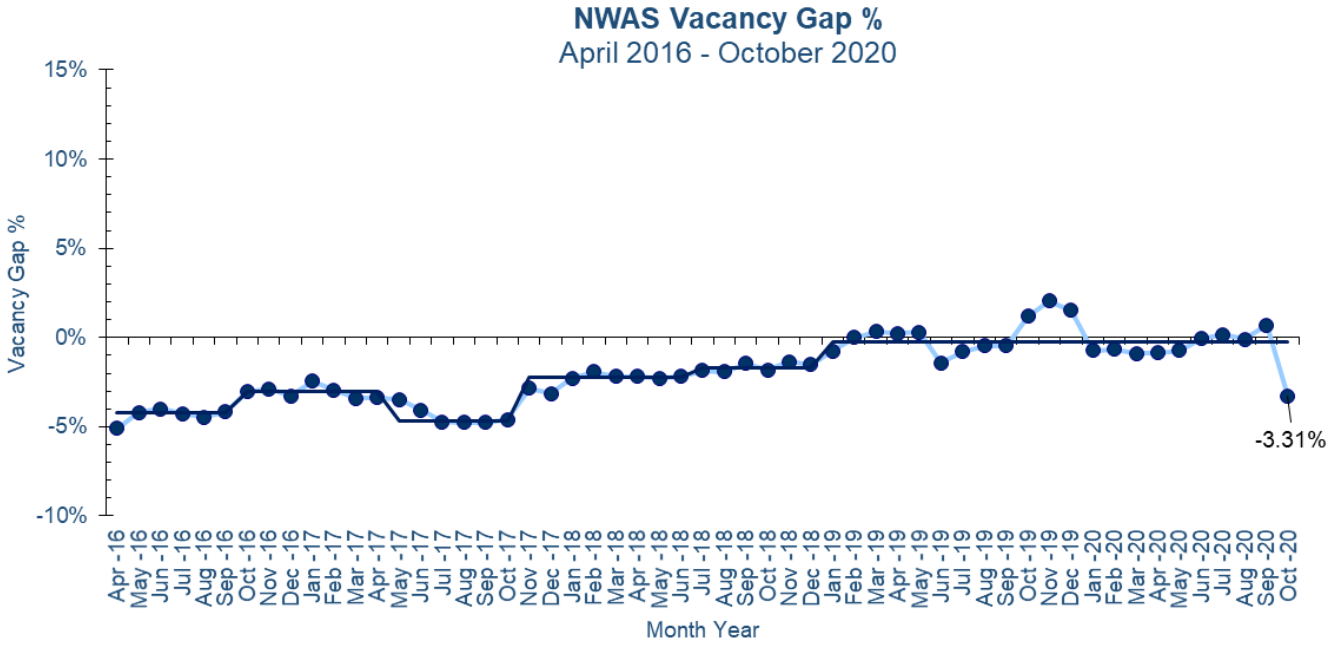


Figure OH4.5:



# OH5 VACANCY GAP

Figure OH5.1



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Table OH5.1

Vacancy Gap	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	July-20	Aug-20	Sep-20	Oct-20
<b>NWAS</b>	2.05%	1.51%	-0.72%	-0.64%	-0.90%	-0.86%	-0.72%	-0.07%	0.17%	-0.08%	0.69%	-3.31%

## Vacancy Gap

Chart OH5.1 shows a worsening of the vacancy position but this reflects the significant change in establishment implemented in month in 111 as a result of the agreed contract extension and 111 First.

Although recruitment plans for 111 are on track the establishment change now shows the current position against all the growth requirements resulting in a current vacancy gap of 15% (OH5.5).

Plans should deliver an over-establishment of Health Advisors by December and a further reduction of Clinical Advisor vacancies. Both roles are supplemented by agency and bank working to bridge the gap.

The vacancy position in PES is positive and very stable within 1% of establishment. This excludes the continuing use of PTS staff to supplement resources (OH 5.3). The increase in PTS vacancies in October reflects the permanent appointment of some of these staff onto the EMT1 apprenticeship.

This shows an over establishment at the end of October 2020 in EOC at 4.04% (OH 5.4)

Figure OH5.2

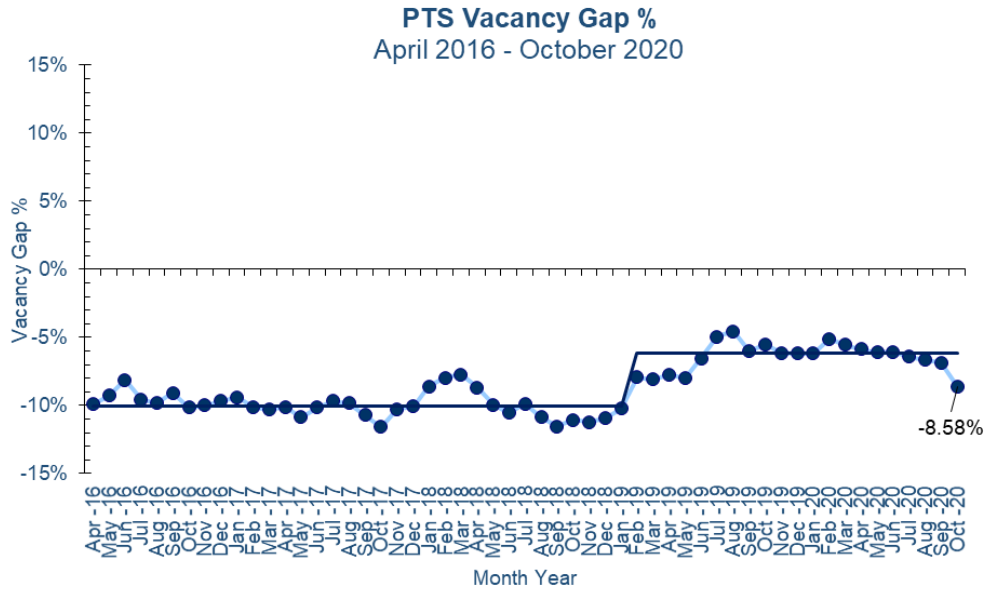


Figure OH5.3

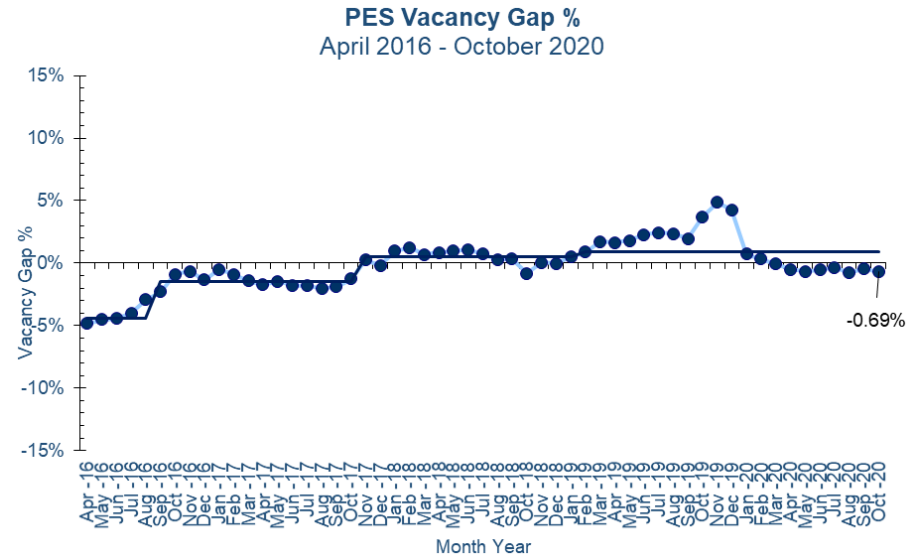


Figure OH5.4

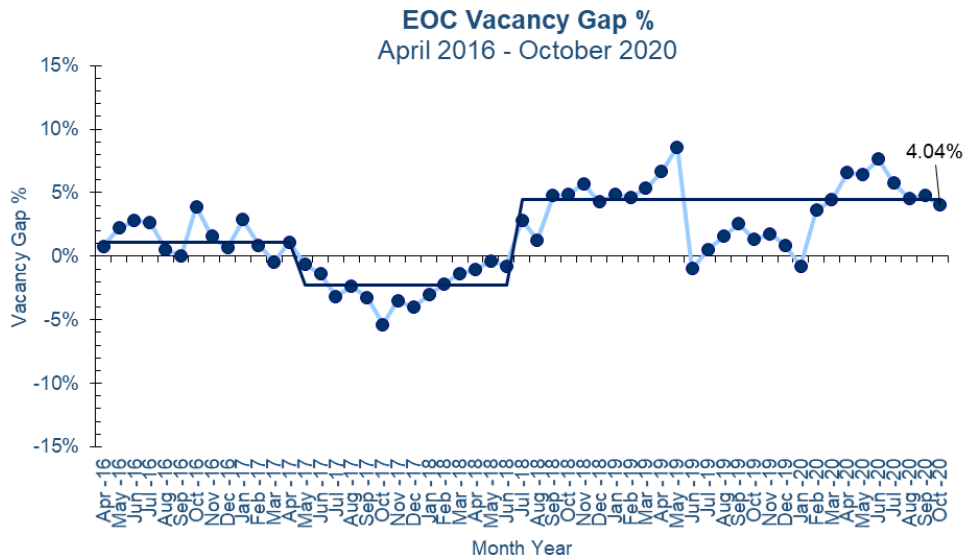
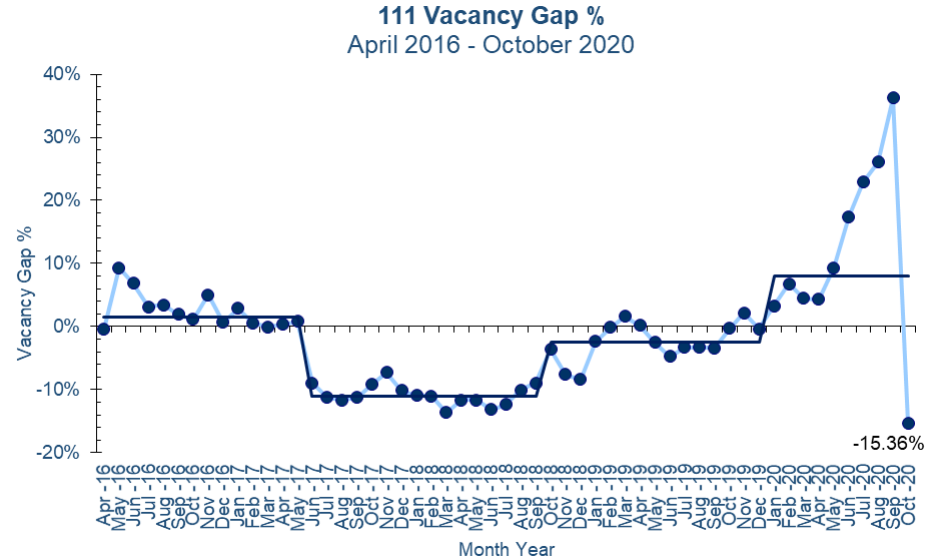
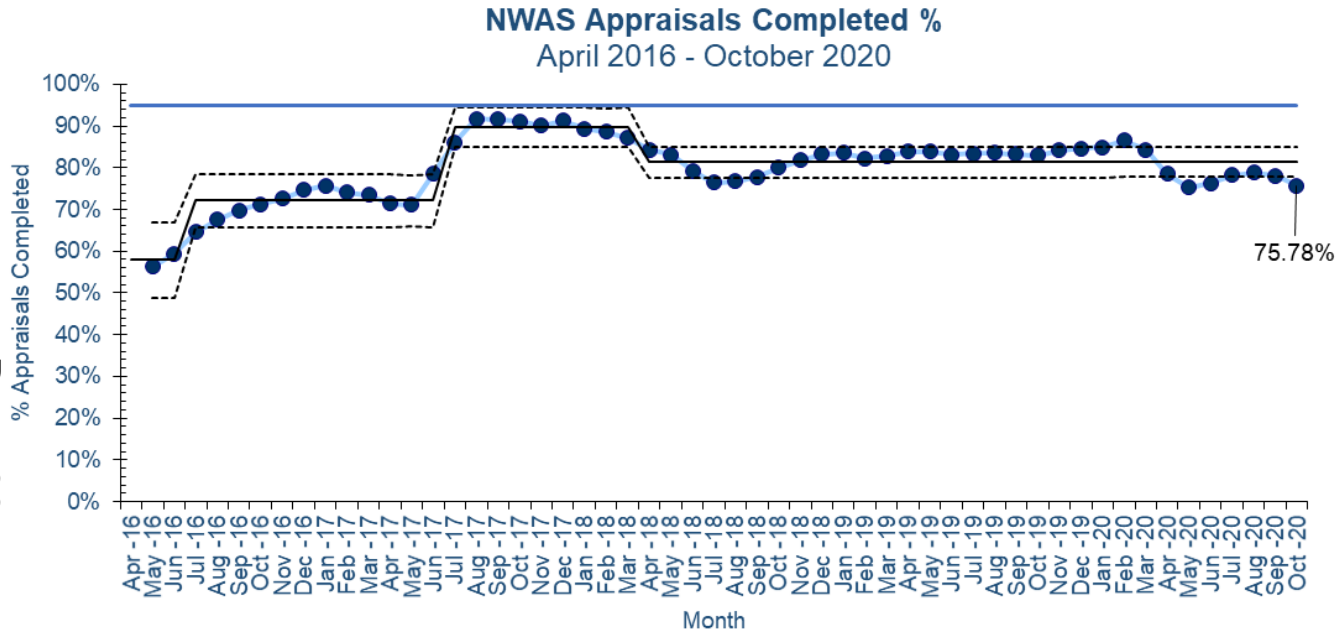


Figure OH5.5



# OH6 APPRAISALS

Figure OH6.1



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Table OH6.1

Appraisals	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
NWAS	84%	85%	85%	87%	84%	78%	75%	76%	78%	79%	78%	76%

## Appraisals

As a result of the impact of COVID-19, appraisals were paused in March 2020 in line with national guidance. They were recommenced in June and improvement can be seen in OH 6.1 until the commencement of the second wave. Appraisals were formally paused again for frontline staff on October 21<sup>st</sup> as a result of demand and high levels of absences.

As a result completion rates are currently 76% overall.

PES rates are at 78% and PTS at 78%. 111 have the most challenging rates at 47%.

Following resumption in June 2020, a revised target was set as part of recovery planning of 85%.

The current pause is under regular review and recovery plans will be revised as staffing levels improve.

Figure OH6.2

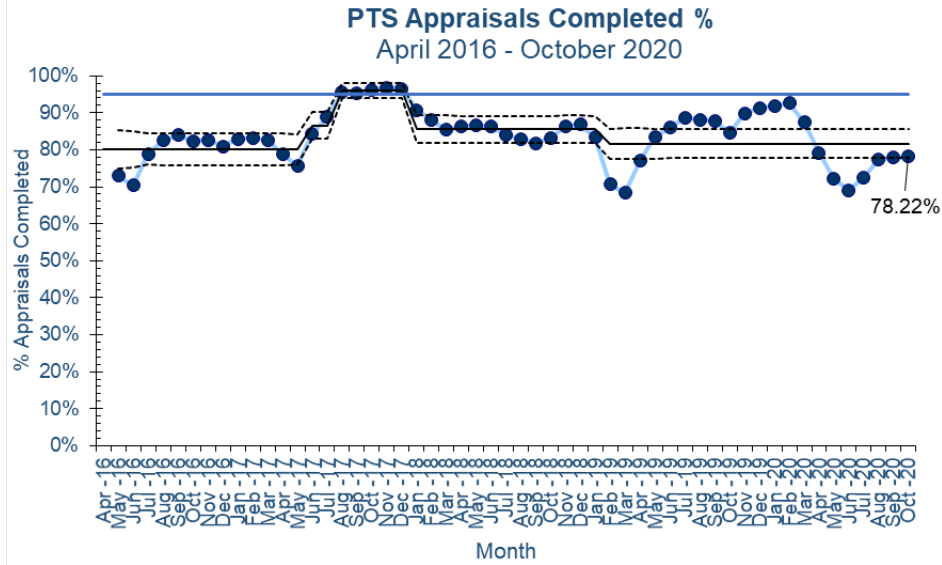


Figure OH6.3

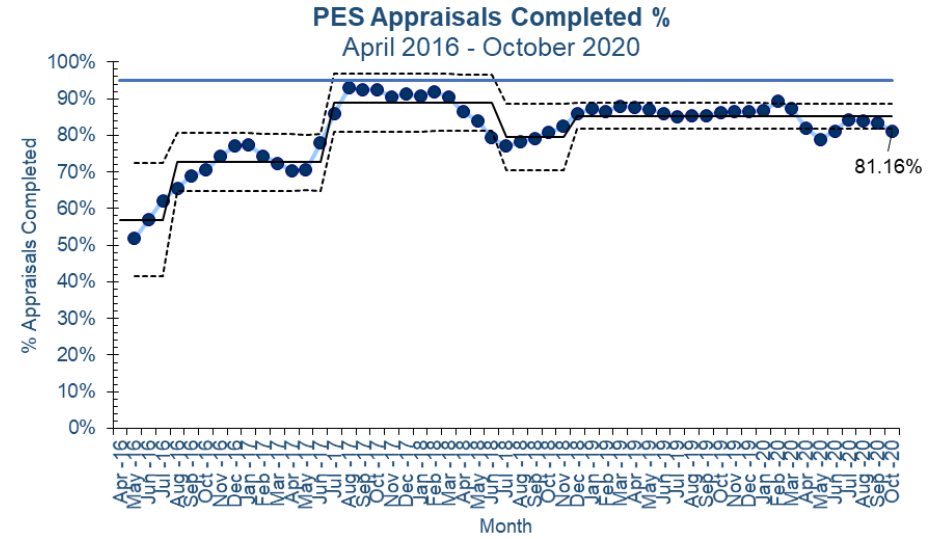


Figure OH6.4

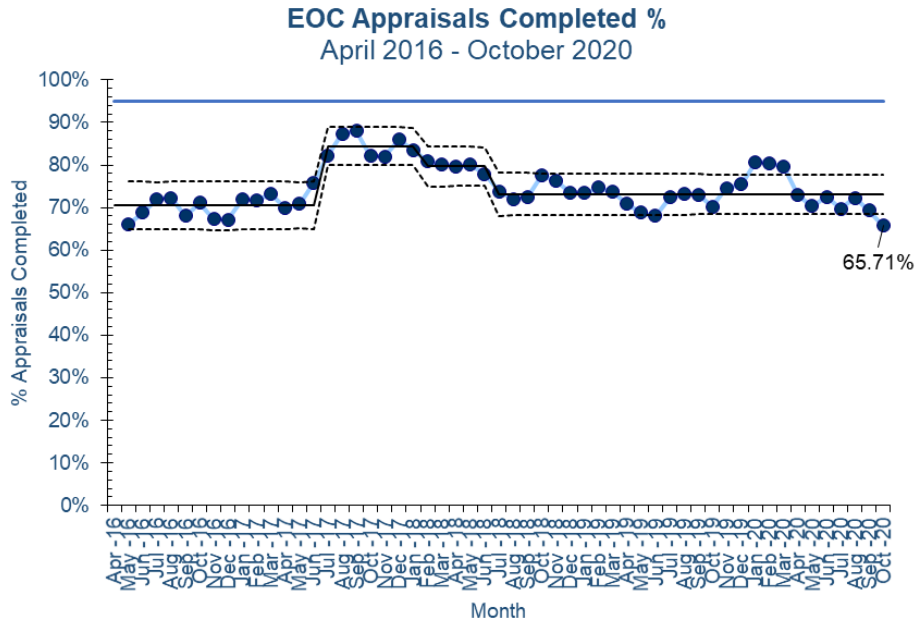
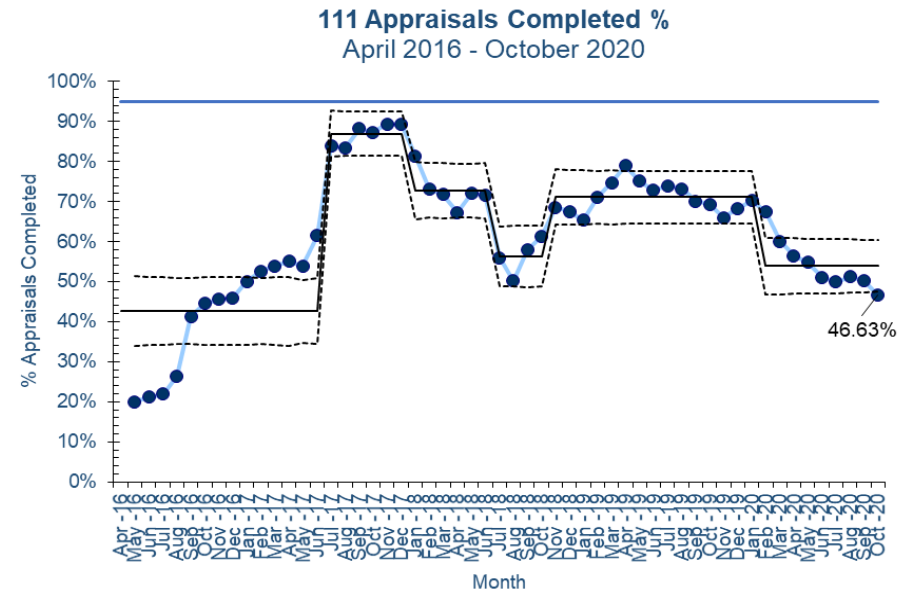


Figure OH6.5





# OH7 MANDATORY TRAINING

Figure OH7.1

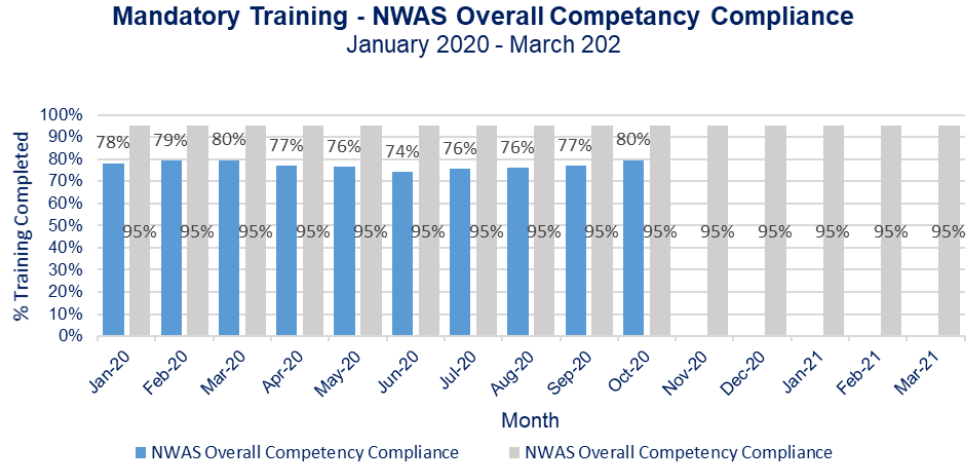
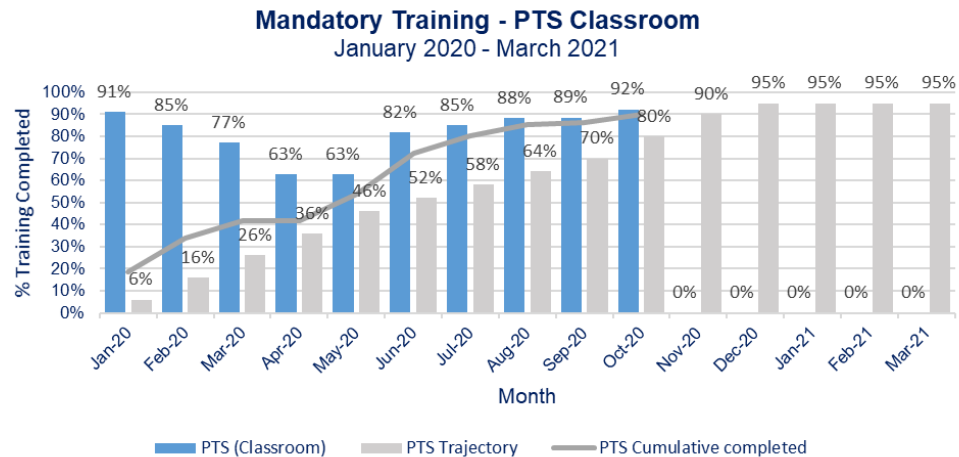


Figure OH7.2



## Mandatory Training

Mandatory training for frontline staff was paused in March 2020. Classroom training for PTS resumed in May 2020 with reduced capacity. EOC and 111 resumed online training in June 2020. PES mandatory training resumed in August but finished in October 2020 2 weeks ahead of the scheduled plan (November) due to operational pressures.

The training cycle has been extended from January 2021 to March 2021 as part of the recovery actions. Classroom training for both PTS and PES is on track against the revised trajectory as long as it resumes as planned in January 2021.

The Trust moved to competence-based reporting for mandatory training which combines classroom and online module completion. The overall Trust mandatory training compliance position at the end of October is 80% against a 95% compliance target.

Figure OH7.3

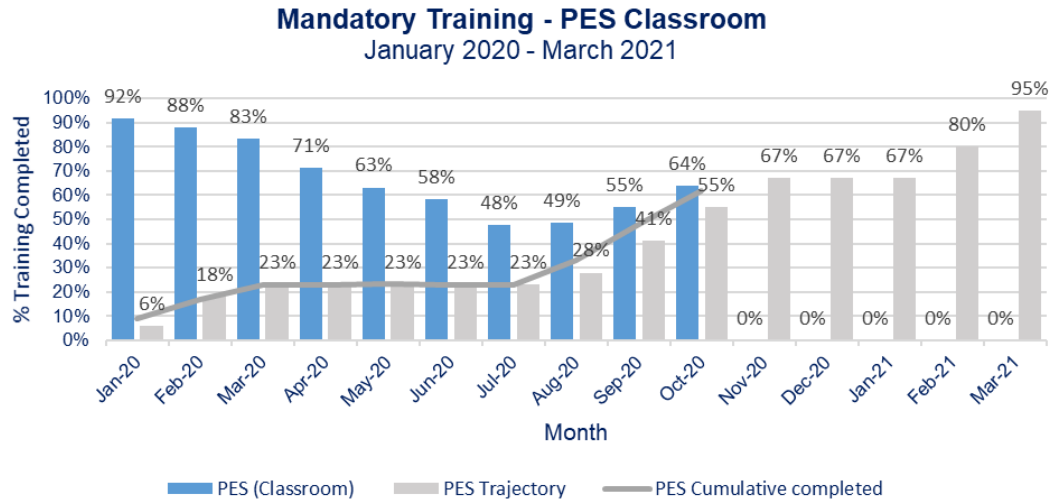


Figure OH7.4

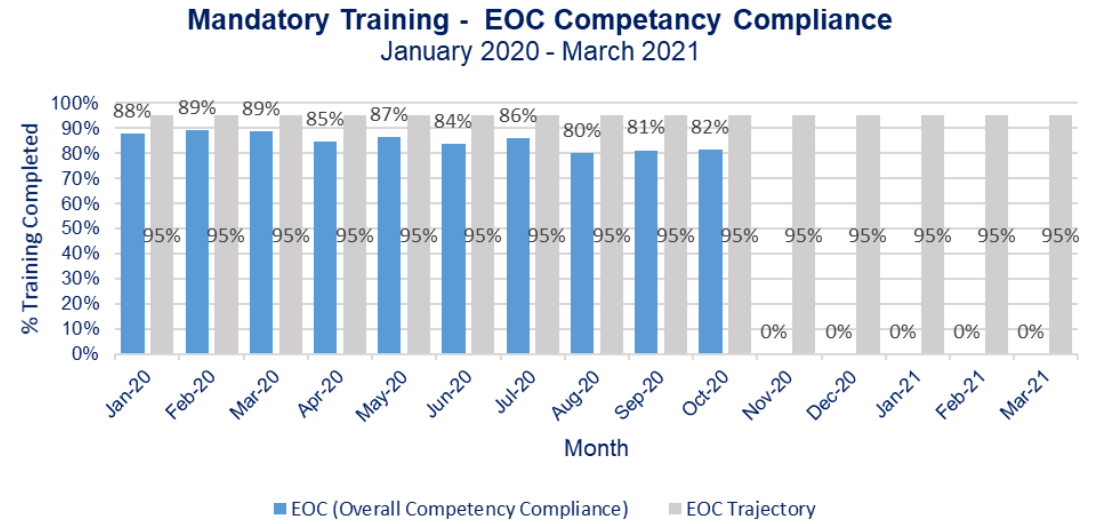


Figure OH7.5

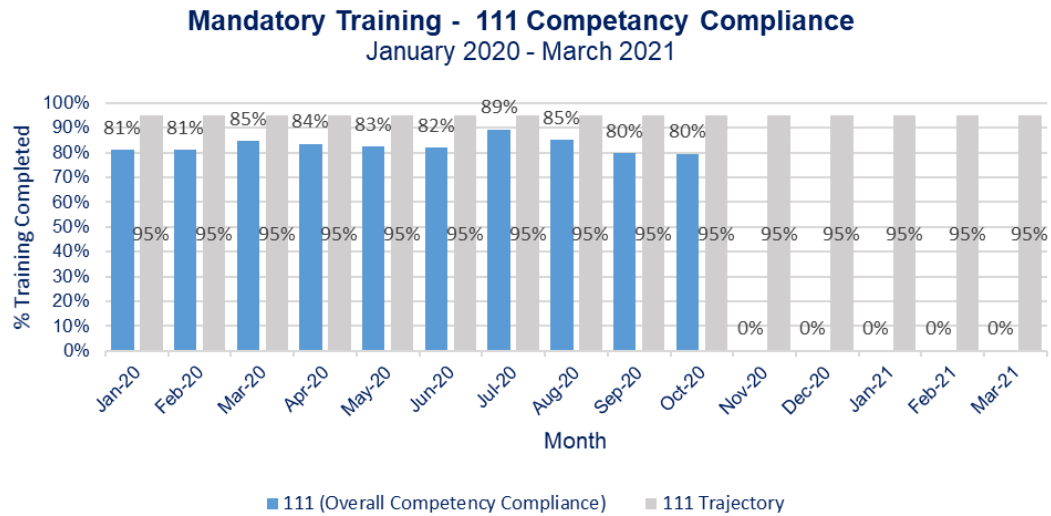
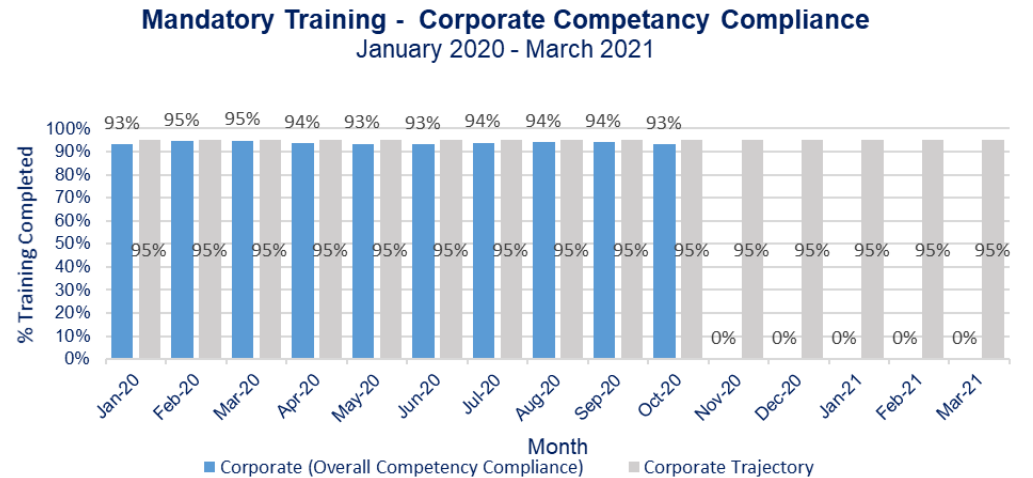


Figure OH7.6



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# COVID 19

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Table CV19.1 - Number of Staff tested positive and new isolators by week

Week Commencing	Number of Staff Tested Positive	Number of New Isolations
13/07/2020	0	14
20/07/2020	6	68
27/07/2020	3	117
03/08/2020	1	84
10/08/2020	7	89
17/08/2020	3	96
24/08/2020	5	96
31/08/2020	2	129
07/09/2020	6	277
14/09/2020	22	315
21/09/2020	34	326
28/09/2020	53	364
05/10/2020	54	330
12/10/2020	71	412
19/10/2020	96	386
26/10/2020	94	352

# COVID 19 Outbreaks

Table CV19.2 – Covid- 19 Outbreaks by date

Location	Outbreak Date	Confirmed Cases
Middlebrook	15/09/2020	56
Bolton Group Location	01/10/2020	19
Parkway Group Location	12/10/2020	19
Warrington Station	28/09/2020	17
Estuary Point Group Location	07/10/2020	16
Salford Group Location	29/09/2020	14
Stockport Group	13/10/2020	14
Accrington Station	29/09/2020	8
Dukinfield Station	19/10/2020	8
Sharston Station	19/10/2020	8
St Helens & Huyton Group Location	17/10/2020	8
Central Manchester Station	06/10/2020	7
GM HART	19/10/2020	5
Oldham Group Location	13/10/2020	5
Rochdale Station	20/10/2020	5
Blackpool Station	20/10/2020	4
Chorley Station	02/10/2020	4
Oldham Control Centre	21/10/2020	3
Anfield Station	29/10/2020	2
Broughton EOC	26/10/2020	2
Congleton Station	12/10/2020	2
Fazakerley Station	29/10/2020	2
Macclesfield Station	05/10/2020	2
Preston Station	30/10/2020	2
Whitefield PTS	29/10/2020	2
Widnes Station	12/10/2020	2
Wigan Station	27/10/2020	2
Walmer Bridge Station	06/10/2020	2

Table CV19.3 – Covid -19 Outbreaks by Number of cases

Location	Outbreak Date	Confirmed Cases
Middlebrook	15/09/2020	56
Warrington Station	28/09/2020	17
Accrington Station	29/09/2020	8
Salford Group Location	29/09/2020	14
Bolton Group Location	01/10/2020	19
Chorley Station	02/10/2020	4
Macclesfield Station	05/10/2020	2
Central Manchester Station	06/10/2020	7
Walmer Bridge Station	06/10/2020	2
Estuary Point Group Location	07/10/2020	16
Congleton Station	12/10/2020	2
Parkway Group Location	12/10/2020	19
Widnes Station	12/10/2020	2
Oldham Group Location	13/10/2020	5
Stockport Group	13/10/2020	14
St Helens & Huyton Group Location	17/10/2020	8
Dukinfield Station	19/10/2020	8
GM HART	19/10/2020	5
Sharston Station	19/10/2020	8
Blackpool Station	20/10/2020	4
Rochdale Station	20/10/2020	5
Oldham Control Centre	21/10/2020	3
Broughton EOC	26/10/2020	2
Wigan Station	27/10/2020	2
Anfield Station	29/10/2020	2
Fazakerley Station	29/10/2020	2
Whitefield PTS	29/10/2020	2
Preston Station	30/10/2020	2

**Chairs Assurance Report**

**Quality and Performance Committee**

<b>Name of Committee/Group:</b>	Quality and Performance Committee	<b>Report to:</b>	Board of Directors
<b>Date of Meeting:</b>	19.10.20	<b>Quorate (yes/no):</b>	Yes
<b>Chair:</b>	Prof A Chambers	<b>Executive Lead:</b>	Dr Chris Grant, Medical Director Maxine Power, Director of Quality, Innovation and Improvement Ged Blezard, Director of Operations
<b>Members present:</b>	Prof A Chambers (Chair) Mr M Forrest, Deputy Chief Executive Dr C Grant, Medical Director Mr R Groome, Non-Executive Director Dr D Hanley, Non-Executive Director Mr Ged Blezard, Director of Operations Prof M Power, Director of Quality, Innovation and Improvement Prof R Thomson, Associate Non-Executive Director	<b>Key Members not present:</b>	
<b>Board Assurance Risks Aligned to Committee:</b>	<p><b>SR01:</b> If we do not deliver appropriate safe, effective and patient-centred care, this may impact on the Trusts' compliance with regulatory requirements for quality and safety.</p> <p><b>SR03:</b> If we do not meet national and local operational performance standards through transition to an integrated service model within the funding envelope, this may impact on providing timely patient care</p>		

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance




**Chairs Assurance Report**

Key Agenda Items	RAG	Key Points	Action/Decision
Board Assurance framework		<ul style="list-style-type: none"> <li>• Since the previous Committee:                             <ul style="list-style-type: none"> <li>– 2 new risks had emerged; (3359) Reduced ambulance capacity due to social distancing requirements</li> <li>– 1 risk had increased in risk score; (3324) Increased acuity of calls received in NHS 111 Service due to the COVID-19 Pandemic</li> <li>– 0 risks had decreased in score</li> <li>– 0 risks had closed.</li> </ul> </li> <li>• In total 22 mitigating actions are identified on the BAF for SR01 and 5 for SR03. No actions were due for October 2020 and 9 mitigating action have a target completion during Q3.</li> </ul>	Gained assurance that each BAF risk was managed effectively.
BAF Risk SR01 & SR03 Integrated Performance Report		<ul style="list-style-type: none"> <li>• Whilst the Key Performance Indicators (KPIs) for Patient Transport Service (PTS) are suspended activity increased to approximately 55% of full capacity.</li> <li>• PES experienced deterioration of call taking and response times due to increased activity and staff abstractions as a result of Covid-19.</li> <li>• Options are being reviewed to increase operational resources.</li> <li>• 111 experienced increased Covid related calls with outbreaks with the 111 team at Middlebrook. In addition, delivery of Cleric training to operationalise the new system. Delivery of training impacted on call pick up and call back in 10 minutes. An action plan and work programme implemented to improve performance.</li> <li>• Findings of the ORH Review were discussed in detail.</li> <li>• Noted the work being undertaken with AACE to simplify the response model.</li> </ul>	<p>Received moderate assurance from the report.</p> <p>Noted the assurance that actions were in place to improve performance.</p>

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**Chairs Assurance Report**

BAF Risk SR01: Medicines Management Q2 2020/21 Update		<ul style="list-style-type: none"> <li>• An update was received in relation Medicines Management for Q2 2020/21.</li> <li>• Noted the excellent achievement and assurance around PGD compliance.</li> <li>• Noted the position regarding Controlled Drug procurement and interim measures for CD supply until the Trust had obtained a Home Office Licence to supply Controlled Drugs.</li> </ul>	Noted the assurance provided.
AQI Report - February 2020		<ul style="list-style-type: none"> <li>• The Committee noted the suspension of Q1 data which would be recovered and reported to NHSE/I by mid December 2020 and published nationally in January 2021.</li> <li>• Noted the high level of compliance for stroke intervention.</li> </ul>	Noted the moderate assurance provided.
BAF Risk SR01: NWS Test Track and Trace (TTT)		<ul style="list-style-type: none"> <li>• A report detailing the current position of the NWS Test, Track and Trace service was received by the Committee.</li> <li>• The Committee noted the issues relating to complexities of undertaking risk assessments and resource issues to support NWS TTT.</li> </ul>	<p>Noted the moderate assurance provided.</p> <p>Agreed to escalate the resource issue to the Board of Directors.</p>
BAF Risk SR03: Strategic Winter Plan 2020/21		<ul style="list-style-type: none"> <li>• The Strategic Winter Plan 2020/21 was presented following annual review.</li> <li>• The report outlined the outputs of the Winter Planning Oversight Group and intended recipients once the plan is published.</li> <li>• Noted the tactical plans for PES, 111, and PTS and placed into context the challenges for NWS in light of COVID-19, EU Exit and seasonal influenza.</li> </ul>	Noted the assurance provided.

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**Chairs Assurance Report**

BAF Risk SR03: Mandatory Commander Training (inc. HART)		<ul style="list-style-type: none"> <li>• The Committee received an update relating to the Trust’s position against the Standards for NHS Ambulance Service Command and Control (2018) developed by the National Ambulance Resilience Unit (NARU) on behalf of NHS England.</li> <li>• The Committee noted the Trust’s compliance against the standards and the significant progress together with the plans to achieve 100% attendance by the end of December 2020.</li> <li>• The Committee noted the assurance provided in relation to HART mandatory recertification.</li> </ul>	Noted the assurance provided.
BAF Risk SR03: EPRR Annual Assurance		<ul style="list-style-type: none"> <li>• The EPRR Annual Assurance 2020/21.was received by the Committee.</li> <li>• The report detailed the NWAS submission signed by the Trust Accountable Emergency Officer, as agreed with Blackpool CCG as Lead Commissioners.</li> </ul>	Noted the assurance provided.

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**Chairs Assurance Report**

**Quality and Performance Committee**

<b>Name of Committee/Group:</b>	Quality and Performance Committee	<b>Report to:</b>	Board of Directors
<b>Date of Meeting:</b>	16.11.20	<b>Quorate (yes/no):</b>	Yes
<b>Chair:</b>	Prof A Chambers	<b>Executive Lead:</b>	Dr Chris Grant, Medical Director Maxine Power, Director of Quality, Innovation and Improvement Ged Blezard, Director of Operations
<b>Members present:</b>	Prof A Chambers (Chair) Mr R Groome, Non-Executive Director Prof R Thomson, Associate Non-Executive Director Dr D Hanley, Non-Executive Director Mr M Forrest, Deputy Chief Executive Dr C Grant, Medical Director Mr G Blezard, Director of Operations Prof M Power, Director of Quality, Innovation and Improvement	<b>Key Members not present:</b>	
<b>Board Assurance Risks Aligned to Committee:</b>	<p><b>SR01:</b> If we do not deliver appropriate safe, effective and patient-centred care, this may impact on the Trusts' compliance with regulatory requirements for quality and safety.</p> <p><b>SR03:</b> If we do not meet national and local operational performance standards through transition to an integrated service model within the funding envelope, this may impact on providing timely patient care</p>		

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**Chairs Assurance Report**

Key Agenda Items	RAG	Key Points	Action/Decision
Board Assurance framework		<ul style="list-style-type: none"> <li>• Since the previous Committee:                             <ul style="list-style-type: none"> <li>– 1 new risk had emerged; (3428) Management of outbreaks and IPC actions not being acted upon in a timely manner</li> <li>– 1 risk already on the Corporate Risk Register had increased in risk score; (3236) ARP performance standards not being achieved.</li> <li>– 10 risks had increased in score and were being monitored and managed separately with the Director and Deputy Director of Operations with the Head of Risk Assurance.</li> <li>– 2 risks had decreased in score.</li> <li>– 0 risks had closed.</li> </ul> </li> <li>• In total 22 mitigating actions are identified on the BAF for SR01 and 5 for SR03. 7 actions were due for completion in November 2020 and 2 in December 2020.</li> </ul>	Gained assurance that each BAF risk was managed effectively and noted the separate work to manage the increased risks in Service Delivery.
BAF Risk SR01 & SR03 Integrated Performance Report		<ul style="list-style-type: none"> <li>• PES experienced a significant increase in calls during October. Call pick up in 5 seconds special concern due to increased activity and increased staff abstractions due to Covid19 in October and significant improvements seen in November.</li> <li>• Second wave of staff abstractions had impacted on C2 long waits and C1 90<sup>th</sup> centile. Increased resources and scope of third party providers had impacted and improved performance.</li> <li>• A National Pandemic Protocol 36 had been implemented and results would be evident in November with positive performance and an increase in standards.</li> <li>• 111 had experienced increased Covid19 related calls and experienced delays caused by implementation of</li> </ul>	<p>Received moderate assurance from the report.</p> <p>Noted the assurance that actions were in place to improve performance.</p>

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**Chairs Assurance Report**

		<p>Cleric. The Trust had recruited an additional 80 wtes and implemented contingency plans</p> <ul style="list-style-type: none"> <li>The PTS service continued to support PES and KPI monitoring of the PTS service had been postponed due to Covid19.</li> </ul>	
BAF Risk SR03: CFR Performance Presentation Q2		<ul style="list-style-type: none"> <li>A presentation providing detail of CFR activity highlighted the positive contribution of CFRs including innovative future developments for the service.</li> </ul>	Noted the assurance provided.
BAF Risk SR03: Winter Plan Progress Update		<ul style="list-style-type: none"> <li>Tactical and operational plans to support the Strategic Winter Plan would be presented to the Board of Directors on 25<sup>th</sup> November 2020 with assurance to Q&amp;P in January.</li> </ul>	Noted the assurance provided.
BAF Risk SR03: Demand and Capacity Review by ORH		<ul style="list-style-type: none"> <li>A report on the findings of the ORH review of the Trust's demand and capacity included a number of future scenarios.</li> <li>Further work involved option appraisals to be presented to future Q&amp;P Committee meeting.</li> </ul>	<p>Noted the moderate assurance provided.</p> <p>Noted a paper to Resources Committee on 20<sup>th</sup> November 2020.</p>
BAF Risk SR03: Body Worn Cameras Pilot		<ul style="list-style-type: none"> <li>A verbal update was provided relating to the progress of the pilot.</li> </ul>	Further report to be submitted to the Committee.
BAF Risk SR03: WRES briefing paper and Covid19 EPRR membership in NWAS.		<ul style="list-style-type: none"> <li>An update on the structure and processes to ensure BAME communities were involved in the control and command functions of Covid19 produced evidence that current networks had been reviewed and a BAME Advisory Group had been established as a sub group to the NWAS Race Equality Network.</li> <li>An NCA decision making tool had been identified as good practice and would be recommended in a Governance paper to ELC in December 2020.</li> <li>Noted that Executive Leads had been identified as sponsors of decision making processes.</li> </ul>	Noted the establishment of BAME Advisory Group and NCA decision making tool as good practice.

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**Chairs Assurance Report**

BAF Risk SR01: Hospital Handover Delays		<ul style="list-style-type: none"> <li>Recent data collection highlighted increased waits in ambulances at A&amp;E departments and capacity restricted by 50% resulting in an increase to the Risk score to 25.</li> <li>Plans to address the pressures had been activated at Executive level. Meetings with Directors of Acute Trusts and continuation of data monitoring.</li> </ul>	<p>Received moderate assurance.</p> <p>Noted the increase in operational risk score to 25.</p> <p>Noted future reports to Q&amp;P Committee.</p>
BAF Risk SR01: Right Care Strategy Q2		<ul style="list-style-type: none"> <li>The Right Care Strategy Objectives 2020/21 were noted.</li> <li>A review by ELC on Q3 and Q4 reporting had been undertaken.</li> <li>The Clinical Effectiveness Programme, Patient Centred Care Programme and Pillars of Quality had been progressed.</li> <li>The Trust had continued to deliver against Covid19 targets.</li> </ul>	<p>Received assurance that objectives were being progressed and monitored in the context of Covid19.</p>
BAF Risk SR01: Test Track and Trace - Presentation		<ul style="list-style-type: none"> <li>The committee noted the structure and processes involved in the NWS TTT service.</li> <li>The management of outbreaks through IPC practices and systems continued to be transparent and regulated.</li> <li>Noted the challenges in delivering asymptomatic testing and delivering a future vaccination programme.</li> <li>Future reports would be presented for assurance on TTT service delivery.</li> </ul>	<p>Received moderate assurance.</p> <p>Noted that further reports would be presented to Q&amp;P Committee.</p>
BAF Risk SR01: Draft Quality Account 2019/20		<ul style="list-style-type: none"> <li>The Draft Quality Account for 2019/20 was presented prior to Board of Directors on 25<sup>th</sup> November 2020.</li> <li>It was noted that feedback from external stakeholders had been positive and would be included in the Quality Account prior to the Board meeting.</li> </ul>	<p>Agreed to recommend to the Board of Directors for approval.</p>
BAF Risk SR01: Bi annual reports –		<ul style="list-style-type: none"> <li>The number of complaints received in the period 1<sup>st</sup> April 2020 to 30<sup>th</sup> September 2020 had decreased in comparison to the same period 2019.</li> </ul>	<p>Received assurance from the bi annual complaints report.</p>

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**Chairs Assurance Report**

Complaints		<ul style="list-style-type: none"> <li>• The number of complaints closed had decreased and extra resources had been identified and progress was being made.</li> <li>• An external review of Complaints had been commissioned and a Quality Review Panel had been established to focus on quality aspect of complaints and lessons learnt.</li> <li>• A paper on the lessons learnt would be presented at future Q&amp;P committee.</li> </ul>	
Health, Safety and Security Bi-Annual Report		<ul style="list-style-type: none"> <li>• Whilst the Trust had continued to manage Covid19 requirements there had been a delay in progressing some of the 2020/21 objectives in the Right Care Strategy.</li> </ul>	Received moderate assurance.
Infection Prevention and Control Bi Annual Report		<ul style="list-style-type: none"> <li>• The trust had received 5 outbreaks of Covid19 during Q1 and Q2.</li> <li>• IPC continued to be managed through the Clinical Safety Team, NWAS Safety Management Group and escalated to the IPC Executive Cell.</li> <li>• NWAS had received external scrutiny from NHSE I and had received Regional and National inspections with the majority of recommendations previously implemented.</li> <li>• The IPC BAF provided assurance on the activity to mitigate risks.</li> </ul>	Received moderate assurance in the current climate of Covid 19.
Serious Incidents B-Annual Report		<ul style="list-style-type: none"> <li>• The level of SI's reported within the required timescales was in line with end of year target and there had been an increase of 56% compliance compared to the end of Q4 2019/20. The Trust had received 26 SI's within the last 6 months.</li> <li>• A Serious Incident Review Panel had been established to approve SI's which had improved compliance.</li> </ul>	Received assurance from the performance of SI's and establishment of SI Review Panel.

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**Chairs Assurance Report**

Safeguarding Bi-Annual Report		<ul style="list-style-type: none"> <li>• A deep dive into the service had been completed and confirmed a training compliance at Level 3.</li> <li>• The Safeguarding team had 3 risks on the Corporate Risk Register and provided moderate assurance.</li> </ul>	Received moderate assurance.
BAF Risk SR01: CQC Inspection Plan Update		<ul style="list-style-type: none"> <li>• Received a presentation from Head of Clinical and Digital Innovation on the Safecheck digital system implemented to replace the paper based workbooks on NWAAS vehicles to address an outstanding CQC action from 2018/19.</li> <li>• Noted the CQC update and CQC IPC assessment.</li> </ul>	Noted the assurances within the CQC Update.
BAF Risk SR01: AQI Update		<ul style="list-style-type: none"> <li>• The AQI update presented to the CEMG on 3<sup>rd</sup> November 2020 noted high compliance of delivery of the three elements of the stroke care bundle.</li> <li>• Whilst there had been compliance of the AQI submission schedule, it was noted that Q1 data would be recovered and available in December.</li> <li>• The Trust had senior representation at the NASCQG and was involved in the revision of AQIs and developing audits in the areas of mental health and falls/frailty.</li> </ul>	Received assurance on AQI compliance with the exception of Q1 data expected in Q3/Q4.
BAF Risk SR01: Clinical Audit Progress Report Q2		<ul style="list-style-type: none"> <li>• Whilst Clinical Audits had re commenced the clinical audit programme had been delayed due to Covid19.</li> <li>• Learning from Deaths project had progressed to include Structured Judgement Reviews (SJRs) and the data from the dashboard would be available in January 2021.</li> </ul>	Received moderate assurance pending Learning from Deaths update in Q4.
BAF Risk SR01: Chair's Assurance Report – Clinical Effectiveness Management Group held on 3 <sup>rd</sup> November 2020		<ul style="list-style-type: none"> <li>• The highlights from the latest CEMG meeting reported that a new Public Health Specialist had been appointed to provide focus across the Trust.</li> <li>• The Just Culture agenda had been progressed however the 111 service continued to receive moderate assurance due to pressures on the workload.</li> </ul>	Received moderate assurance.

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**Chairs Assurance Report**

		<ul style="list-style-type: none"> <li>• The Medicines Management Team revised processes had been progressed with 96% assurance.</li> <li>• A deep dive into Nwas mental health service had been completed following a Regulation 28 from Greater Manchester Coroner.</li> </ul>	
BAF Risk SR01: Chair's Assurance Report – Safety Management Group held on 3 <sup>rd</sup> November 2020		<ul style="list-style-type: none"> <li>• The Safety Management Group had included an update on ROSE which had experience an increased number of incidents.</li> <li>• The Medical Director provided assurance that although processes were being reviewed the system was robust.</li> <li>• Health Care Governance personal alerts had been received during Q1 and Q2 and a new post had been filled with the responsibility of centralising processes and governance.</li> </ul>	Received moderate assurance.

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## Chairs Assurance Report

<b>Name of Committee/Group:</b>	Resources Committee	<b>Report to:</b>	Board of Directors
<b>Date of Meeting:</b>	20.11.20	<b>Quorate (yes/no):</b>	Yes
<b>Chair:</b>	Mr M O'Connor	<b>Executive Lead:</b>	Carolyn Wood, Director of Finance Lisa Ward, Interim Director of Organisational Development Ms M Power, Director of Quality, Innovation and Improvement
<b>Members present:</b>	Mr M O'Connor, Non-Executive Director (Chair) Mr R Groome, Non-Executive Director Mr D Rawsthorn, Non-Executive Director  Ms C Wood, Director of Finance Ms L Ward, Interim Director of Organisational Development Prof M Power, Director of Quality, Innovation and Improvement Mr S Desai, Director of Strategy and Planning	<b>Key Members not present:</b>	Mr G Blezard, Director of Operations
<b>Board Assurance Risks Aligned to Committee:</b>	<p><b>SR02:</b> If the Trust does not maintain efficient financial control systems then financial performance will not be sustained and efficiencies will not be achieved leading to failure to achieve its strategic objective.</p> <p><b>SR04:</b> If the Workforce Strategy is not delivered, then the Trust may not have sufficient skilled, committed and engaged staff and leaders to deliver its strategic objectives.</p> <p><b>SR05:</b> If the Trust does not deliver the benefits of the Estates Strategy then the Trust will not maximise its estate to support operational performance leading to failure to create efficiencies and achieves its strategic objectives.</p> <p><b>SR07:</b> If the Trust does not maintain and improve its digital systems through implementation of the digital strategy, it may fail to deliver secure IT systems and digital transformation leading to reputational risk or missed opportunity.</p>		

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	<p><b>SR08:</b> If the Trust does not develop skills, capabilities and capacity to explore business opportunities for current and new contracts, services or products, this may impact on the Trusts’ ability to complete and gain business and commercial opportunities that will generate income and protect our core services.</p>
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Key Agenda Items		Key Points	Action/Decision
Board Assurance Framework		<ul style="list-style-type: none"> <li>• Five new risks had emerged</li> <li>• 0 risks had increased in score.</li> <li>• One risk had decreased in score but still aligned to the BAF                             <ul style="list-style-type: none"> <li>○ 3210 – inter-dependencies of other strategies are not aligned to the Estates Strategy.</li> </ul> </li> <li>• Two risks had decreased in current risk score and therefore unlinked from the BAF.                             <ul style="list-style-type: none"> <li>○ 3338 - Heavy use of agency staff in EOC/NHS 111</li> <li>○ 3026 – Insufficient driving instructors available across the organisation</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Noted the assurance received.</li> </ul>
CQC action Plan		<ul style="list-style-type: none"> <li>• Appraisals continued to be affected by Covid19 abstractions however 76% had been achieved against revised target of 85%.</li> <li>• Appraisal recovery plan to be reported to ensure target compliance.</li> <li>• Safeguarding Training to fully resume in January 2021 and NWAS achieved 55% at the end of October.</li> </ul>	<ul style="list-style-type: none"> <li>• Noted the assurance provided from the CQC update.</li> </ul>
BAF Risk SR02: Trust Procurement Strategy 2020/21 to 2024/25		<ul style="list-style-type: none"> <li>• The 5 year Procurement Strategy aligned to the 5 Rights of Procurement and supported delivery of the Trust’s key strategies and included non-pay revenue and capital expenditure areas.</li> <li>• Developments to include Corporate Social Responsibilities (local employment and sustainability) in tender processes was acknowledged.</li> </ul>	<ul style="list-style-type: none"> <li>• Noted the content of the Strategy and supported recommendation to the Board of Directors.</li> </ul>

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	Assured – no or minor impact on quality, operational or financial performance

## Chairs Assurance Report

<p>BAF RISK SR02: Financial Plans 2020/21: Month 07-12 (H2)</p>		<ul style="list-style-type: none"> <li>• The financial plans for 1<sup>st</sup> October 2020 to 31<sup>st</sup> March 2021 submitted to NHS England / Improvement reported planned income at £205.2m with expenditure on 22<sup>nd</sup> October plan projected at £210.0m resulting in a deficit of £4.8m for the period.</li> <li>• Since the October submission a further submission was made on 18<sup>th</sup> November showing an improved position and a deficit of £4m. Improvement was as a result of growth funding being allocated to all providers within the Lancashire and South Cumbria ICSs.</li> <li>• Current position which achieved a system financial breakeven position in line with financial envelopes issued to 3 North West ICSs were yet to be achieved and discussions were ongoing with regional and national teams.</li> </ul>	<ul style="list-style-type: none"> <li>• Noted the Month 07-12 2020/21 reported financial position.</li> <li>• Supported for approval by the Board of Directors, noting the deficit position.</li> </ul>
<p>BAF Risk SR02: Financial Performance including -</p> <ul style="list-style-type: none"> <li>• Cash flow</li> <li>• Aged Debt Position</li> <li>• Capital Programme</li> </ul>		<ul style="list-style-type: none"> <li>• Noted the financial position as of 31<sup>st</sup> October 2020 a surplus of £0.202m against the planned surplus of £0.039m.</li> <li>• Noted the YTD capital expenditure position and that CRL shortfall of £1.650m associated with NHS 111 First and would be recovered from the NW allocation.</li> <li>• The balance of £0.680m due to capital expenditure linked to Covid19 was noted and acknowledged that national CRL adjustment had yet to be actioned.</li> <li>• Noted that at 31<sup>st</sup> October 2020 the Trust had a cash and cash equivalents balance of £73.715m.</li> </ul>	<ul style="list-style-type: none"> <li>• Noted the 2020/21 reported financial performance as at 31<sup>st</sup> October 2020.</li> <li>• Noted the assurance received.</li> </ul>
<p>BAF Risk SR02: Agency Performance 2020/21</p>		<ul style="list-style-type: none"> <li>• The increase in Agency cost due to Covid19 had resulted in a 37% increase in 111 Agency costs. The YTD spend is £3.2m.</li> <li>• Noted the focus to transfer staff onto NAWAS contracts and deliver Agency exit plans.</li> </ul>	<ul style="list-style-type: none"> <li>• Noted the assurance received.</li> </ul>

■	No assurance – could have a significant impact on quality, operational or financial performance;
■	Moderate assurance – potential moderate impact on quality, operational or financial performance
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## Chairs Assurance Report

BAF Risk SR02: 2020-21 Capital programme update		<ul style="list-style-type: none"> <li>Noted a shortfall in CRL requirement for the projected capital programme of £2.330m for 20/21, relating to Covid19 and NHS 111 First anticipated adjustments.</li> <li>Note the risk assessment of delivering the programme.</li> </ul>	<ul style="list-style-type: none"> <li>Noted the assurance received.</li> </ul>
BAF Risk SR05: Sale and lease-back of Huyton Ambulance Station		<ul style="list-style-type: none"> <li>Noted the sale of Huyton Ambulance Station to Knowsley Borough Council with a 5 year lease-back agreement.</li> <li>The lease agreement provided a strategic opportunity to implement Trust hub and spoke model.</li> </ul>	<ul style="list-style-type: none"> <li>Supported for approval to the Board of Directors.</li> </ul>
BAF RISK SR02: Capital Programme 2021/22 Prioritisation		<ul style="list-style-type: none"> <li>Based on assumptions that capital resources would be in line with the 2020/21 allocation, work had commenced to inform prioritisation of schemes for 2021/20.</li> </ul>	<ul style="list-style-type: none"> <li>Noted the assurance received.</li> </ul>
BAF Risk SR05: PES Vehicle Replacement Programme 2021/22		<ul style="list-style-type: none"> <li>Noted the business case for annual replacement of PES vehicles and options.</li> <li>Original preferred option had been to replace 69 vehicles, however further discussion by ELC had resulted in alternative option to replace 55 vehicles to evenly roll out the programme in line with the funding stream.</li> </ul>	<ul style="list-style-type: none"> <li>Supported the option to replace 55 A&amp;E vehicles for decision by Board of Directors.</li> </ul>
BAF RISK SR05: Major Incident vehicle replacement programme 2021/22		<ul style="list-style-type: none"> <li>Item removed from the Agenda by the Director of Finance for further work and submission to future Resources Committee.</li> </ul>	<ul style="list-style-type: none"> <li>Noted withdrawal of the report.</li> </ul>
BAF RISK SR05: Estates Update – June to September 2020		<ul style="list-style-type: none"> <li>Noted a review of Fleet had been carried out to address risk associated with mechanical and maintenance implications related to age profile of emergency vehicles that had been retained in operation due to Covid19 demands.</li> <li>In terms of estates and facilities progress and planned work was noted.</li> </ul>	<ul style="list-style-type: none"> <li>Noted the assurance received.</li> </ul>
BAF Risk SR05: Estates Strategy Review – Covid19 Lessons		<ul style="list-style-type: none"> <li>A review of changes required in light of Covid19 had been undertaken and reflected new NHS plans and included lessons learnt through Covid19 and lockdown.</li> </ul>	<ul style="list-style-type: none"> <li>Supported changes to the Estates Strategy for</li> </ul>

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**Chairs Assurance Report**

		<ul style="list-style-type: none"> <li>Further recommendations regarding environmental factors in hub and spoke estate premises would be discussed between Mr R Groome and the Director of Finance to inform the scheduled review of the strategy in 2021.</li> </ul>	approval by the Board of Directors.
BAF Risk SR05: Vehicle Deep Cleaning Frequency and Contract Award		<ul style="list-style-type: none"> <li>Noted the report and supported the recommendation.</li> </ul>	<ul style="list-style-type: none"> <li>Supported renewal of the Deep Cleaning Contract for approval by the Board of Directors.</li> </ul>

BAF RISK SR05: Backlog Maintenance Improvement Plan		<ul style="list-style-type: none"> <li>A comprehensive report highlighting the backlog maintenance requirements identified through review of the Estate Survey raised concern for the Committee that risks would be managed over a 5 year period.</li> <li>Agreed to escalate to the Board that some significant risks would be addressed over five year period and acknowledged consideration would be given in line with other funding priorities for the Trust.</li> </ul>	<ul style="list-style-type: none"> <li>Chair of the Resources Committee to escalate to Board of Directors for discussion.</li> </ul>
BAF Risk SR04: Key Workforce Indicators		<ul style="list-style-type: none"> <li>Whilst work was progressing against the key indicators it was noted that flu vaccination performance against target was lower than 2019/20 with 57% of PES staff vaccinated and a higher refusal rate of 67%.</li> <li>Initiatives to meet the gap had been rolled out including letters to staff from the Medical Director.</li> <li>Noted that the pending Covid19 vaccination programme could also have an impact on uptake.</li> </ul>	<ul style="list-style-type: none"> <li>Noted assurance against the Key Workforce indicators and progress against Flu Vaccination target.</li> </ul>

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## Chairs Assurance Report

BAF RISK SR04: Workforce Strategy Assurance Governance Structure		<ul style="list-style-type: none"> <li>• A revised structure to strengthen the governance and assurance processes related to workforce matters proposed establishment of a Strategic Workforce Management Group reporting to Resources Committee.</li> <li>• Noted that the proposed structure would run in shadow form for 2019/20 and implemented in April 2020/21 and evaluated during the first 12 months of operation.</li> </ul>	<ul style="list-style-type: none"> <li>• Supported recommendation of the structure to the Board.</li> </ul>
BAF Risk SR04: Developing Potential Annual Report - Delivering high quality appraisal to required targets (CQC)		<ul style="list-style-type: none"> <li>• Whilst appraisal targets had been met up to February 2020 appraisals had been affected by Covid19 staff absences.</li> <li>• Noted that CQC “should do” action plans and recovery plans would be agreed and be clearer once second wave implications became clearer.</li> <li>• Equality and Diversity had been a focus for the review of appraisal paperwork and processes.</li> </ul>	<ul style="list-style-type: none"> <li>• Noted the assurance received.</li> </ul>
BAF Risk SR04: Apprenticeship Annual Assurance		<ul style="list-style-type: none"> <li>• The new NWAS in service paramedic programme was due to commence early 2021 and the Trust’s apprenticeship programme had received Ofsted rating of “Good”.</li> <li>• Noted that due to Covid19 breaks in apprenticeship activity had been protected and had not affected QAR.</li> <li>• Noted there had been a review of apprenticeship pay.</li> </ul>	<ul style="list-style-type: none"> <li>• Noted the assurance received.</li> </ul>
BAF Risk SR04: Health and Well Being Assurance Update		<ul style="list-style-type: none"> <li>• Although a number of initiatives had been delayed due to Covid 19 there had been wellbeing interventions during the pandemic.</li> <li>• The Culture audit response rate had been lower than expected due to staff absences, however adequate data had been received to enable a finalised action plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Noted the assurance received.</li> </ul>

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## Chairs Assurance Report


BAF Risk SR04: Payroll Annual Assurance		<ul style="list-style-type: none"> <li>• Noted that a deep dive into the Staff Survey and People Plan had offered substantial assurance that would be reported in Q4.</li> <li>• There had been developments in ESR with outcomes reported to Audit Committee.</li> </ul>	
BAF Risk SR07: Digital Strategy Update		<ul style="list-style-type: none"> <li>• The report highlighted that developments had been made in significant areas of the Digital agenda.</li> <li>• There had been recruitment to the posts of Head of Digital Intelligence and Analytics and a Cyber Assurance Manager.</li> <li>• Successful implementation of key developments including Safe check and replacing telephony in 111 first.</li> <li>• Noted that the strategic management of risks was ongoing and effective amidst the current climate of Covid19 and the need to maintain systems without disruption to the service.</li> </ul>	<ul style="list-style-type: none"> <li>• Noted the assurance received from the Digital Strategy update.</li> </ul>
BAF Risk SR07: Chairs Assurance Report Information Management Group held on 13th October 2020		<ul style="list-style-type: none"> <li>• Members received assurance from the Information Management Group held on 13<sup>th</sup> October 2020.</li> <li>• Noted that progress had been made against the cyber security agenda.</li> </ul>	<ul style="list-style-type: none"> <li>• Noted the work of the Information Management Group.</li> </ul>
BAF Risk SR08: PTS Task and Finish Group - Verbal Report		<ul style="list-style-type: none"> <li>• Noted that a Task and Finish Group had been established to consider options for PTS and further paper would be presented to Resources Committee by the Director of Strategic Planning in January 2021.</li> </ul>	<ul style="list-style-type: none"> <li>• Noted the creation of the Task and Finish Group and future report in January 2021.</li> </ul>
BAF Risk SR08: Directorate Planning 2020/21		<ul style="list-style-type: none"> <li>• A changed approach to Directorate Planning had been implemented in light of the pandemic and plans would be presented to Board of Directors in November.</li> </ul>	<ul style="list-style-type: none"> <li>• Supported the revision of Directorate plans and submission of plans for approval to the Board of Directors.</li> </ul>


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## Chairs Assurance Report

BAF Risk SR08: New Initiatives Approval and Prioritisation Framework		<ul style="list-style-type: none"> <li>Deferred the item for future Resources Committee.</li> </ul>	<ul style="list-style-type: none"> <li>Approved to defer the paper to future Committee meeting.</li> </ul>
BAF Risk SR08: Single Patient Management System Project Learning Report		<ul style="list-style-type: none"> <li>An update on the Lessons learnt from the SPMS Project included plans to present the measured benefits and learning to the Trust's Non Clinical Learning Forum.</li> <li>The Committee recognised the success of collaborative working and recorded thanks to all staff involved.</li> </ul>	<ul style="list-style-type: none"> <li>Noted assurance from the project update and presentation to Committee of future learning reports.</li> </ul>
BAF Risk SR08 Single Primary Triage Full Business Case		<ul style="list-style-type: none"> <li>Noted that the business case included extensive and detail for consideration and key points were highlighted to Committee.</li> <li>Gateways had been introduced to the project for approval by the Board of Directors. A review of the business case had been planned for January 2021 and further report would be presented to Resources Committee.</li> </ul>	<ul style="list-style-type: none"> <li>Supported the business case and Gateways for approval to the Board of Directors.</li> </ul>
BAF Risk SR08: Demand and Capacity ORH Report		<ul style="list-style-type: none"> <li>Noted the ORH Demand and Capacity review and resources required.</li> <li>The review would align to the Single Primary Triage Full Business Case.</li> </ul>	<ul style="list-style-type: none"> <li>Supported the review for approval by the Board of Directors.</li> </ul>

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# REPORT

**Board of Directors**

<b>Date:</b>	25 November 2020			
<b>Subject:</b>	WRES briefing paper and COVID-19 EPRR membership in NWAS			
<b>Presented by:</b>	Ged Blezard (Director of Operations)			
<b>Purpose of Paper:</b>	For Discussion			
<b>Executive Summary:</b>	<p>The purpose of this paper is to brief the Board in regards to the current position of emergency preparedness, resilience and response (EPRR) ensuring diversity in decision making for Black, Asian and Minority Ethnic (BAME) communities, through command and control structures.</p> <p>A national Workforce Race Equality Standards (WRES) Board Briefing paper of 19 June 2020 has outlined the importance of ensuring diversity in decision making during responses to COVID-19. It describes a rapid requirement to review “EPRR” structures that are set up in relation to COVID-19 with a view to ensuring they have consideration for BAME staff who are disproportionately affected by COVID. “Trusts should act now to ensure diversity in their EPRR decision making processes”.</p> <p>Outlining some key areas, it is asking Trust Boards to consider and seek assurance that the benefits of diversity and inclusion are embedded through organisational decision making processes. The paper sets out step changes and case studies within the supporting appendices, where good practice has been demonstrated.</p> <p>The Trust currently has both staff networks and forums which have been in place for varying lengths of time are therefore at different stages of maturity. The networks are being developed further following a recent paper to ELC. The WRES briefing paper for Boards encourages Trust’s to use its networks where they are in place but also to review to ensure that the diversity of the organisation is reflected in the EPRR composition.</p>			
<b>Recommendations, decisions or actions sought:</b>	<p>The Board is recommended to:</p> <ul style="list-style-type: none"> <li>• Consider aligning this piece of work to the Race Equality Network which is being established within the Trust.</li> <li>• Consider the NCA decision –making flowchart on demonstrating due regards for equality. <b>(Appendix 1)</b></li> </ul>			
<b>Link to Strategic Goals:</b>	<b>Right Care</b>	<input type="checkbox"/>		<b>Right Time</b> <input type="checkbox"/>

			<b>Right Place</b>	<input type="checkbox"/>			<b>Every Time</b>	<input checked="" type="checkbox"/>		
<b>Link to Board Assurance Framework (Strategic Risks):</b>										
<b>SR01</b>	<b>SR02</b>	<b>SR03</b>	<b>SR04</b>	<b>SR05</b>	<b>SR06</b>	<b>SR07</b>	<b>SR08</b>	<b>SR09</b>	<b>SR10</b>	<b>SR11</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any Equality Related Impacts:</b>				Action taken is to reduce inequalities among groups but with consideration that the action will improve representation or staff experience for one group, without disadvantaging other groups through positive action.						
<b>Previously Submitted to:</b>				<b>Quality &amp; Performance Committee</b>						
<b>Date:</b>				<b>16 November 2020</b>						
<b>Outcome:</b>				<b>Approved</b>						

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## 1. PURPOSE

- 1.1 The purpose of this paper is to brief the Board on the current situation in regards to the ensuring diversity in decision making throughout the command and control structures is clearly defined. This is critical for the Trust as we continue to learn about the impact of COVID 19 among BAME groups, this is a key issue for our BAME workforce, both in terms of our duties as an employer but also as a matter of equality in itself.

## 2. BACKGROUND

- 2.1 In June 2020 a briefing paper (001559) was circulated jointly by the NHS Chief Operating Officer and Chief People Officer. This publication set out the importance of diversity representation during the process of decision making for the BAME staff and the communities we serve during the response to COVID-19.

- 2.2 The paper discusses the need for the embedding of this process through its emergency preparedness, resilience and response (EPRR) structures. It discusses the urgency for speed in decision making but also recognises how vital that diversity in leadership structures is not reduced as a consequence of this speed.

- 2.3 It has become apparent that COVID-19 is disproportionately impacting people with particular protected characteristics. The Trust as a public sector organisation responding to these circumstances will be faced with the challenge of ensuring that we can meet the duties set out in the Equality Act 2010, ensuring due regards for equality.

- 2.4 Areas where Trust Boards and COVID-19 EPRR structures would benefit from diversity of thought include:

- Understanding the concerns and anxieties of staff and patients – identifying meaningful interventions to address these concerns.
- The protection of staff –
  - Effective risk assessment of vulnerable staff groups
  - To inform redeployment decisions
  - Consistent guidance and access to the appropriate personal protective equipment
- Acts quickly and reassures staff when evidence of potential inequalities have been identified by being open to having honest and difficult conversations.

- 2.5 Further challenges are also the need or necessity to respond rapidly to fast evolving circumstances. Decision makers will need to review the time given to urgent or emergency decision being made in response to COVID-19.

- 2.6 The Trust could adopt the completion of a check list which will help those making command decisions at the time. This check list could be developed by the Trust undertaking an Equality Impact Assessment, often used to help shape process and policy development in order to manage the risk effectively.

2.7 It should be noted that the WRES briefing paper already shows examples of best practice used by The Northern Care Alliance NHS group, which is shown in Appendix 1. These already implemented methods could attribute to implementation of NWAS structures.

### **3 CURRENT POSITION**

3.1 The Trust currently has a mix of both staff networks and forums which have been in place for varying lengths of time are therefore at different stages of maturity. All groups have existing terms of reference and also have action plans in place to deliver Trust's equality objectives.

3.2 Engagement with BAME staff and staff networks already exist within the Trust. The NWAS Race Equality Network has recently welcomed two Executive sponsors. This network could be a way to review and ensure equality is at the centre of COVID- 19 command decision taken during incidents/events.

### **4. PROPOSAL**

4.1 Review the current NWAS established groups / structures with regards to diversity of representation in the decision making process in relation to COVID -19 EPRR structures. This should help to reflect and address the needs of our workforce and deliver against the Trust's Equality, Diversity and Inclusion objectives.

4.2 Review and adapt where possible Appendix 1 used by The Northern Care Alliance NHS Group as good practice. This will aid earlier implementation ensuring that the Trust is at its best when it has diversity representation across its workforce.

### **5. LEGAL and/or GOVERNANCE IMPLICATIONS**

5.1 The intentions outlined in the paper support the work of the Trust to comply with the Equality Act 2010 and Public Sector Equality Duty.

### **6. RECOMMENDATIONS**

The Board is recommended to:

- Approve the establishment of a BAME advisory group to support COVID-19 decision making as a sub group of the NWAS Race equality Network
- Consider adopting the NCA decision – making flowchart on demonstrating due regards for equality (Appendix 1)

# Appendix 1



Decision-making body	

<b>Lead for decision</b>	
<b>Date decision made</b>	
<b>List what potential negative impacts to status quo for protected characteristics were identified as needing to be avoided or considered when making this decision?</b>	
<b>Outline how any impacts to the status quo for protected characteristics have been avoided or mitigated within the decision being made</b>	
<b>What impacts were discussed in regard to any protected characteristics at the meeting where this decision was agreed?</b>	
<b>Deadline required to start implementation</b>	
<b>Equality team review</b>	
<b>Name</b>	
<b>Date</b>	
<b>Chair's action</b>	
<b>Name</b>	
<b>Date</b>	

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# REPORT

<b>Board of Directors</b>										
<b>Date:</b>	25 <sup>th</sup> November 2020									
<b>Subject:</b>	Strategic Winter Plan 2020-2021									
<b>Presented by:</b>	Ged Blezard – Director of Operations									
<b>Purpose of Paper:</b>	For Assurance									
<b>Executive Summary:</b>	<p>The intention of this paper is to introduce the Board of Directors to the 2020/2021 version of the Strategic Winter Plan following the annual review and revision. The document describes the establishment of the Winter Planning Oversight Group and details the group’s outputs and the intended recipients once the plan is published.</p> <p>The Strategic Winter Plan 2020/2021 also places into context the challenges NWAS, the whole health system and the country faces during the unprecedented potential of this winter period to create disruptive impacts due to COVID-19, EU Exit and seasonal influenza.</p>									
<b>Recommendations, decisions or actions sought:</b>	It is recommended that the Board of Directors takes assurance from the content of the attached and notes the contents of the report.									
<b>Link to Strategic Goals:</b>	<b>Right Care</b>	<input checked="" type="checkbox"/>	<b>Right Time</b>	<input checked="" type="checkbox"/>						
	<b>Right Place</b>	<input checked="" type="checkbox"/>	<b>Every Time</b>	<input checked="" type="checkbox"/>						
<b>Link to Board Assurance Framework (Strategic Risks):</b>										
<b>SR01</b>	<b>SR02</b>	<b>SR03</b>	<b>SR04</b>	<b>SR05</b>	<b>SR06</b>	<b>SR07</b>	<b>SR08</b>	<b>SR09</b>	<b>SR10</b>	<b>SR11</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Are there any Equality Related Impacts:</b>										
<b>Previously Submitted to:</b>										
Quality and Performance Committee										
<b>Date:</b>										
19 <sup>th</sup> October 2020										
<b>Outcome:</b>										
Approved										

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## 1. PURPOSE

The purpose of this paper is to present the Board of Directors with the NWAS Strategic Winter Plan for 2020/2021.

## 2. BACKGROUND

This winter will see NWAS, the whole health system, and indeed the whole country, under considerable and unprecedented pressure due to the global COVID-19 pandemic and the potential emergence of a second wave. The country is seeing tighter restrictions; areas of higher rates of positive testing are seeing even tighter local restrictions. Compounding this significant challenge is the forecasted poor weather which has been predicted to occur, and the unknown severity of seasonal influenza; what is important to note, is the impact of increased respiratory infections over the winter period and the effect on the test, track and trace capacity (*Academy of Medical Sciences; 2020*).

The annual 'Winter Letter' from the NHS has been issued later each year (early September last year) and given the current impact of the COVID-19 pandemic, at this stage there has been no official letter. This communication has been vital in the past as it sets out for all Trusts; national strategy, expectations, planning milestones and timescales for plan and data submissions. It also provides key messages and areas of focus to assist with whole system integration and risk mitigation which in previous years for example were described as:

- Reducing numbers of long-stay patients in hospital
- Triaging patients away from A&E Departments and admitted pathways
- Healthcare worker flu vaccination
- Primary care
- Mental Health
- National Escalation Pressures Panel

It is likely that these areas of focus will remain with the addition of supply chain resilience for medical and PPE supplies given the current challenges faced.

The NWAS Winter Steering Group has been meeting to progress planning and to set the operational agenda for the coming winter and has considered the recommendations from previous NWAS Structured Winter Debrief events held.

The main priority has been the finalisation of the Strategic Winter Plan for external assurance. The 'Tactical' Winter Plan will be generated from this as it contains more detailed and focussed information with a more introspective direction in order to support operational arrangements in each service line; PES areas (GM, C&M and C&L), EOC, 111 and PTS.

NWAS Areas have convened their own winter groups and it is anticipated that these will complete the hierarchy of internal meetings and allow a sufficiently free flow of

information across the organisation and beyond. Operational Winter arrangements including festive period plans will all need to be completed before winter as these will be requested by partners. All of the NWAS planning groups will be positioned to support this process and stress test the plans once finalised.

It has been recommended by the Winter Steering Group that the area 'winter sharing events' which proved so successful in informing each management team, should be repeated. These served to 'launch' the NWAS suite of plans and ensured a shared understanding of the strategies to adopt and awareness of potential pressures, problems and solutions.

### **3. LEGAL and/or GOVERNANCE IMPLICATIONS**

The Trust's contingency planning arrangements and capabilities assist in providing evidence of compliance with our duties under the Civil Contingencies Act (2004), the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework together with other legislation such as the Corporate Manslaughter and Corporate Homicide Act 2007 and the Human Rights Act 1998.

The Trust also has to meet the obligations outlined in the Ambulance Standard Contract, all CQC Domains and the key requirements of the NHS England EPRR Framework.

### **4. RECOMMENDATIONS**

The Board of Directors are recommended to note the content of this report and the content of the appended Plan and take assurance of the levels of preparedness for the anticipated winter pressures.



# NWAS Strategic Winter Plan 2020 – 2021

NWAS Strategic Winter Plan 2020-21		Page:	1 of 36
Author:	Resilience Team	Version:	1.7
Date of Approval:	21 September 2020	Status:	FINAL
Date of Issue:	21 September 2020	Date of Review	1 July 2021

Recommended by	Service Delivery
Approved by	Executive Leadership Committee
Approval date	21 September 2020
Version number	1.7
Review date	1 July 2021
Responsible Director	Director of Operations
Responsible Manager (Sponsor)	Head of Contingency Planning
For use by	All Trust employees

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

NWAS Strategic Winter Plan 2020-21		Page:	2 of 36
Author:	Resilience Team	Version:	1.7
Date of Approval:	21 September 2020	Status:	FINAL
Date of Issue:	21 September 2020	Date of Review	1 July 2021



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## 1.0 Introduction

The North West Ambulance NHS Trust (NWS) has developed this strategic document to ensure that the high quality of service delivery expected by our patients and stakeholders is maintained throughout the winter period.

The winter period creates particular challenges for the entire Health Economy regardless of the additional pressures of seasonal illness or severe weather. This year is anticipated to be no exception but this winter will be set against the background of system transformation and integration, Adult Social Care challenges, and an increase in demand. In addition, the ongoing response to the initial wave of COVID-19 with the potential for additional challenges associated to subsequent waves COVID-19 and the uncertainties surrounding the EU Exit may place further challenges on NWS and the wider Health Economy.

This document is intended to draw on the experiences of past winters as well as amalgamate required actions for winter 2020/21 with current procedures and processes within NWS. Such actions cannot themselves be considered in isolation, as it is only through the collective preparations of the whole system that the potential impacts of winter pressures can be properly mitigated.

In order to maintain the strategic focus of this document the detail is concentrated on key actions and expectations that are incumbent on NWS, as reported to NHS England – North Region, as part of the individual (and Lead) Clinical Commissioning Groups (CCG) Winter Assurance preparations. NWS is also obliged to offer assurances on winter preparedness to NHS Improvement and The Plan will augment this assurance process.

This document concentrates on a small number of year round processes and key, seasonal initiatives that will deliver real resilience during the winter period and ensure engagement with local health systems. It is designed to offer assurance at a strategic level that the levels of preparedness for winter in NWS are high and that this will contribute to the resilience of the whole system. It also serves as an overarching plan to bring together the tactical and operational arrangements in each of the three NWS Areas (Cheshire & Mersey, Cumbria & Lancashire and Greater Manchester), EOC (Emergency Operations Centre), NHS111 and PTS (Patient Transport Services) in associated documents.

For 2020/21 the Trust has built on experience from winter 2019/20 by re-convening a Strategic Winter Planning Group which has oversight of this plan. This group has direct reporting and oversight links into the NWS Executive Leadership Committee and directs the construction of the tactical and operational planning arrangements.

## 2.0 Planning Framework

The winter planning framework supports the continued commitment of NWS to deliver high quality levels of the right care, at the right time and in the right place, at all times.

Most of the actions undertaken in preparation for and response to winter challenges are underpinned by normal NWS plans and procedures which are designed to be sufficiently flexible and scalable to ensure an appropriate response but also to integrate with the wider health system.

This plan functions in conjunction with a number of other key plans and documents, specifically:-

- NWS Major Incident Response Plan
- NWS Pandemic Influenza Plan
- NWS COVID-19 Response Plan
- National Ambulance Resilience Unit (NARU) Resource Escalation Action Plan
- NWS Departmental Business Continuity Plans

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- North West Divert & Deflection Policy
- NHS Operational Pressures Escalation Levels (OPEL) Framework
- NWAS Demand Management Plan
- NARU National Command and Control Guidance
- NWAS Tactical Winter Plan
- NWAS Area specific, Winter Operational arrangements (under development) including Festive Plans
- NWAS Winter Communications Framework and Plan

Some of these documents also have their own links to or associations with multi-agency plans published under the auspices of the five Local Resilience Fora in the North West.

It also serves to:

- Ensure the wider health community and partners are aware of the NWAS strategy, capacity and potential challenges for this period.
- Ensure that resilience is maintained and the Trust is able to respond to changes in core business activity, up to and including declaration of a major incident.
- Provide a 'signpost' to other NWAS, core-planning documents including the Trusts Business Continuity arrangements.

## 2.1 Audit and Review

The plan will be subject to periodic audit and review to identify areas of improvement and good practice following each winter. It has already been approved prior to publication by the Strategic Winter Planning Group, Executive Leadership Committee and presented to the Board of Directors for assurance.

As a result of the on-going and developing impact of the COVID-19 pandemic, the NWAS COVID-19 response plan will provide a continual review, incorporating any dynamic changes to government or Trust guidelines can be implemented and communicated effectively to those staff and stakeholders affected. This will be achieved through the current senior management regular meeting structure and through the communication methods utilised through the Communication Team.

A formal, structured debrief is scheduled in the New Year of 2021 so that experiences of the winter and learning points can be explored to shape the planning process for the following year.

## 2.2 Christmas and New Year

There will be specific arrangements for the key dates over the Christmas and New Year period 2020/21, which include provision of additional operational resources (both NWAS and externally contracted) and appropriate, focussed managerial support. In addition, these arrangements will be extended both in duration and depth (where necessary and practicable) in accordance with the identified 'winter period' span and any forecasted challenges of seasonal flu, emerging pandemic disease or industrial unrest.

## 2.3 Development

Development of the plan is based on previous Department of Health (DH) recommendations, guidance and national criteria for capacity planning.

## 2.4 Assurance

This plan relates to ambulance specific issues that have been communicated, with NHSE/I winter planning leads and the Lead Commissioning CCG NHS Blackpool as part of the NHS England - North Region Winter Assurance process, to ensure a whole systems approach. It will also aid with any additional assurances requested by NHS Improvement and support the planning processes of the A&E Delivery Boards.

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## 2.5 Delivery

The delivery of this strategic plan within NWS will be achieved through comprehensive operational and organisational arrangements, which are designed to provide a quality service to meet the needs of our local communities. The overall strategy will be delivered through the local NWS plans; three PES Area's, EOC, PTS and 111 Plans. Ensuring arrangements remain sufficiently flexible to match local demand.

The operational arrangements include the identification of key dates of anticipated high demand, which are derived from analysis of historical data. Such predictions will be subject to adjustment based on shorter-term impacts such as forecasts of severe weather, high seasonal flu levels, fuel shortages or other Business Continuity challenges including industrial action within or outside of the NHS.

The outcomes of such data analysis will be considered in context with the need for NWS Operational arrangements to create surge capacity to manage increases in demand of up to 15% for a sustained period of 4-6 weeks. The NARU Resource Escalation Action Plan (REAP) will be a key driver in the facilitation of such provision alongside partnership working and constant engagement with partners in the wider NHS under the provisions of OPEL.

Consideration must also be given to the continued impact of the COVID-19 pandemic and any guidance in place currently and any which develop through the coming months. Impacts such as local area lockdowns or increased restrictions, adherence to social distancing advice, these are just a number of factors, which will need necessary cognisance moving forward.

## 2.6 Area Distinctions

Due to the size, topography, demography and differential demand and capacity patterns of the NWS footprint, it is necessary to view the requirements of each distinct geographical area individually. To this end, this plan serves to underpin the arrangements in each of the NWS functional areas, in terms of the demands on healthcare resilience.

Operational arrangements dealing with the NWS response in each of the functional areas (Cheshire & Mersey, Cumbria & Lancashire and Greater Manchester) will provide the local, operational detail required to underpin this strategic plan, North West NHSE/I Winter Plan and local winter planning groups.

## 2.7 Flexibility

Given the potential for significant changes to the predicted demands, influenza season and those that may be anticipated in respect of COVID-19 or EU Exit, which may unfold over the winter period, this plan will be subject to regular review. It is likely that further resource escalation and changes to the NWS response will be required to be developed in a dynamic fashion as circumstances develop. Any such changes will be conducted as part of a partnership approach with other organisations in the wider health economy and in line with existing partnership agreements and policies but may also need to be measured in relation to emerging national ambulance service strategies or threats. NARU REAP arrangements can also be invoked to mitigate the effects of prolonged or acute periods of pressure or periods of Industrial Action.

## 2.8 Lessons Identified

In the development stages of this Plan, lessons identified from the Winter Period of 2019/20 have been considered and changes have been made to ensure that active learning has taken place to enhance the organisations and the wider NHS resilience capabilities.

An internal debrief has been arranged for early 2021 so that lessons from the winter can be captured formally and integrated into planning for winter 2021/22.

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## 3.0 Operational Implications

### 3.1 Mutual Aid

NWAS has in place cross border arrangements with neighbouring Ambulance Services including the devolved administrations of Wales and Scotland, under a national Ambulance Mutual Aid Memorandum of Understanding (MOU). These arrangements have been vigorously tested during past incidences of acute pressure through public gatherings, industrial action, flooding and snow, in neighbouring services. It should be noted however that should system pressures be widespread or national, then such mutual aid may be limited in extent or difficult to negotiate when neighbouring Trusts are under similar pressures.

### 3.2 Demand Management

Within NWAS, resources between areas will be managed through the planning process and the evaluation of activity on a daily basis. This function will be conducted through the appropriate NWAS Strategic Commander who may during periods of pressure, be required to operate from the Regional Operational Coordination Centre (ROCC) based at Parkway, Manchester, but is also available for each NWAS Area as an on-call resource.

- The ROCC will ensure that resource allocation is managed in a way that addresses regional demand through monitoring of activity patterns.
- NWAS operates a robust on-call system which enables the activation of Strategic, Tactical and Operational Commanders together with Ambulance Liaison Officers and Loggists, at any time to incidents (including hospital turnaround issues) in any part of the Trust footprint. A member of the Trust Executive Team is also available at any time as are NWAS National Inter Agency Liaison Officers (NILO/Tactical Advisor).
- Each NWAS geographical areas (Greater Manchester, Cheshire & Merseyside and Cumbria & Lancashire) Area has its own Strategic Commander on call who has the latitude to maintain overall command of each area and the ability to commit funds without recourse to higher authority.
- The three delivery areas within NWAS will assess their respective activity demands and resource availability on a daily basis and where possible will allocate resources to the areas of greater demand. Close monitoring of demand and performance in each of the NWAS Major Incident Suites, will be conducted and any pressures discussed with the ROCC. These Suites may be staffed during critical periods or on a more protracted basis during winter, usually by a Tactical Commander and support staff.
- Staffing levels are managed and monitored via the Trusts rostering system so it is possible to actively manage abstractions and ensure that maximum cover is available for the vehicle fleet. There is also the ability to manage the provision of additional vehicles at agreed times given appropriate Commissioning arrangements. Emergency Operations Centre (EOC) staffing levels can also be adjusted to meet predicted or short term demand in such a way.
- Mutual aid support for the Trust will also be requested when appropriate from the nearest Ambulance Services of West Midlands, Yorkshire, East Midlands and North East as well as Wales and Scotland. This request will be made under existing national ambulance mutual aid arrangements but can also include the deployment of air assets.
- NWAS is also obligated to provide mutual aid to other Ambulance Services, on request in response to major incident or to assist if an Ambulance Trust declares a very high REAP level. Such negotiations will take place at Strategic level and release of resources will be highly dependant on available capacity. NARU maintain the national Mutual Aid Plan for Ambulance Services (including the Devolved Administrations).

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### 3.3 Plan Scope

The Strategic Winter Plan 2020 covers the period 2 November 2020 until 5 April 2021 unless otherwise stated.

- The plan covers the identified winter pressure reporting period (to be advised by the NHS) and details the Trust's intentions for delivering its core business.
- Analysis of historical data for this period over the past 4 years will be utilised to identify the anticipated periods of increased demand.
- The Strategic Winter Plan has relationships with other plans and documents as detailed within section 2.0 of this plan.

### 3.4 Festive Period

NWAS Operational arrangements will give due consideration to the Christmas and New Year period, which is traditionally a time of extremely high demand. Each NWAS area will produce its own Tactical Winter Plan.

- The analysis of historical data has provided the key dates where activity is expected to rise considerably.
- During this period there are likely to be extremely high levels of activity and demand with peaks expected around the Christmas and New Year periods. The last working day before the Christmas Public Holidays and New Years Eve are recognised as particular risks. However, it is also recognised that other factors may change the dynamics of activity levels such as severe weather, seasonal influenza challenges, industrial action or infrastructure disruption.
- The Operational Delivery Plans detail the Trusts intentions and methodologies for dealing with the increase of activity and maintaining an appropriate safe delivery of service.
- Appropriate additional operational/staff resources from the Paramedic Emergency Service (PES), EOC, Clinical Hub, NW111 and the Patient Transport Service (PTS) will be identified and profiled for the key dates.
- The related cost pressures will be identified and calculated for all additional resources required.

### 3.5 Demand analysis

The capacity levels for NWAS detailed within the Operational arrangements are designed to address the forecasted demand for the winter period. The plans take into account previous and current demands.

- Planned levels of activity have been based on historical data, tempered with any seasonal Influenza related demands which may have caused unusual spikes in the anticipated activity levels.
- All available emergency resources (PES and EOC) will be utilised on key dates and assistance will be sought from the Voluntary Aid Societies (VAS e.g. British Red Cross, St John Ambulance and Mountain Rescue Teams), Private Ambulance Services (PAS- contracted in via an intermediary) as required, as circumstances dictate and as financial constraints allow. Other NWAS resources may also be deployed in support of PES, such as PTS staff trained to respond alongside frontline PES colleagues.
- In identifying the key dates through historical demand analysis, we are able to forecast busiest days by regional footprint and at NWAS operational area level (Appendix 4). This allows for resource planning depending on anticipated activity levels but will be reviewed against any changes in anticipated or unscheduled activity. NWAS REAP arrangements are also available to deal with any surge in demand or adverse pressure on the Trust.

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- Information regarding those dates of predicted NWAS high demand will be shared with each Acute Trust, Commissioners and NHSE/I North West, enabling appropriate measures to be taken to reduce the impacts on the whole system.
- Analysis of attendances at each Acute Trust has been developed and will be detailed within the area Tactical Winter Plans as they are developed.

#### 4.0 NWAS Strategy

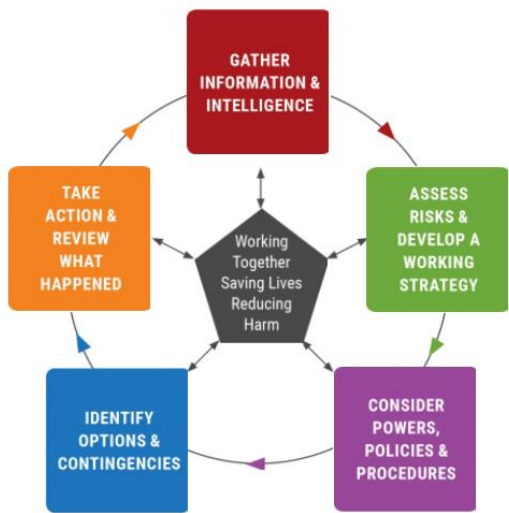
NWAS planning will be continuous up to and through the winter with regular meetings scheduled to ensure that focus is not lost. This will include dedicated agenda items on a range of existing and regular meeting schedules. Periodic performance teleconferences will also continue with the option to revert to a daily occurrence should pressures dictate.

NWAS Operate a 24/7 Command and Control structure, based upon national standards and in-line with JESIP response principles.



The NWAS Strategic Commander ensure a set of Strategic Intentions (Appendix 1) are developed and reviewed to ensure consistency.

In terms of decision-making, the Trust command team utilise the JESIP Joint Decision Making (JDM) Process:



(JESIP)

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Within the Emergency Operations Centres (EOC) environment, NWS has in place long-standing processes, which expedite rapid call pick-up and allocation times. Resource profiling is completed in a way which best matches demand to maximise effectiveness and meet the national response measures in place across service lines.

The NWS Regional Planning Team will ensure that demand and resource profiles are matched through analysis of staff abstraction rates (training, leave and sickness) and monitoring of unit hour utilisation for the Paramedic Emergency Service. The following sections outline key factors, which underpin the NWS response during the winter period.

#### 4.1 PES Core Response Measures

NWS uses the internationally established Advanced Medical Prioritisation Dispatch System (AMPDS). This allows NWS to identify and prioritise all life-threatening emergency calls.

In July 2017, the Department of Health and NHS England announced new ambulance service standards as part of the Ambulance Response Programme (ARP). The aim of the ARP programme is to improve patient care and survival. ARP is the result of the largest study of an ambulance system ever completed, anywhere in the world. More than 14 million ambulance calls were monitored as part of a trial, with no patient safety concerns.

The system enables ambulance services to be much more stable and able to deal with unexpected events and peaks in demand. ARP will make sure the best, most appropriate response is provided to patients, first time.

From 7 August 2017, there have been four categories of call:

Category	Mean	90 <sup>th</sup> Percentile
Life threatening Category 1	7 minutes	15 minutes
Emergency Category 2	18 minutes	40 minutes
Urgent Category 3	60 minutes	120 minutes
Less Urgent Category 4	-	180 minutes

- Call pick up times are constantly monitored against nationally agreed standards in all EOC's. This information is displayed in real time on the Trusts performance management dashboard, which is accessible to all appropriate managers. This information is also monitored in each Major Incident Suite and the Regional Operational Coordinating Centre (ROCC).
- Activation times are monitored and reviewed daily by Sector and Operational Managers. Improvements aimed at reducing activation times include the utilisation of strategically placed deployment points as part of a Demand Management Plan (DMP).
- The North West Divert and Deflection Policy provides an agreed process for Senior Trust Commanders to follow to ensure safe treatment and movement of patients across the region and to address any short-term blockages through agreed deflections.
- The NWS Clinical Hub and Directory of Services (DoS) are designed to augment the prioritisation of 999 calls.

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- Analysis of historical data ensures that NWS are able to place resources appropriately and use relief staff in an effective manner.
- The Patient Transport Service (PTS) is also integral to NWS strategic planning for winter in consideration of the overall provision of contracted, non-emergency transport services. It should be noted that NWS is the contract holder for PTS in Cumbria, Lancashire, Greater Manchester and Merseyside while the West Midlands Ambulance Service provides the same function in Cheshire, Warrington and the Wirral.
- NWS will be required to provide event cover (i.e. football matches or mass gatherings) during the winter period. The resourcing of these events is over and above that which is required to deliver the operational delivery plan. These events may coincide with dates of anticipated high activity, as identified in the key date information. Such events are managed through partnership between the Trust Resilience and Operations Teams together with the event organisers, Police and Local Authorities.
- The 'Make the Right Call' (<http://www.maketherightcall.co.uk>) campaign is aimed at advising the public on the appropriate use of the of the Ambulance Service and signposting suitable alternatives for minor ailments. The Trust Communications Team will provide public information through broadcast and social media outlets utilising national templates for any publicity.

#### 4.2 Demand Surge Mitigation

NWS can meet a sustained increase in activity and cope with significant activity increases over short peak periods but acknowledges the challenges that may face the region and the wider NHS, particularly in respect of any widespread event such as subsequent waves of illness associated to COVID-19 and the exit of the United Kingdom from the European Union (EU Exit). It is recognised (and a lesson identified by all health partners in previous winters) that the Ambulance Service reaches its capacity limits very quickly during severe challenges.

A dynamic but constant evaluation and review of the pressures on the Trust is made weekly at the Executive Leadership Committee (ELC) and daily within the ROCC, including any standing COVID-19 strategic groups.

The NARU REAP arrangements can be used at short notice to mitigate demand and generate additional capacity short of declaring a major incident. This is coordinated through the National Ambulance Coordination Centre (NACC). Shorter-term effects can be realised through application of the Demand Management Plan (DMP) levels to deflect demand in a measured and safe manner.

### 5.0 Mitigation Initiatives

NWS employs the following initiatives to enhance service delivery:

- The NARU Resource Escalation Action Plan identifies rising trends in operational and organisational demands and facilitates escalation/de-escalation through the nationally set REAP levels.
- Trigger mechanisms have been established through REAP arrangements that allow NWS to respond promptly to substantial increases in demand, in either specific areas or Trust wide.
- NWS REAP arrangements remain active at all times. The Strategic Winter Plan should be viewed as an adjunct to this and not as a replacement.
- The Trust is engaged with national partners to ensure the REAP elements are reflective of current and future challenges including the NHS OPEL (Operational Pressures Escalation Level) Framework, which standardised local, regional and national escalation levels to respond to severe pressures on the NHS.

By adopting a consistent NWS approach, the overall ethos of OPEL can still be reflected in NWS actions. Indeed, the NHS E/I OPEL Framework document underscores that system wide pressures can be resolved through close partnership working in order to manage surges in demand or capacity challenges. It also

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recognises that local A&E Delivery Boards have the latitude to align existing systems to the standard OPEL triggers and terminology as well as identifying that a rigid, sequential escalation is not always necessary or appropriate. Importantly, the Framework continues to emphasise that “Not all parts of the system need to meet all triggers in order to escalate – escalation can be service specific if agreed locally.”

In order to communicate the NWS stance at any given request for the Trust to escalate in parity with an Acute Trust (excepting regional challenges beyond normal surges i.e. significant or major incident) a standard approach will be adopted to ensure consistency of message and action. Each request for escalation or notification that a particular Acute Trust is escalating to a higher OPEL Level will be responded to with a statement which echoes the following declarations;

- All necessary actions for NWS under REAP have been considered and already implemented or held in reserve should the situation become more challenging.
- NWS is committed to support both whole system resilience and the management of local surge pressures against the background of patient care and protection of NWS core business obligations.
- NWS will support any local measure to relieve pressures as far as practicable and within the overall confines of our prevailing REAP level which reflects the overall pressures experienced by NWS and cannot be flexed locally.
- Engagement with local NWS managers on duty or on-call is essential so that appropriate supportive measures can be discussed.

## 5.1 North West 111

### 5.1.1 Forecasting and Planning

NW 111 now possesses four years of historical data. This assists with accurate demand forecasts that will deliver improved roster efficiency and accuracy (refer to Appendix 6). Ultimately this will assist in delivering a more consistent and improved performance compared to previous winters. As with previous years, activity is anticipated to increase from 17 December through to its peak on the weekend following Christmas, demand remaining high into January. The ever changing COVID situation however has made forecasting more of a challenge as demand has been volatile as infection rates change across the region. To ensure the best roster cover NW111 reduce levels of managed shrinkage, such as annual leave and planned offline activities, for these key weeks.

The improved accuracy of forecasts allow for more accurate recruitment planning. NW 111 has already commenced winter recruitment for Service Advisors, Health Advisors and Clinicians.

### 111 Service Delivery

NW 111 already operates a diverse approach to delivery, with the aim of improving patient experience. NW 111 will utilise the delivery methods of the previous winter.

Patients are presented with a range of options as well as assessment, dependant on the needs of the patient.

Homeworking for clinical staff – to increase clinical numbers, especially on peak days, NW 111 operate homeworking. This has increased significantly due to Covid meaning a larger number of Clinicians are able to work from home and these clinicians can log on for key shifts at home.

This year NWS also has the opportunity to promote the use of NHS 111 online and CPCS Pharmacy Services especially during busy periods. These services offer support to patients to self-assess their health needs, whilst ensuring access to all the services open to 111 callers aligned to the clinical need.

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This winter NWAS 111 have established additional Covid Advisor trained staff meaning Covid calls are streamlined to Covid trained advisors, this enables the BAU activity to flow to the Health Advisors.

To ensure the optimisation of all the potential 111 workforce over the peak days and winter overall, NWAS 111 will utilise non front-line staff, such as;

- Pathways trained administrative staff will perform front line call taking role.
- Audit and Governance Team deployed into front line roles.
- Front line managers working in front line and operational roles.
- Increased senior management support.
- Clinical Managers able to work additional hours from home

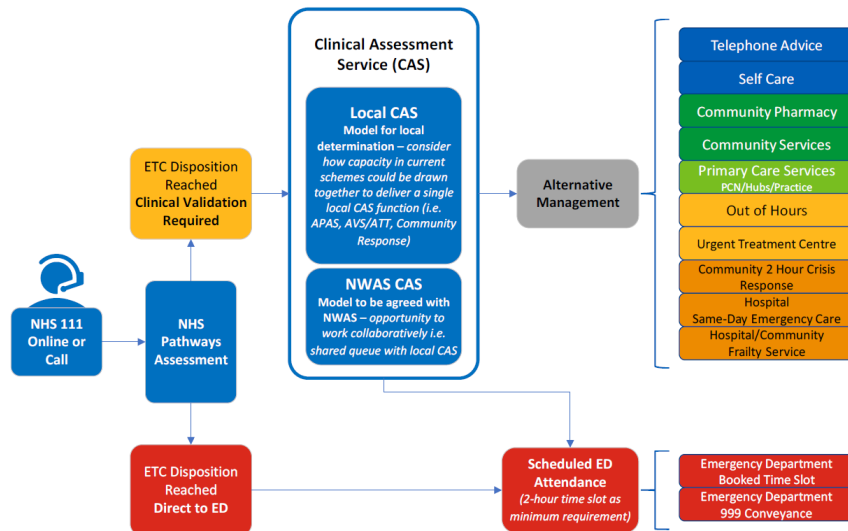
### 5.1.2 NHS Think 111 First

The introduction of NHS 111 First will further support the patient journey by utilising bookable appointments within the Emergency Department where appropriate and is a development of the current regional NHS 111 service and local remote triage and assessment services to offer patients a different approach to the way they access and receive healthcare.

On average, 70% of ED attendances are made up of walk-in patients, the rest being ambulance arrivals. Filled waiting room will no longer be safe with the ongoing risk of nosocomial spread. NHS services need to assist the public with a new approach to urgent and emergency care. Prioritisation will need to be done remotely in the majority of cases.

To achieve this, the NHS 111 First Programme will deliver a new approach to the radical streaming and direction of non-urgent patients away from Emergency Departments into other urgent care settings and promote this to the public as the best route to care. Asking patients thinking about attending an emergency department to contact NHS 111 First by telephone or online.

Some estimates suggest that between 1.5 and 3 million people who attend A&E each year could have their needs addressed in other parts of the urgent care system. Aligning with the Integrated Urgent Care ambition through the development of local Clinical Assessment Services offering patients access to clinicians, both experienced generalists and specialists (such as Dental Nurses, Mental Health Nurses and Palliative Care Nurses).



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## Progress

The NW NHS 111 First implementation team have now completed initial engagement with all North West systems. With the first two North West sites now live following soft launches; Blackpool Teaching Hospitals NHS-FT live from 25 August 2020 and Warrington And Halton Teaching Hospitals NHS-FT live from 08 September 2020.



## National Assurance Template

CHECKLIST							
MINIMUM IMPLEMENTATION CRITERIA	System One: Blackpool	System Two: Warrington	System 3: Cheshire	System 4: Merseyside	System 5: Lancashire & South Cumbria	System 6: Greater Manchester	System 7: North Cumbria
EARLY MOVER / FAST FOLLOWER	Early Mover	Early Mover	Fast Follower	Fast Follower	Fast Follower	Fast Follower	Fast Follower
GO LIVE DATE	25/08/2020	08/09/2020	10/11/2020	10/11/2020	13/10/2020	13/10/2020	24/11/2020
INCREASED 111 CAPACITY	●	●	●	●	●	●	●
SECONDARY CARE DOS DISPOSITION	●	●	●	●	●	●	●
ED REFERRAL AND BOOKING SYSTEM	●	●	●	●	●	●	●
MONITORING AND EVALUATION	●	●	●	●	●	●	●
COMMUNICATIONS STRATEGY	●	●	●	●	●	●	●
HEIA	●	●	●	●	●	●	●
OVERALL READINESS	●	●	●	●	●	●	●

Each implementation area (Trust footprint) completes a fortnightly national assurance template for submission to NHS England.

This is collated by locality SROs into a single submission to provide national assurance that systems are on plan to deliver the NHS 111 First programme by 01 December 2020.

It also provides a regional overview on system readiness and will be used to provide and document final assurance pre-Go Live.

### 5.2 Demand Management Plan

The NWAS Demand Management Plan (DMP) is designed to be both simple and dynamic and is to be utilised in situations of excessive call volume or reduction in staff numbers. This will enable NWAS to respond in a

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timely and appropriate manner to increased service pressure, enabling an NWAS wide response as soon as identified triggers are met. The plan provides a risk based framework to enable flexible resourcing decisions to be made in the Emergency Operations Centres (EOC). The overriding function of this plan is to ensure that NWAS maintains the highest achievable level of clinical care in the face of demand levels that greatly exceed capacity.

This plan:

- Is applicable to the EOCs, the Clinical Hub, 111 and the Regional Operational Coordinating Centre (ROCC).
- Is considered in conjunction with the National REAP levels and will be employed in conjunction with this plan where appropriate and necessary but is routinely used as a standalone plan.
- Should only be invoked with the sanction of a senior NWAS Manager or Director with Strategic command status and following discussion with EOC managers.
- Provides an escalating set of flexible, tactical options to apply a further level of triage (over AMPDS) which may result in certain calls being rung back for reassessment, deflected or be assigned a delayed response in order to priorities resources to the most immediately life threatening calls. Patients are always informed of the appropriate disposition of their call.

### 5.3 Emergency Operations Centres and Clinical Hub

#### 5.3.1 Emergency Operation Centres

Across the North West footprint there are three Emergency Operation Centres (EOC); one in each of the operational areas – namely, Cumbria & Lancashire, Greater Manchester and Cheshire & Merseyside.

The EOC's are responsible for managing the emergency 999 call activity through their dedicated call handling suites and once calls are received an ambulance dispatch team are focused on communicating with operational resources to ensure a timely and appropriate response is deployed.

The primary method of managing this process is through a Computer Aided Dispatch (CAD) system, which allows for the inputting of call data, and the rapid electronic communication with resources. To compliment this function within the EOC they are supported by the presence of senior clinicians. In addition, and by the development of the Clinical Hub incorporating a clinical leadership model to ensure appropriate decision making support is available to both operational and EOC colleagues. This enhances patient safety.

#### 5.3.2 Clinical Hub

The NWAS Clinical Hub operates as a virtual 'hub' with bases in Merseyside, Lancashire and Greater Manchester, providing a number of functions.

Primarily the desks utilise a robust telephone triage tool to support patients through a Hear & Treat model, answering low acuity calls.

The virtual hub also provides clinical advice and support to NWAS operational staff and a process for clinical leadership and support for all staff and managers has to facilitate access to Paramedic, Nurse, Senior Paramedics, Advanced Paramedics, Mental Health Practitioners, Clinical Pharmacist, Consultant Paramedics and occasionally, Doctors.

Police/Fire & Rescue Command colleagues can also access this clinical advice through a SPOC telephone number; this will support on scene decision making and reduce on scene time.

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These desks are able to provide;

- Clinical advice
- Support for solo responders to enable them to leave scene whilst awaiting transport; including booking taxis where appropriate
- Access to senior clinical support for the Advanced Paramedics
- Direct telephone consultations with patients after initial categorisation

#### 5.4 Regional Operational Coordination Centre (ROCC)

ROCC operates across a 24 hour period and staffed by a ROCC Duty Manager 24 hours and ROCC Tactical Commanders provide cover 7 days a week between the hours of 0600 and 0300.

The ROCC is managed by a Duty Manager and supported by the ROCC Tactical Commander whose role is to monitor and review operational pressures across the NWS footprint and provide direct management to the Regional Health Control Desk (RHCD) and Greater Manchester Urgent and Emergency Care Hub (GMUEC) Coordinators. Liaise with EOC's, NWS Managers, other UK Ambulance Services and Wider NHS Management regarding Provider Organisation pressures and provide reports to NWS and the wider NHS on system pressures.

The primary role of the ROCC based at Parkway is to be responsible for:

- Resource oversight/monitoring – Emergency Operations Centre (EOC)/Operations/Clinical Hub
- Activity/demand monitoring – Demand Management Plan (DMP) monitoring
- Horizon scanning – publishing the 'Emergency Demand Predictor' each Monday
- Coordination – Business as Usual and Major/Large scale Incidents
- Single point of contact for UK Ambulances services and wider health economy partners
- Regional overview - for UK Ambulances services and wider health

#### 5.5 Regional Health Control Desk

The RHCD provides real-time monitoring of health economy pressures, through daily contact with Acute Provider organisations, gathering soft intelligence relating to capacity and demands within these organisations, reviewing against activity and working to mitigate where possible any impact of increases in demand. The RHCD team consistently monitor and scrutinise delays in handover and any delays noted in clearing by ambulance crews are pro-actively managed.

The RHCD is covered 24/7 and works alongside the GM UEC Hub Coordinators, both of whom are managed by the ROCC Duty Manager as well as being supported by the ROCC Tactical Commander. This dovetailing of local and regional perspectives provides rich intelligence and a pragmatic approach to problem solving. Ensuring pre-emptive and timely escalation occurs to Acute Provider on-call/management teams to request mitigation occurs at the earliest opportunity to support the risk of patients waiting in the community due to delays occurring within Acute Providers.

RHCD Coordinators continue to escalate delays over 60 minutes to Executives at Provider Organisations and continue to proactively monitor delays over the 15 minute threshold for clinical handover. The ethos of early escalation continues to be relevant and practiced by all ROCC functions.

#### 5.6 Greater Manchester Urgent and Emergency Care (GMUEC) Hub

All GM health care providers are signed up to the hub and it is seen as neutral and an 'honest broker' between health and social care systems and now has live data feeds from each acute trust and NWS; GMHSCP is

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looking to gain direct input from primary care and community to give a whole system overview. This live data is used to identify pressured systems and provide support / intervention where necessary.

The hub is has become a single point of contact for GM Systems and is accepted as the conduit between GM Health and social care systems and National / Regional Colleagues, by having a real time understanding of activity and pressures the Hub managers are able to respond to National enquiries on the previous day where trusts have hit performance triggers.

The hub is also seen as a mediator/facilitator between systems which has enabled the team to resolve issues with transfers and repatriations when capacity is challenged across GM, an SOP for this process is in place. The GM UEC Hub holds central records of transfer and repatriation requests with delay and escalation triggers with associated actions. The hub also acts as a mediator between acute trusts and NWAS where there is the potential for, or are actual turnaround delays enabling a working plan to avoid unintentional batching of activity to individual ED sites and ensure ambulances are released in a safe manner. Acute trust senior management teams accept feedback from data analysis on trends and repeated issues and associated suggestions to smooth the flow, the UEC Hub team is seen to provide this feedback in a non-judgemental and supportive way.

The Hub also provides a watching brief on large scale incidents and issues which do or have the potential to affect the GM healthcare economy, this has assisted systems to prepare for predicted issues e.g. outbreaks, extreme weather events,

Across the winter period the GM UEC Hub will operate as the GM Winter Room and coordinate the GM oversight and reporting to regional / national level as appropriate.

### 5.7 Urgent and Emergency Care (UEC) Directory of Services (DoS)

The UEC DoS is a national service, provided by NHS England, which is led on regionally. In the North West of England, the UEC DoS is exceeding IUC KPI 11 and NHS Service Finder Quality KPIs and is a top performer across England.

The UEC DoS is critical to the operations of NHS Service Finder, NHS 111 Online, NHS 111 Telephony and 999 Clinical Hub. The North West is the only region to fully support NHS Service Finder and it is a critical tool that should be used by all NHS staff that are involved in patient care irrespective of setting. The UEC DoS is also critical to the delivery of NHS 111 First as it rolls out through Autumn and Winter 2020.

### 5.8 Discharge arrangements

NWAS is able to provide patient transfers at short notice, based on a hospital's priorities e.g. clinical priority or response to hospital pressures to moving patients between hospitals, or to discharge patients. With mature escalation and engagement links across the acute healthcare system, PTS will work with commissioners and hospitals to monitor system activity, adapting to changing circumstances and surge and is able to mobilise an enhanced approach to support system priorities in line with relevant national guidance e.g. HM Govt/NHS' Hospital Discharge Service Requirements in the event of an escalation of Covid-19 impacts felt by the system. The NWAS PTS leads will be available to establish the needs of individual Trusts e.g. requests for additional PTS non-emergency vehicle requirements in addition to current contractual arrangements for out of hours in those areas where NWAS holds the contract.

- NWAS operated PTS services will be staffed throughout the identified critical periods and support the demand placed upon the Service only where appropriate arrangements exist.
- Supplementary arrangements have been made agreed with the support of Private Providers over identified critical periods.

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## 5.9 Additional measures

The NWAS approach to winter will be 'business as usual' as far practically possible but a range of additional measures will be employed to mitigate the effects of increased demand or loss of capacity. These include;

- Executive focus – individual members of the NWAS Executive Leadership Committee have been allocated geographical areas of responsibility and this level of engagement supports wider ELC scrutiny of winter plans and performance.
- PTS staff and vehicles can be utilised to assist PES in reducing admission, discharge and transfer pressures as and when required under the Trusts REAP arrangements and in such times as a major incident. This will require engagement with and agreements from the Commissioner(s).
- Additional front line staff together with operational management support will be deployed on the key dates identified in the Operational Delivery Plan, subject to appropriate capacity and identified investment to meet the need.
- Annual leave and other staff abstractions for all Service Delivery staff will be monitored and strictly controlled for the period encompassing the Christmas and New Year Public Holidays and beyond. For identified weeks during this time, an 8% limit on leave allowed has been agreed. Staff sickness absence will be subject to the same level of scrutiny and management.
- The NWAS Fleet care department is available to meet operational requirements throughout the critical period. They will also provide a 24/7 on call facility as dictated by demand and capacity.
- A Memorandum of Understanding (MOU) exists between NWAS and St John Ambulance in the event of a Major Incident. The Trust is also able to mobilise certain VAS resources during times of high activity to lower acuity incidents, however there is a cost for some parts of this service and its activation requires sanction by an NWAS Strategic Commander/ Head of Service. It should be noted that SJA are often subject to the same event and activity pressures as NWAS during the winter and have their own issues with volunteer sickness or event commitments so such support cannot always be guaranteed.
- A national MOU for mutual aid from other NHS Ambulance Trusts exists. This is predominantly for Major Incident support but in the scenarios of Business Continuity challenge including widespread severe weather, national high activity, or when informal support from adjacent Ambulance Trusts cannot be guaranteed.
- At times of excessive demand, the triggers within the NARU REAP may require redeployment of seconded clinical staff fulfilling a non-clinical role. This decision will be taken in line with the processes detailed in the Plan.
- Extensive Business Continuity arrangements are in place to minimise the impact of any additional disruptive challenge to the operation of the Trust.
- The standing NWAS 'On- call' arrangements (Commanders and support staff) continue as usual but may be enhanced/augmented for times of experienced or predicted pressure. These arrangements include senior clinicians on call.
- NWAS Commanders have been provided with a North West Divert and Deflection Policy which summarises the actions to be taken in the event of pressures at individual hospitals or across entire Acute Trusts.
- Hospital Arrival Screens are well established in EDs and other locations to assist with patient flow through the departments. Additional Ambulance Liaison Officers have been recruited to provide a physical presence at ED's experiencing delays in transfers of care from NWAS to Provider Trust

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clinician and assist in the release of vehicles to increase availability. Early escalation of any delays in transfer of care issues through the NWAS on call structure is considered as essential.

- Staffing levels over a 24hr period are an integral part of service delivery.
- Sector and Operational Managers (PES, EOC and PTS) have confirmed staffing levels, which are communicated at the weekly service delivery meetings. Additional hours are profiled to meet demand on key dates and these will be subject to scrutiny at the appropriate meetings. Staff Absorption rates are monitored closely.
- Vigorous management of absenteeism through NWAS Sickness Policy.
- The NWAS Pandemic Influenza Plan and NWAS COVID-19 Response Plan contains contingencies for support staff redeployment during the risk period.
- The Trust's BCM arrangements include departmental and staff mapping analysis to enable support to be re-directed to critical functions if required, at times of severe pressure. Dedicated arrangements to deal with periods of Industrial Action are also in place.
- Additional front line staff, together with operational management support, will be deployed on the key dates identified in the Operational Level Plans.
- Staffing levels are profiled according to demand patterns. EOCs will be profiled aligned to key dates throughout the winter plan.
- Planning with voluntary agencies (SJA, BRC, and Mountain Rescue) is regular and ongoing.

## 6.0 NWAS Continuous Improvement Initiatives

### 6.1 Fleet Reconfiguration

Additional Double Crewed Ambulances (DCAs) have been added to the fleet above establishment baseline and general increases in staffing have been achieved through the decommissioning of Rapid Response Vehicles (RRVs). Further RRV decommissioning and fleet re-profiling is set to continue to optimise clinical response against ARP requirements. While some of the DCA gains have been achieved by retaining older vehicles the balance is being redressed with the steady arrival of brand new Emergency Ambulances on a phased basis.

### 6.2 Emergency Operation Centres (EOC) Efficiencies

EOC changes are critical to the maintenance of patient safety and delivery against performance standards and to these ends the following areas are subject to tight focus.

- Increase in call pick up (CPU) performance to 95% within 5 seconds. To be achieved by rota realignment to match call-taker availability to demand.
- Reduction in average handling time (AHT), and monitoring of downtime between calls ('not ready time') to improve call taking productivity.
- Earlier identification of category 1 calls through the pre-triage sieve, key words and nature of call processes and improvements in call flow.
- Noting on the work to reroute to alternatives to ED as part of SDEC.
- Increases in EOC staffing and profiling of recruitment, training and induction in advance of winter period. This includes additional operatives with distinct remit to manage routine calls into EOCs.

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- We are currently piloting a new approach to the management of long waits. We have deployed a new role – Clinical Coordination Desk. This role is provided by a CHUB AP and reviews patients who we anticipate will wait longer than the ARP centile performance. The AP can chose based on clinical need to dispatch a resource, they may review the notes and conclude the patient is safe to wait or pass to a clinician to ring back as potential for H&T.

### 6.3 Increases in Hear and Treat (H&T)/See and Treat (S&T)

NWAS continues to lead nationally in the closing of incidents through hear and treat outcomes, we continue to utilise local clinical assessment services and are continually working with partners to expand the patient presentations seen by these services. The move to the Cleric platform is currently underway to strengthen the technology and systems used to provide telephone triage. H&T incidents reduce inappropriate use of resources and maximises the availability of responding vehicles. S&T performance has also increased with the introduction of a range of enhanced patient triage tools, clinical pathways and alternative referral dispositions.

### 6.4 Workforce

Targeted workforce increases in preparation for winter is underway with a focus on EOC Emergency Medical Dispatchers (EMD) and EOC clinicians to support EMDs when dealing with at risk patients (should the line be disconnected). Development of a clinical co-ordination desk, which offers clinical scrutiny and review for long wait incidents is well into development and evaluation.

### 6.5 Hospital Handover

There is a requirement for Ambulance/ED Handover to occur within a 30 minute standard and work is continuing to improve performance on a collaborative basis. Measures to aid this process which have been introduced or strengthened include changes to triage, static Hospital Ambulance Liaison Officers/Clinical Coordinators to improve flow and wider admission avoidance strategies.

The Trust continue to engage with and lead on the Every Minute Matters initiative involving Acute Trusts across the region working collaboratively with NWAS to ensure that the clinical handover of patients from an NWAS clinician to an Acute Trust clinician remains a priority for all stakeholders.

## 7.0 Communications

NWAS has in place robust Winter Communications Plans which supports the NWAS Strategic Winter Plan, seasonal Influenza vaccination programme and NWAS Pandemic Influenza Plan and NWAS COVID-19 Response Plan as well as contributing to the Trust compliance with the Civil Contingencies Act (2004) in terms of 'warning and informing'.

### 7.1 Communications Activity

The Communications Framework covers five broad areas of activity;

- General Winter and Flu communication – The trust will support national campaigns around flu and 'help us help you' with local implementation.
- Communications specifically relating to the COVID-19 pandemic.
- Pressure related communication – in reaction to increases in operational and demand pressures relating to use of 999, 111 and 111 online.
- Business Continuity Management – staff communications during periods of pressure to ensure continuity of core services.
- Communications specific to the post winter recovery period.
- Public safety messages around key dates (e.g. 5<sup>th</sup> November, New Year's Eve).

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Messages will be disseminated over a range of platforms and media (Social Media, print and broadcast). Face to face opportunities will also be exploited or targeted with messages tailored to audiences for maximum impact.

During the winter months, new campaigns will be implemented for each of the service lines. The 111 campaign will highlight the team behind the calls who ensure patients get the right care. The PES campaign will reinforce why the 999 service exists - for the serious/life threatening emergencies. The PTS campaign will follow later and will address a key issue such as number of volunteer drivers, aborted journeys etc.

## 7.2 Specific Objectives

Communication activity will assist in mitigating some of the demand pressures that NWAS will face during the winter period. Specific actions will include:

- Providing our staff, our volunteers and the public with health and wellbeing advice including why they should have the flu vaccination
- Informing the public about making the right choices to access care if they are unwell, especially when to call 999 and when to use other services such as NW 111
- Raising awareness of the ambulance services role in tackling winter pressures amongst NHS organisations and key stakeholders
- Engaging with staff about our efforts so they feel informed, listened to and able to act as a trusted source of information to patients on winter health matters

## 7.3 Public Health England, Cold Weather Plan

The national Cold Weather Plan is a framework document which is intended to protect the health of the population due to the effects of cold weather. By alerting people to the negative health consequences of prolonged or severe cold weather, the plan aids both health organisations and the general public in preparing and responding accordingly to cold weather.

A series of steps are recommended by the plan to reduce the risks to health from cold weather and these include ensuring the receipt of the regular Meteorological Office, Cold Weather Alerts and associated Planning Advice. These emails contain detailed forecasts (or alerts should trigger thresholds be breached) to signal impending cold weather and allowing appropriate actions to be taken. The four levels - Level 0 (Year-round planning) to Level 4 (Major Incident) each have their own targeted and tiered actions for various agencies which will be considered or enacted upon issue of the appropriate alert.

These alerts and forecasts are received by the NWAS Resilience Team, Emergency Operations Centres, The ROCC and Communications Team.

The current version of the Public Health England Cold Weather Plan can be found here;

<https://www.gov.uk/government/publications/cold-weather-plan-cwp-for-england>

Local Resilience Fora all have multi-agency severe weather arrangements and NWAS remains an active partner in the planning and response to such incidents to support patient care, wider public safety and staff support.

## 8.0 Reporting Mechanisms

Health Systems routinely provide updates through the 'Tableau' platform for review by NHSE/I. There are a number of systems and methods NHSE/I utilise dependant on the pressure within the system/s. At this stage, NWAS are not required to update any platform. However, through last winter NWAS participated in twice weekly calls chaired by NHSE/I North Winter room; with representatives from the three Northern Ambulance

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Services. This winter is likely to see the same arrangements requested, however, this may fall under the auspices of NHSE/I North West rather than NHS E/I North.

Should this be required, the NWAS ROCC will be the most appropriate place to gather the appropriate information and validate it through ROCC Tactical Commander prior to submission to NHS England to meet the daily SITREP deadline. This process will be clarified with the ROCC Team and embedded in daily activity reporting for the winter period.

Those most pertinent for NWAS reporting will be;

- A&E Closures.
- A&E Diverts.
- Ambulance handover delays of over 30 minutes.

It is likely that any NWAS data submissions will contribute to a triangulation of data from other sources in the NHS for further validation prior to upward briefing to the Department of Health. It is anticipated that a regimen of local and regional teleconferences will be scheduled in step with NHS England – North Region reporting obligations to the centre.

NWAS managers will continue to represent local Sectors on A&E Delivery Boards and provide detailed, local assurances or data as requested.

## 9.0 Seasonal Influenza

The flu campaign launches 1st October 2020 until 28th February 2021. NWAS clinicians (paramedic level) can administer the seasonal influenza vaccine to all frontline staff (PTS, 111, EOC and PES). The flu leads and Flu team have had numerous meetings to ensure the current guidance and changes to the national immunisation programme due to COVID-19 have been communicated. Key lessons learned from the previous year have also been discussed including cold chain management, vaccine distribution and storage and local ownership and accountability of equipment. A SOP has been written for this flu campaign and is in the process of being signed off and approved. Agreement of utilising all compliant vaccinators for this year's campaign to ensure the vaccination is accessible to all staff and a location mapping exercise to ensure we have vaccinators across all areas. Any identified gaps will need a targeted approach to recruit further vaccinators as we move through the campaign.

An early focus on PTS has been agreed as we know this is one of our lower uptake areas and flu leads will be working with local vaccinators across PTS areas to ensure accessibility.

Vaccinations will be delivered across a 6 week period in 4 deliveries. The first of which is expected 21<sup>st</sup> September and the last delivery expected 9<sup>th</sup> November. We are not able to procure further vaccines due to a national shortage. The eligibility criteria for the flu vaccine has widened this year due to the impact of COVID-19 with a focus on over 50's (over 65 in previous years) and discussions have taken place to encourage staff, where possible, to access the vaccination via their GP or local pharmacy.

The table below shows the vaccination uptake for frontline Healthcare workers across all Ambulance Trusts from 1st September 2019 to 29th February 2020. North West Ambulance Service NHS Trust ranked 6th out of 10.

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Trust	Vaccine uptake 2018 (%)	Vaccine uptake 2019 (%)
EAST MIDLANDS AMBULANCE SERVICE NHS TRUST	76.1	81.1
WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST	80.1	80.6
SOUTH CENTRAL AMBULANCE SERVICE NHS TRUST	-	77.4
SOUTH EAST COAST AMBULANCE SERVICE NHS TRUST	78.7	76.2
EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST	53.0	75.6
NORTH WEST AMBULANCE SERVICE NHS TRUST	65.9	67.3
NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST	53.1	65.6
YORKSHIRE AMBULANCE SERVICE NHS TRUST	65.0	62.4
LONDON AMBULANCE SERVICE NHS TRUST	64.1	60.2
SOUTH WESTERN AMBULANCE SERVICE NHS TRUST	56.9	60.1

Source: Public Health England

The total number of staff vaccinated within the 2019/20 Flu Campaign was 4187 frontline staff and 2033 non-frontline.

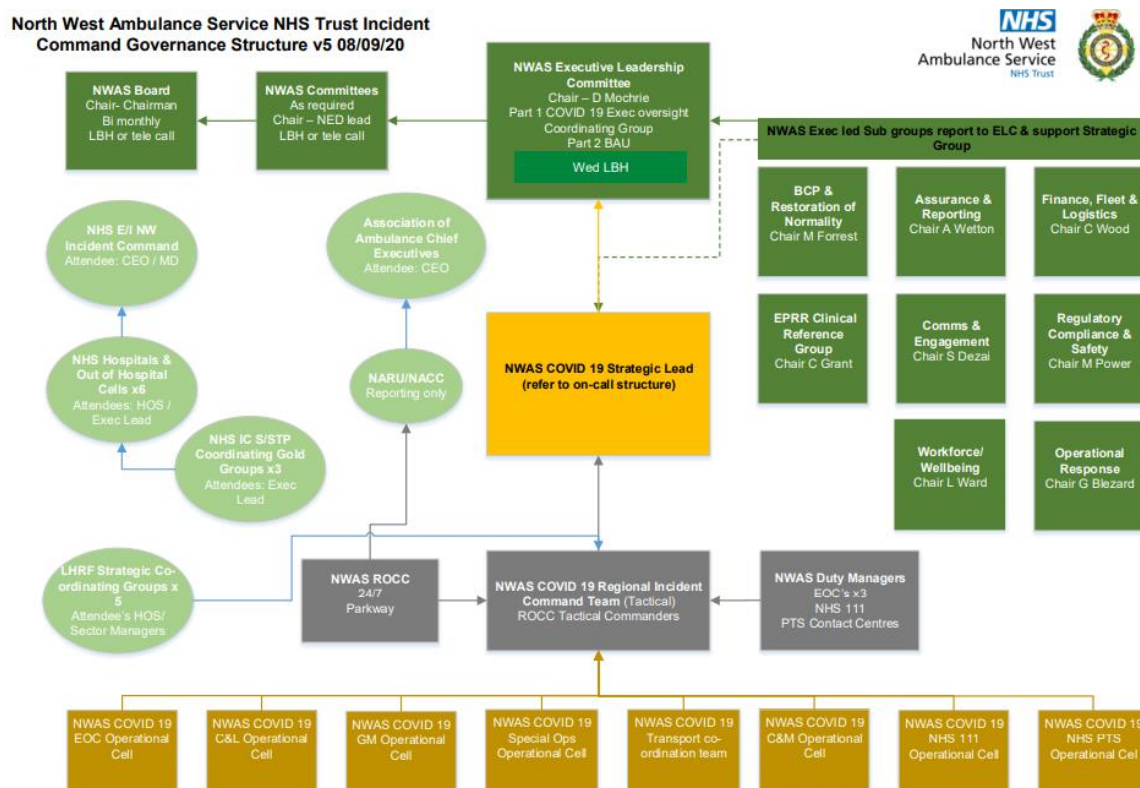
The NWS Pandemic Influenza Plan has been maintained in line with national guidance and will be invoked if health intelligence suggests the emergence of a pandemic strain and the appropriate trigger levels are breached. It is subject to an annual review and is ratified by the NWS Board in line with EPRR Assurance requirements.

### 9.1 COVID-19 Response Plan v1.7

The NWS COVID-19 Response Plan was activated during March 2020 in response to the emerging virus and remains in place to manage the ongoing response including those attributed to potential subsequent waves of infection.

The aim of the NWS COVID-19 Response Plan is to describe the response arrangements that have been implemented by NWS and its staff during the disruptive challenge associated with the outbreak of COVID-19 virus whilst ensuring, as far as reasonably practicable, the safety of all staff and members of the public.

As part of the response to the COVID-19 pandemic, a dedicated structure is in place to provide appropriate governance arrangements:



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The objectives of this plan are:

- To identify potential challenge to NWAS functions through risk assessment.
- To ensure that appropriate and flexible contingencies are put in place at the earliest opportunity to minimise compromise to NWAS and to its staff.
- To ensure that appropriate levels of assessment and patient care are provided to members of the public that are affected by the virus.
- To ensure that appropriate levels of patient care to those members of the public not affected by the virus are maintained.
- To ensure that the appropriate level of staff welfare of all employees of NWAS is maintained as far as reasonably practicable.
- To ensure the contingencies employed by NWAS are compatible with those of the other agencies to provide a consistent and flexible response in the management of those affected by the virus.

The types of risks associated with this disruptive challenge placed on NWAS include:

- Increase in the number of emergency calls from members of the public including the “worried well”.
- Operational staff becoming infected with the virus and self-isolating or having to isolate due to infection of family member.
- Staff absenteeism due to the requirements to self-isolated following foreign travel or exposure to a suspected carrier or contact.
- Staff absenteeism due to fear / anxiety of becoming infected or of the secondary transmission of the virus to family members or due to carer leave (school closures etc.).
- Compromised access to stocks of consumables associated with the management of respiratory conditions and their complications – acute and chronic – due to increased actual needs or stockpiling by other users.

## 10.0 Severe Weather

Severe winter weather provides one of the greatest challenges to NWAS with snow, ice and flooding all affecting the road infrastructure. The NWAS response is detailed in the Area Operational Winter plans but essentially relies on the augmentation of the usual fleet with the following;

- NWAS PES vehicles have been fitted with all-weather/Winter tyres
- NWAS 4x4 RRVs already in service including HART fleet
- Consideration of short term hire of additional 4x4 vehicles
- St John Ambulance and British Red Cross 4x4 vehicles
- Those managers with 4x4 lease vehicles
- Civilian Mountain Rescue Teams and other Search and Rescue charities
- Partner agencies e.g. Police, Fire & Rescue Service, RNLI, MCA, Local Authority
- Maritime and Coastguard Agency Search and Rescue helicopters (immediate lifesaving interventions)
- Military Aid to the Civil Community in extreme situations upon exhaustion of NWAS contingencies

Additionally, ambulance stations have received supplies of grit/salt and many have contract arrangements with hospital estates departments or commercial companies to provide a snow moving and gritting service. HART bases have their own snowplough capabilities to maintain access to their garages.

Vehicle recovery arrangements are in place either through NWAS Fleet Support or externally contracted sources.

Existing, departmental Business Continuity Plans and staff mapping information will come into play in the event of major difficulties in maintaining staff cover with particular emphasis on EOC operations and other core functions. Staff welfare is paramount but individuals are encouraged to attempt to access normal work locations where safe or nearest NWAS site/alternative site as designated in local Business Continuity Plans.

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NWAS Strategic Commanders have Government Purchasing Scheme (GPC) Credit Cards to support the out of hours provision of financial support for emergency accommodation or catering supplies in the event of staff being stranded or required to be billeted near a place of work.

## 11.0 Industrial Action

Existing departmental Business Continuity and staff mapping arrangements underpin the NWAS response to any threatened periods of industrial action.

From experience gained from previous industrial action, a specific NWAS plan has been developed to deal with the impacts of disruption through strikes and action short of strike. This plan is sufficiently flexible to be tailored to the specific type or period of potential disruption. Knowledge of potential areas of disruption or challenge has been acquired from mitigation of Ambulance Staff, Fire and Rescue Service and Junior Doctors disputes/actions over recent years and this has been factored into a range of contingency plans to ensure enhanced resilience.

This 'Constant Care' Plan can be initiated in the face of planned or spontaneous action and provides a flexible and scalable response to maintain the Business Continuity of NWAS and protect core response in the face of any degradation of capability. This plan has been updated and reconfigured for each specific sector, which may be affected by industrial action e.g. Fire and Rescue Service, fuel transport or parts of the health sector. The threat of more widespread and coordinated industrial action during the winter period has been recognised and considered in terms of NWAS and multi-agency planning.

## 12.0 Document Review

This document remains in a constant state of review and will be updated and amended as situations develop or change but will be formally reviewed and revised in July 2021.

## 13.0 Appendices

**Appendix 1 - NWAS Generic Strategic Intentions Template**

**Appendix 2 - Strategic Commander Winter Action Card**

**Appendix 3 - Predicted Call Activity/Demand**

**Appendix 4 - Forecasted Responses – Top 10 Busiest Days**

**Appendix 5 - Forecasted Responses – Total Numbers**

**Appendix 6 - 111 Activity Forecast**

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# REPORT

## Board of Directors

<b>Date:</b>	25 November 2020
<b>Subject:</b>	2019/20 Quality Accounts
<b>Presented by:</b>	Director of Quality, Innovation and Improvement
<b>Purpose of Paper:</b>	For Decision
<b>Executive Summary:</b>	<p>Every NHS Trust is required to publish its Quality Accounts (QA) each year. On 30 January 2020, NWAS received a letter from NHSE/I confirming the requirement to publish its QA by 30 June 2020.</p> <p>At that time, the ELC and Quality and Performance Committee approved a timetable for this year's QA publication to be completed in line with the publication of the Trust's Annual Report.</p> <p>Unfortunately, due to the impact of the COVID-19 pandemic, this has proved to be too difficult to achieve this year and on 26 March NWAS received a further letter from NHE/I explaining that they were seeking approval from Ministers to change the 30 June 2020 deadline</p> <p>On 1 May, NHSE/I issued revised guidance on when NHS Trust Quality Accounts should be published. They explained that although there is no fixed deadline by which providers must publish their 2019/20 QA, a recommendation for NHS providers that a revised deadline of 15 December 2020, would be appropriate.</p> <p>As required, the draft 2019/20 QA (at Appendix 1) has been prepared and circulated for comment to the following internal and external stakeholder groups; ELC, Safety and Effective Management Groups, Quality &amp; Performance Committee, Commissioners (and CCGs), Healthwatch and Health Scrutiny Committees.</p> <p>Any formal submission received, to date, has been included in this version of the drat QA. <b>There may be a requirement to present a further version containing all feedback received, prior to the date of the Board meeting.</b></p> <p>Once all stakeholder information has been received, a final approved version of the 2019/20 QA will be posted on the public facing NHS Choices website and NWAS Internet/Intranet sites.</p>

<b>Recommendations, decisions or actions sought:</b>	<p>The Board of Directors is recommended to:</p> <ul style="list-style-type: none"> <li>▪ In particular, note the feedback received from external stakeholders (at s11 (page 30) of the Accounts).</li> <li>▪ Approve the draft 2019/20 Quality Accounts (at Appendix 1).</li> <li>▪ Note that a final approved version of the 2019/20 QA will be posted on the public facing NHS Choices website and NWAS Internet/Intranet sites.</li> </ul>									
<b>Link to Strategic Goals:</b>	<b>Right Care</b>	<input checked="" type="checkbox"/>	<b>Right Time</b>	<input type="checkbox"/>						
	<b>Right Place</b>	<input type="checkbox"/>	<b>Every Time</b>	<input type="checkbox"/>						
<b>Link to Board Assurance Framework (Strategic Risks):</b>										
<b>SR01</b>	<b>SR02</b>	<b>SR03</b>	<b>SR04</b>	<b>SR05</b>	<b>SR06</b>	<b>SR07</b>	<b>SR08</b>	<b>SR09</b>	<b>SR10</b>	<b>SR11</b>
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<b>Are there any Equality Related Impacts:</b>	No additional impacts as a result of this report									
<b>Previously Submitted to:</b>	Quality & Performance Committee									
<b>Date:</b>	16/11/2020									
<b>Outcome:</b>	Recommended to the Board of Directors for approval									

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## **1. PURPOSE**

- 1.1 The purpose of this report is to present the draft 2019/20 Quality Account (QA) to the Board of Directors, for approval.

## **2. BACKGROUND**

- 2.1 Every NHS Trust is required, by statute, to publish a Quality Account (QA) on an annual basis.
- 2.2 On 30 January 2020, NWAS received correspondence from NHSE/I confirming the requirement to publish its QA by 30 June 2020.
- 2.3 However, the ELC and Quality and Performance Committee approved a timetable for this year's QA publication to be completed in line with the publication of the Trust's Annual Report, by the end of May 2020.
- 2.4 Due to the impact of the COVID-19 pandemic, on 26 March NWAS received a further correspondence from NHE/I explaining that they were seeking approval from Ministers to change the 30 June 2020 deadline.
- 2.5 On 1 May, NHSE/I issued revised guidance on when NHS Trust Quality Accounts should be published. They explained that although there is no fixed deadline by which providers must publish their 2019/20 QA, a recommendation for NHS providers that a revised deadline of 15 December 2020, would be appropriate.
- 2.6 The format adopted for the 2019/20 is similar to previous years and as per the National guidance provided.
- 2.7 As required, the draft 2019/20 QA has been prepared and circulated for comment to the following internal and external stakeholder groups; ELC, Safety and Effective Management Groups, Quality & Performance Committee, Commissioners (inc CCGs), Healthwatch and Health Scrutiny Committees.

## **3. CURRENT SITUATION**

- 3.1 The Board of Directors should note that the National Ambulance Clinical Quality Indicator (ACQI) data submitted with the draft 2019/20 QA is accurate at the point in time that it was extracted from the National database. This is important to note as these figures change as hospitals continue to input data into the National system, as the year progresses.
- 3.2 All submissions received to date, from relevant internal and external stakeholders, have been added to the draft QA at Appendix 1.
- 3.3 A final approved version of the 2019/20 QA will be posted on the public facing NHS Choices website and NWAS Internet/Intranet sites.

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

4.1 There is a requirement, by statute, for the Trust to produce annual Quality Accounts.

#### **5. RECOMMENDATIONS**

5.1 The Board of Directors is recommended to:

- In particular, note the feedback received from external stakeholders (at s11 (page 30) of the Accounts).
- Approve the draft 2019/20 Quality Accounts (at Appendix 1).
- Note that a final approved version of the 2019/20 QA will be posted on the public facing NHS Choices website and NWAS Internet/Intranet sites.

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# Quality Accounts 2019/20



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## 1. Chief Executive's Statement

Welcome to the Quality Accounts for North West Ambulance Service NHS Trust, which describes how we have delivered and improved quality during 2019/20, as well as setting out our quality priorities for the year ahead.

The Board of Directors is extremely proud of our commitment to continuously improve the quality of services we provide, which this year has seen a Care Quality Commission CQC inspection rating of 'Good' across the organisation and our first CQC 'Outstanding' rating in the domain of 'Responsive' for our Paramedic Emergency Services. In addition, to the CQC inspection, we were also extremely proud to have received a 'Good' across the organisation from The Office for Standards in Education, Children's Services and Skills (Ofsted) with two areas rated 'Outstanding'.

Our Quality (Right Care) Strategy will continue to be one of the key drivers for us to achieve our vision of ensuring that clinical decisions are taken safely and as far forward in the patient journey as possible, avoiding any needless waiting for our patients. Along with our organisational values, this helps us to lead by example and create the right culture for ensuring our patients always receive safe care and attention.

This strategy describes how we will deliver safe, effective and patient centred care for every patient through a series of commitments that are; keeping patients safe, ensuring that patients receive effective, reliable care, ensuring that we listen to patient feedback to work with them and, where required, re-design the provision of personalised care and finally, ensuring that our quality systems and infrastructure continue to strengthen.

Our core services, supported by a number of support service functions, are delivered through the following distinct service lines:

- **Paramedic Emergency Service (PES);** through solo responders, double crewed ambulance response and volunteer community responders, we provide a pre-hospital care emergency response to 999 and urgent calls.
- **Patient Transport Service (PTS);** PTS provides essential transport to non-emergency patients in Cumbria, Lancashire, Merseyside and Greater Manchester, who are unable to make their own way to or from hospitals, outpatient clinics or other treatment centres.
- **NHS 111;** the trust delivers 111 services for the North West region and is a major contributor to the delivery of Integrated Urgent Care.
- **Resilience;** services associated with the trust's statutory responsibilities under the Civil Contingencies Act 2004.

The year didn't pass without its challenges and I would like to make particular note of;

- The NWAS involvement in the Manchester Arena Inquiry
- The NWAS involvement in the repatriation of overseas travellers from Wuhan
- The NWAS response to the first wave of the COVID-19 pandemic
- The NWAS response to the rapid increase of COVID-19 demand
- The NWAS response to a CQC Inspection which coincided with this peak in demand

I would like to record my sincere appreciation and thanks to all NWAS staff for their continued commitment to their patients and the quality of care that they provide. NWAS is part of a wider system and I would like to thank the many organisations that we work with every day to deliver the most appropriate care across the region. I would also like to give my thanks to the many volunteers who do so much to support the service.

I hope that you find this Quality Account informative.

## 1.1 Statement of Directors' Responsibilities in Respect of the Quality Account

The directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the trust's performance over the period covered.
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.
- The Data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

**By order of the Board**

## 2. Looking Back to 2019/20 – Local Improvement Plans

As described in the 2018/19 NWAS Quality Accounts, the trust agreed, in consultation with its stakeholders and in partnership with the intentions of our commissioners, the following key quality improvement areas for 2019/2020;

### 2.1 Progress with 2019/20 Priorities for Improvement

#### **Safety**

##### **Pilot a programme of diagnostic safety culture surveys.**

NWAS understands that the first step towards a safe organisation is one where the culture of safety is understood. In quarter 1 of 2019/20, the trust commenced a pilot project with a team at one of our Emergency Operations Centres (EOCs) in Broughton, to measure the safety culture within the organisation. This team worked to develop a granular understanding of the team behaviours that result in patient harm. In quarter 2, they were accepted onto a prestigious 12 month training programme called 'Improvement Science for Leaders', designed to equip them with the necessary improvement skills to reduce the number of incidences where potential or actual harm is caused to patients. Through their training, the team at Broughton identified an evidence based culture survey which they adapted to reflect the context of an EOC environment. In quarter 4, analysis of the survey results, led to the identification of key areas for development and improvement work. The next stage for this project will involve meeting with the staff based at Broughton EOC to share the learning from the survey results and to begin engagement with managers and staff members, to develop an improvement strategy. This detail will be reported in next year's Quality Accounts.

**Establish a programme of ‘safety’ training and education for all relevant staff.**

Our Quality (Right Care) strategy requires an ambitious programme of education specifically focused on safety, which embeds safety training into existing structures and programmes. The workforce and organisational development teams have been working closely with our Improvement team to deliver an agreed ‘dose’ of safety skills training to help the organisation get to a “tipping point”. Staff across NWAS have attended various human factors and safety culture training programmes, delivered with the assistance of one of our improvement partners, Advancing Quality Alliance (AQuA).

**Introduce digital systems for measuring, monitoring and reducing avoidable harm.**

NWAS recognises that introducing digital systems for measuring and monitoring avoidable harm from frontline to board in real time, will provide us with a view of safety to develop the safest system for our patients. During 2019/20, NWAS launched the ‘Lightfoot’ solution across the trust. We now have a daily feed of data which provides a whole-system perspective that turns information into a key enabler for change, allowing us to ‘put patient safety first’.

Amongst the licence users identified, are those working to improve quality and safety across the organisation. 10 expert users (including operational and informatics leads) have been identified, trained in how to use the data provided and have completed bespoke dashboards that can be used to explore key areas where we want to use data to drive improvement. During Q4, an engagement session was held with operational colleagues to share the work undertaken so far and communications were started with all license holders to encourage exploration and use of the system.

**Develop our Clinical Audit programme to include audits of appropriate ‘safety’ practice.**

As identified areas for improvement, the Trust’s clinical audit plan for 2019/20 was developed to include clinician led ‘safety’ audits, as follows;

- To provide assurance that NWAS is appropriately assessing mental health in the pre hospital environment.
- To review all the re-contacts who had a Category 1 response within 24 hours, to provide assurance that the methodology for the safe care closer to home audit is correct and that the severity data can be corroborated for unexpected deaths.
- To discover if there is a lack of information received by a named emergency department and if there is, to identify where the information is lost.

**Adhere to our Safety Pillars of Quality improvement trajectories.**

NWAS is committed to ensuring that our quality systems and infrastructure continue to strengthen. The trust has developed five year ‘pillars of quality’ improvement trajectories under the following domains:

- Complaints,
- Incident Reporting (including serious incidents),
- Health, Safety and Security,
- Infection, Prevention and Control,
- Medicines Management,
- Safeguarding.

The trust met 68% of its safety pillars of quality goals for 2019/20. The majority of those that were not met, were on track to deliver, however progress was halted, for the remainder of the year, due to operational pressures caused by the COVID-19 pandemic.

**Scope how the trust will reduce identified unwanted variation following the principles of the outcomes from the ‘Carter Review’.**

Throughout 2019/20, NWAS scoped out how it will follow the principles of the ‘Carter Review’, within its operational productivity and performance systems, in order to reduce unwarranted variation with the aim of increasing operational efficiencies. The trust is currently looking at the feasibility of building a productive ambulance series by testing the application of existing productive resources initially in our call centres, ambulance stations, vehicles and eventually in all our environments.

### **Effectiveness**

**Improved performance against all national ACQI measures.**

The progress made in this area is reported in full within Section 4 of these accounts.

**Approve a suite of local clinical quality improvement measures and adhere to our ‘Effectiveness’ Pillars of Quality improvement trajectories.**

The ambition for 2019/20 was for the clinical quality team to participate in developing the National Ambulance Quality Indicators as part of the mandatory NHS England Operating framework. With the launch of the Sentinel Stroke National Audit Programme (SSNAP) and Myocardial Ischaemia National Audit Project (MINAP) data linkage platforms, the clinical quality team worked closely with both national groups to ensure that the move to these platforms was as smooth as possible. In addition to this national work, the clinical quality team was involved in the development of future Ambulance Quality Indicators such as mental health and the clinical audit process and submission for the National Ambulance Mortality Framework launched in 2019.

The clinical quality team focussed on the trust’s strategic objectives and worked with the medical director and associated leads to ensure that clinical audit activity was registered and aligned to our Right Care Strategy. The suite of local clinical quality improvement measures linked to the Quality Strategy’s effectiveness pillars of quality improvement, required focussed clinician leadership; which unfortunately was not fully accomplished during 2019/20. A projection of measures, as part of a five year plan on a page, were initiated for mental health, maternity, reperfusion, cardiac arrest and falls and frailty.

### **Patient Centred**

**Develop a forum that provides our patients with a ‘louder voice’.**

In April 2019, NWAS approved its first Patient and Public Panel (PPP), to ensure that we are listening to our patients and have meaningful ways to involve our communities in every aspect of our work. Patients are at the heart of everything we do, so working with them is a key priority because it helps us to understand their perspective. The aim of the panel is to help support the delivery of safer services, improved patient and public experience and quality of care. Patients are experts in their experience and bring good knowledge of systems and how services work.

Throughout 2019/20, the Communications and Engagement team has promoted involvement in the PPP throughout the region, hosting trust Panel Taster evenings, attending community events and reaching out to our population via social media and local networks.

At the close of quarter 4 of 2019/20, the trust had 72 panel members who had been successfully recruited and inducted. 52 panel members had expressed interest in taking part in more than one type of involvement activity, resulting in a total of 128 PPP voices for the trust to call on. 'Influence' panel members have also started to receive governance training opportunities with an external facilitator, to develop understanding of the trust board processes and what their involvement will entail in these high level meetings.

**Governance**

**Implement a new governance structure to support the implementation of the Quality (Right Care) Strategy.**

NWAS governance systems have been reviewed and aligned to deliver the Right Care Strategy. A new internal oversight and reporting structure, that will complement the existing external commissioning governance structures, has been implemented as depicted in Figure 1.



**Figure 1**

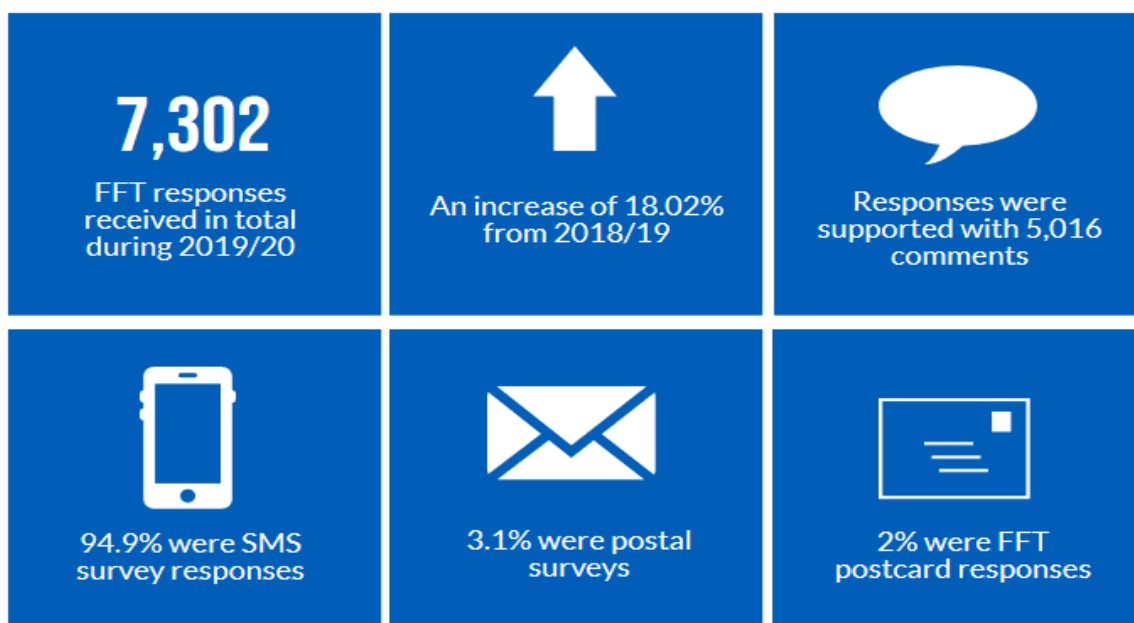
**2.2 Patient and Staff Experience**

**Patient feedback including Friends and Family Test 2019/20**

An extensive patient engagement programme was successfully completed during 2019/20. The Trust used a number of methods to elicit feedback, including postal surveys, community engagement activities, focus groups and Friends and Family Test (FFT) comment cards on ambulances. NWAS also offers patients the opportunity to provide FFT feedback comments using SMS text messaging.



Summaries of the survey response feedback data, including FFT by quarter, can be seen below.



New guidance for the FFT was due to come into force from 1 April 2020 and although this has been delayed by NHSE due to the impact of COVID-19, an implementation plan to deliver against this guidance has been approved by the trust.

During the year, the trust also successfully delivered five community engagement events; one in each county area across the North West region. These events were delivered by the trust's Communications and Engagement team, supported by front line colleagues and senior management. The main aim of NWSA hosting these events, was to engage with and listen to the local communities and to share understanding and awareness with community group attendees in relation to our key ambulance service lines of PES, PTS and NHS111. Total attendees at these events were 248 persons from a range of 108 diverse community groups and organisations. A summary report to include the patient feedback we received has been made available on the trust website and has been shared with attendees. An improvement plan also shared in the report, and for ongoing implementation during 2020/21, identifies with some key learning outcomes:

- Supported via the trust social media, we enhanced awareness of the national NHS 111 and PES services winter campaigns, including 24/7 availability and being free of charge. The NHS 111 campaign commenced on 21 October 2019 and the trust PES campaign commenced in December 2019, respectively.
- PTS campaign to raise awareness with the booking process, eligibility criteria and staff going the extra mile e.g. blankets to keep patients warm, settling down, secure wheelchair if needed and collection from hospital from specific designated areas, ward or department will follow in 2020/21.
- Raised awareness with our NWSA communities on the trust mental health provision. The website link to view the trust mental health strategic plan has been shared with all community group attendees;
- For reassurance purposes, we worked in conjunction with our deaf communities and Action for Hearing Loss (AHL) and 'Interpreter Now' services to investigate access concerns with the 999 SMS text service and NHS 111 British Sign Language video relay services. Further reassurance provision was shared with our deaf communities in the region.
- A proposal has been developed for Executive Leadership Committee consideration and rollout in 2020/21. This will ensure all NWSA staff can access training in using sign language required for basic patient care with deaf patients.

In addition, since April 2019, a total of 32 community groups (including Salford Mental Health Group, Southport Glaucoma Group, Wirral Dementia Services showcase and Liverpool Jewish Community Centre) have been engaged with face to face via focus group sessions using our Engagement Board Game, which is presently under review. Feedback has demonstrated a general high regard for the ambulance service whilst identifying specific themes, which will be further analysed and articulated as recommendations for improvements during 2020/21.

These specific themes included:

- **Communication**; How do more vulnerable patients communicate their needs when they call 999, if they are unable to speak and have nobody to speak on their behalf?
- **Mental health**; Patients who have a mental health condition may be fearful of ringing 999, as they are afraid of the response they may receive.
- **NHS111**; There appears to be a general consensus that when you call NHS111, they always advise you to go to an accident and emergency department

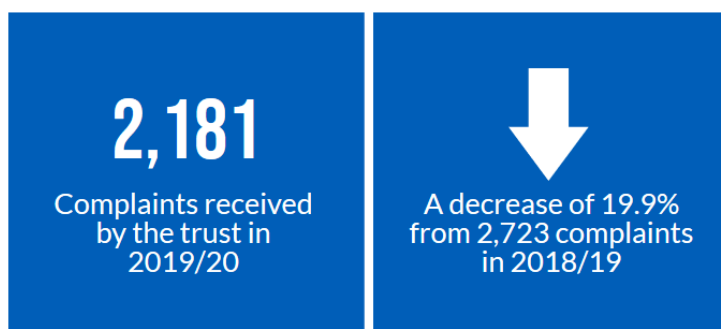
### Staff Family and Friends Test 2019/20

Question	1 Extremely Likely	2 Likely	3 Neither Likely nor Unlikely	4 Unlikely	5 Extremely Unlikely	6 Don't Know	7 No Response	Total
<b>Q1 – April – June (EOC 111)</b>								
“How likely are you to recommend this organisation to friends and family if they needed care or treatment?”	84	47	13	3	3	1	1	<b>152</b>
“How likely are you to recommend this organisation to friends and family as a place to work?”	38	44	28	23	17	2	0	<b>152</b>
<b>Q2 – July – September (PTS)</b>								
“How likely are you to recommend this organisation to friends and family if they needed care or treatment?”	62	33	5	1	1	0	0	<b>102</b>
“How likely are you to recommend this organisation to friends and family as a place to work?”	29	43	12	10	2	1	5	<b>102</b>
<b>Q3 – No FFT, as we circulate the annual staff survey.</b>								
<b>Q4 – Jan – March (Corporate &amp; PES)</b>								
“How likely are you to recommend this organisation to friends and family if they needed care or treatment?”	566	386	96	32	14	14	0	<b>1108</b>
“How likely are you to recommend this organisation to friends and family as a place to work?”	220	406	212	127	107	12	24	<b>1108</b>

## Complaints 2019/20

The trust welcomes all feedback from patients, including those whose experience has not met their expectation so have raised this with us through the complaints process. The trust welcomes complaints as they provide us with an opportunity to investigate what has happened and where necessary, identify and implement lessons learnt. This can be at an individual and/or a system wide level.

The board of directors receive information on complaints through a monthly integrated performance report. This is supported by assurance reports submitted to the Quality and Performance Committee with further details supplied to the Clinical Effectiveness Group. Incident Learning Forums monitor actions arising from complaints via associated action plans and the NHS 111 service complaints are reported through the NHS 111 governance reporting procedures.



Service Line	2018/19	2019/20	Variance
Emergency Service PES/EOC	977	843	-13.7%
Patient Transport Service (PTS)	1,407	1,145	-18.6%
NHS 111 Service	339	193	-43%
<b>Totals</b>	<b>2723</b>	<b>2181</b>	<b>-19.9%</b>

There have been three complaints made outside of the above, covering reception, fleet and commissioning.

It is pleasing to note that in all three service lines there has been a significant reduction in the number of complaints received during 2019/20.

In terms of the reduction in PTS complaints, this is likely to be attributed to work that commenced and reported in the 2018/19 Quality Account, in that the PTS management team has undertaken a programme of work to streamline PTS complaints to ensure that the trust is more responsive to the concerns raised.

In addition to the above, within Q4 of 2019/20, there was a significant reduction in complaints received, directly attributed to the COVID-19 pandemic. The contributory factors are believed to be due to:

- Improved performance within PES due to improved resources to manage the pandemic outcomes. This has been from volunteers, retired employees returning to practice and PTS redeployment into PES.
- Reduced PTS journeys due to the reduction in routine and non-essential hospital attendances and appointments.
- An anecdotal shift in the public's views of NHS services and potential increased tolerability when they have a concern they would normally raise.



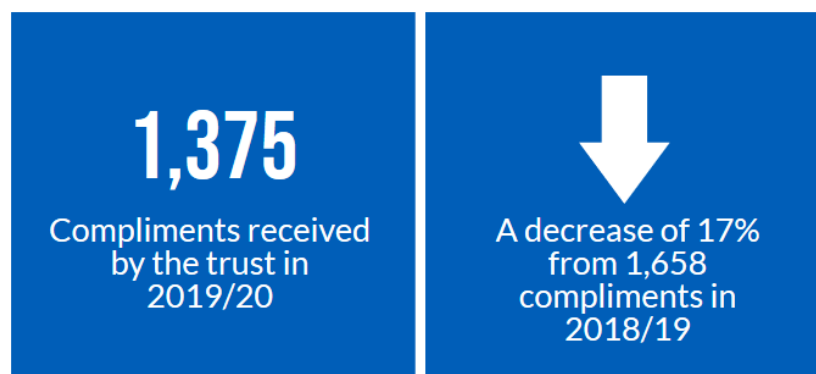
The table below summarises the key themes of complaints received during the period 1 April 2019 to 31 March 2020:

Complaint Themes	Service Line			
	PES	PTS	111	Total
Emergency response	246	0	0	246
Staff conduct	210	129	42	381
Communication and information	86	68	37	191
Navigation	2	3	0	5
Driving standards	36	48	0	84
PTS journey times	4	713	0	717
Care and Treatment	239	175	113	527
Damage or loss to property	18	9	0	27
Safeguarding	2	0	1	3
<b>Totals</b>	<b>843</b>	<b>1145</b>	<b>193</b>	<b>2181</b>

The trust has an agreed Redress Procedure to provide guidance on questions of remedy in line with the guidance provided by the Parliamentary and Health Service Ombudsman (PHSO) for reasonable, fair and proportionate remedies during its complaints handling processes. During this reporting year, the PHSO requested information on one case. This was investigated and was partially upheld. The upheld concerns were in relation to the standard of complaint handling and the actions arising from this case had already been addressed by the patient safety team.

### Compliments 2019/20

A total of 1,375 compliments were received in 2019/20, compared to the receipt of 1,658 in 2018/19.



### 2.3 Care Quality Commission (CQC)







Between the 25 and 27 February 2020 the CQC conducted two unannounced Core Service Inspections within the trust. The core services inspected were Urgent and Emergency Care and Emergency Operational Control. However, a further unannounced Core Service Inspection of Patient Transport Services and an announced Well-Led inspection, which were due to take place prior to and between 31 March and 2 April, were cancelled due to the COVID-19 pandemic.

The CQC agreed that they would produce inspection reports for the two core service Inspections of Urgent and Emergency Care and Emergency Operational Control, they had completed. On 5 June 2020 the trust received the final CQC Inspection report, which included an overview of the results from these two inspections, as follows;

	Safe	Effective	Caring	Responsive	Well-led	Overall
U&EC	Good	Good	Good	Outstanding	Good	Good
EOC	Good	Good	Good	Good	Good	Good

The CQC Inspection report did not include any 'must do' actions for the trust, however it did contain nine 'should do' recommendations for the trust to consider. Lead executive directors are now responsible for ensuring that these recommendations are adhered to.

An overview of the trust's overall CQC ratings, following this latest inspection, is as follows:

Ratings		
Overall rating for this trust	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

The trust's overall CQC Inspection ratings matrix is now as follows;

	Safe	Effective	Caring	Responsive	Well - Led	Overall
E&UC	Good	Good	Good	Outstanding	Good	Good
PTS	Good	Good	Good	Good	Requires Improvement	Good
EOC	Good	Good	Good	Good	Good	Good
Resilience	Good	Good	Not Rated	Good	Good	Good
NHS 111	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

### 3. Preventing People from Dying Prematurely – Operational Performance

#### 3.1 Category 1 to 4 999 Calls Responded to (01/04/2019 – 31/03/2020)

During 2019/20, the trust continued to imbed the Ambulance Response Programme (ARP), applying the key principles for patients providing the right response in a timely manner. To support the delivery of the ARP, the trust commenced a major review and change of the resource levels and rotas to meet the demand, across the Emergency Control Centres and within the operational field. The Building Better Rotas review commenced during 2019/20 and is scheduled to be completed in Q3 of 2020/21.

Reporting Period	Cat 1 Mean	Cat 1 90 <sup>th</sup> Percentile	Cat 2 Mean	Cat 2 90 <sup>th</sup> Percentile	Cat 3 Mean	Cat 3 90 <sup>th</sup> Percentile	Cat 4 90 <sup>th</sup> Percentile
Target	7 minutes	15 minutes	18 minutes	40 minutes	60 minutes	120 minutes	180 minutes
Q1	07:18	12:22	22:06	00:46:55	01:02:45	02:28:37	02:54:11
Q2	07:21	12:26	23:17	00:49:36	01:13:21	02:53:11	03:19:04
Q3	07:29	12:39	00:29:36	01:04:47	01:38:12	03:52:14	03:27:48
Q4	07:23	12:33	00:28:42	01:03:09	01:50:37	04:18:19	03:32:18
YTD	07:23	12:30	00:26:00	00:56:27	01:22:42	03:15:32	03:18:06

Improvements were made to the Category 1 (C1) response times which are immediately life threatening and the highest category of call we respond to, and across 2019/20, the trust achieved the Ambulance Quality Indicator (AQI) Category 1 90<sup>th</sup> percentile. Improvements were also made in Q1 and Q2 against Category 2 (C2) and against Category 3 (C3). There was deterioration in the Q3 and Q4 across the majority of the performance standards with the primary factors associated with an increase in demand, delays at the emergency department through hospital handover and more so in Q4 due to the impact of the COVID-19 pandemic. The trust responded quickly to the challenges brought about by the Pandemic and improvement in performance became visible in Q1 of 2020/21.

### 3.2 Patient Transport Service Performance

The Patient Transport Service (PTS) quality performance from 1 April 2019 to 31 March 2020 was as follows:

#### Calls

Metric	Target	Cumbria	Greater Manchester	Lancashire	Merseyside
Calls answered	90%	100%	100%	100%	100%
Calls answered in 20 seconds	75%	71%	72%	72%	72%
Call handling (average waiting time)	1 minute	31	33	32	30

#### Planned

Metric	Target	Cumbria	Greater Manchester	Lancashire	Merseyside
Travel time	80%	95%	93%%	96%%	96%
On time arrival	90%	89%	74%	88%	82%
Collection after treatment within 60 minutes	80%	87%	64%	74%	81%
Collection after treatment within 90 minutes	90%	96%	85%	90%	94%

#### Unplanned

Metric	Target	Cumbria	Greater Manchester	Lancashire	Merseyside
Travel time	80%	92%	91%	93%	97%
Less than 60 minute wait	80%	79%	69%	71%	74%
On the day pick up within 90 minutes	90%	88%	80%	82%	85%

#### EPS

Metric	Target	Cumbria	Greater Manchester	Lancashire	Merseyside
Travel time	85%	96%	96%%	96%%	96%
On time arrival	90%	90%	79%	88%	83%
Collection after treatment within 60 minutes	85%	93%	81%	88%	90%
Collection after treatment within 90 minutes	90%	99%	93%	97%	98%

Following a service line 'deep dive' into activity and variation in performance outputs across all contracts during 2018/19, during 2019/20, PTS developed actions and activities collaboratively with commissioners and the healthcare system, to build on the report's recommendations.

The report identified variations against the baseline activity plan in all of the contracts. For Cumbria, Greater Manchester and Merseyside, overall activity was over performing against the contracted baselines.

In terms of Lancashire, this contract is under performing against the activity baseline however, the contract has seen increases in higher acuity mobility categories (e.g. stretcher) and more patients who are travelling further. Higher acuity activity and longer travelling distances are also evident in each of the other three contracts. The impact of this are increased costs of delivery and effects on the achievement of the performance standards.

Furthermore, the impact of higher than baseline levels of 'on the day' unplanned bookings and associated aborted journeys (where NWAS is booked but at short notice or on arrival is not required) were noted. These factors are present within each contract but play out in greater volumes in Greater Manchester and Merseyside, where activity already exceeds planned levels leading to impacts on system efficiency (patient flow), resource usage and finance (for commissioners and NWAS).

A strategic workshop held in June 2019 that was hosted by NHS Blackpool CCG (lead commissioner) agreed outcomes that were intended to support PTS with regard to the challenges it faces. Agreeing key outputs and actions from the strategic workshop enabled engagement with commissioners and acute trusts to focus on agreed, shared strategic priorities, reinforcing the key messages that PTS has worked hard to develop and embed through the life cycle of the current contract. Extensive engagement with acute hospitals and local/area commissioners also supported activities aimed at managing the key factors identified within the deep dive, with the intended aim at supporting improved outputs in the following areas;

- Local focus on aborted journeys and support for trusts to identify key areas for reductions in aborted journeys, supporting more efficient use of PTS resources in support of patient flow.
- Progress against planned conversion of telephone bookings to online.
- Onward reductions in call volume that would support improved demand management and call answering performance.

A briefing produced by NHS Blackpool CCG for local commissioning teams and system stakeholders, confirmed that commissioners acknowledge that the current KPIs for PTS are very stringent. The call handling KPI for example is at 'within 20 seconds' whereas NHS 111 is at 'within 60 seconds'. Further, the current contract performance of KPIs is underperforming, with Greater Manchester and Lancashire underperforming against more KPIs than other contract areas. There have been many years where some of these KPIs have not been reached and it is thought that some of these are too inflexible. Currently the 'arrival at appointment' doesn't include any scope for 'late' arrivals which in many cases would mean the KPI is reached, if this was included.

PTS has developed monthly hospital level reports that match each element of the agreed abort reduction/transfer of unplanned activity to planned/use of online booking facility.

These have been shared with each acute/group, local/lead commissioners, NHS Blackpool CCG and the Greater Manchester Combined Authority. Reports are being used to identify local baselines and trajectories for improvement against aborted journeys, with examples given of potential efficiency benefits as ambulance lost hours are returned to support greater volume or more responsive discharge. Collaborative work has progressed locally, within delivery board areas and across STP footprints.

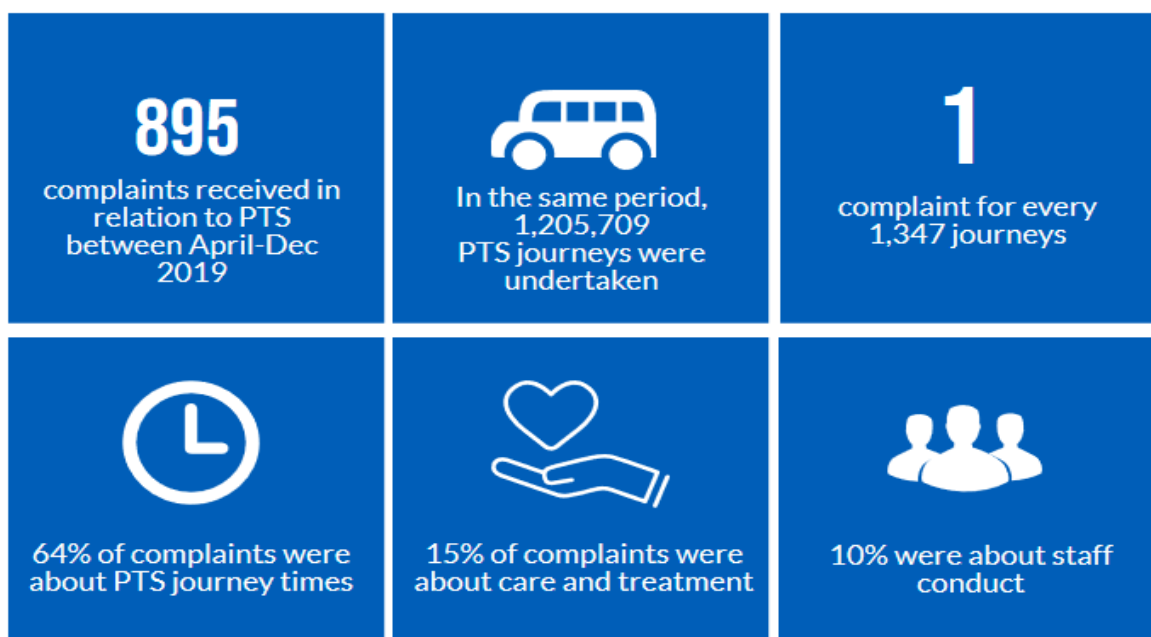
Activities against this collaborative work saw improvements in aborted journeys across all contracts, most notably in Greater Manchester and Merseyside, where numbers fell 4% and 7% respectively between January and November 2019.

Call performance also improved as a result of restorative work internally and with partners, following a period of instability during 2019/20 by achieving the KPI standard throughout Quarters 3 and 4 of the year.

A 'deep dive' analysis of complaints received by the Patient Transport Service was also carried out during 2019/20, to provide assurance that the service line has a good understanding of its position with respect to the number of complaints and the main reasons for such. A paper presented in March 2020 provided a high level summary of the following:

- the level of complaints in relation to the delivery of PTS
- the main complaint themes
- The recommendations and key actions to reduce the overall number of complaints received by the PTS service line.

PTS generates the greatest number of complaints of each of the service delivery service lines. Whilst the majority of complaints received by PTS are categorised as a low risk score the service line undertook analysis of the complaints it receives to ensure there is an improved understanding of the main themes and so it is able to target reductions in overall complaints received in accordance with the trust's Pillars of Quality as set out in the Right Care (Quality) Strategy.



**Within the detailed report, it was found that the majority of complaints were not upheld.**

To ensure all the findings are acted upon the service line has developed an overarching action plan to address the main areas for focus arising from the analysis. PTS is managing this action plan via its level 3 and SMT meeting structure, providing updates to the Quality and Performance Committee as required.

During Quarter 4, the NHS has been responding to the level 4 COVID-19 emergency. On 27 March the NHS issued the document, COVID-19 patient transport services: requirements and funding, version 2 which sets out new patient transport requirements and instructs clinical commissioning groups commissioning PTS to suspend eligibility criteria and Key Performance Indicators in PTS contracts linked to activity and payment with immediate effect for the period of the level 4 emergency incident.

### 3.3 NHS 111 Performance

Despite significant progress at the beginning of 2019/20, the NWS 111 service has experienced a challenging year, exacerbated by significant demand increase of over 50% in call volume during the early stages of the COVID-19 Pandemic, which followed the winter peak period. During 2019/20, the NWS 111 service was offered 2.3 million calls, which represents an increase of nearly 65% in the demand seen during the previous year. Despite this, significant work and staff engagement has made it possible to largely maintain our performance figures for the year at around 73% against the calls answered in less than 60 seconds standard. NWS 111 triaged over 1.5 million patients through the year with over 30% of patients called by clinicians in under 10 minutes.

As NWS 111 recovers from the first wave of COVID-19 pressures, there are plans in place not only to return to our previous position as quickly as possible but to use the lessons learned during this period of the pandemic to build resilience for the future. These plans include substantial recruitment in anticipation of a second wave of COVID-19 and the advent of 'Think 111 First', video consultation, direct booking of GP appointments and a single patient management system to provide seamless care to patients.

The two main KPIs are to have no more than 5% of calls abandoned and to answer 90% of calls within in 60 seconds.

The KPI performance for 2019/20 was as follows:

Description	2018/2019	2019/2020				
		Q1	Q2	Q3	Q4	YTD
Calls abandoned %	7.4%	7%	7%	13%	26%	14%
Calls answered in 60 seconds	74%	87%	76%	67%	60%	73%
Calls warm transferred	28%	37%	37%	33%	22%	33%
Call backs within 10 minutes	45%	49%	28%	24%	16%	30%

## 4. Preventing People from Dying Prematurely (Helping People to Recover from Episodes of Ill Health or Following Injury)

### 4.1 National Ambulance Quality Indicator (NACQI) Performance

During the 2019/20 (at the point of preparing this Quality Account), NHS England reported data for April 2019 to February 2020. NWSA participated in 100% of the mandatory national clinical audits; which are those defined within the NHS England Ambulance Clinical Quality Programme. During 2019/20 there were no national confidential enquiries which were eligible for NWSA to participate in.

NHS England Ambulance Quality Outcome Indicators:

- Outcome from cardiac arrest – return of spontaneous circulation (ROSC)
- Outcome from cardiac arrest – survival to discharge
- Outcome from acute ST – elevation myocardial infarction (STEMI)
- Outcome from stroke
- Outcome from sepsis

The national clinical audits that NWSA participated in, and for which data collection was completed during 2019-20, are listed below alongside the number of cases submitted to each audit; the four AQI care bundles post ROSC, STEMI, stroke and sepsis are reported on a quarterly basis.

From April 2019 the stroke call to door time indicator was developed to use confirmed stroke data from The Sentinel Stroke National Audit Programme (SSNAP).

NHS England initially suspended the data collection for December 2019, January 2020 and February 2020 to reduce the burden and release capacity of NHS teams to manage the COVID-19 pandemic.

National Ambulance Clinical Quality Indicator	February Performance 2018/19 (%)	February Performance 2019/20 (%)	February National Average 2019/20 (%)
Cardiac Arrest (All - ROSC at Hospital)	33.0% (102/309)	23.6% (54/229)	29.5% (719/2438)
Cardiac Arrest (Utstein at Hospital)	47.7% (21/44)	48.6% (18/37)	49.0% (187/382)
Cardiac Arrest (All - Survival to discharge)	7.6% (23/303)	4.8% (11/229)	7.2% (170/2347)
Cardiac Arrest (Utstein Survival to discharge)	23.8% (10/42)	13.5% (5/37)	20.0% (71/355)
STEMI PPCI Patients (Call to Angiography)	Mean average time 2hrs 16mins (110)	Mean average time 2hrs 23mins (131)	Mean average time 2hrs 12mins (877)
Confirmed Stroke Patients (Call to Door)	Mean average time 1hrs 19 mins (808)	Mean average time 1hrs 19 mins (520)	Mean average time 1hrs 20 mins (4037)
Stroke Diagnostic Bundle	98.3% (795/809)	98.4% (906/921)	98.3% (8346/8488)

Data Source: Ambulance Quality Indicators Data 2019-20. [online] England.nhs.uk. Available at: <https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2019-20/> Date Accessed 13/10/2020

## National Ambulance Quality Indicator (AQI) - Out of Hospital Cardiac Arrest

February 2020: Survival to Discharge, both overall and Utstein were lower than average (4.8% for overall, 13.5% for Utstein). There was a lower than average number arrests for February (including those not resuscitated) at 594, with resuscitation attempted on 229.

A deep dive was conducted on this data. To note, the data held is updated each month, as information from hospitals is received, meaning that the numbers do not correspond exactly to those presented in the table above. The analysis found that of the overall patient outcomes (229), a high majority (97) had resuscitation terminated, or died within 24hrs at hospital (94). Of the Utstein patients (37), the majority died within 24 hours at hospital (17).

Data produced from stop codes relating to termination of resuscitation and dead on arrival show that week commencing 17 February 20 saw a large increase over previous years, from 160 and 159 for the same weeks in 2018 and 2019 respectively to 213 in 2020. This coincides with the beginning of the first wave of COVID-19.

The return of spontaneous circulation (ROSC) at hospital was 24.7%, which is the lowest since April 2014. Of the 58 patients that had ROSC at hospital, 10 went on to survive (17.2%). Of the Utstein patients, just over half had ROSC at hospital, and a quarter of these then survived to discharge.

Of note, NWSA response to CAT1 in February 2020 had a mean of 7 minutes 14 seconds, and of all performance targets, other than CAT1 90<sup>th</sup> were outside of performance. Of the 8879 CAT1 incidents that month, 19.7% resulted in a response of over 10 minutes. Each minute of delay to defibrillation reduces the probability of survival to discharge by 10–12%. The links in the chain work better together: when bystander CPR is provided, the decline in survival is more gradual and averages 3–5% per minute delay to defibrillation. Bystander CPR was slightly lower than normal in February at 72%.

Response times will not have been assisted by hospital handover times, the mean for which achieved target on only five days throughout February 2017.

Both the extended response times, and the long hospital handover times are an indicator of the pressure in the system, which may have impacted on the number of survivors from cardiac arrest.

CPI care bundle was higher than the year to date average (42.4%) at 47.7% for February. However, it must be noted that the care bundle includes a 7 minute response, which is addressed above. The Post ROSC care bundle was also higher than average at 71.3% (YTD average 66.9%), which ensures our interventions were good.

The cardiac arrest group, chaired by a Consultant Paramedic are currently looking at measures relating to the chain of survival that can be used to show an improved response to cardiac arrest in terms of timeliness, as well as quality.

The group is also acutely aware that the survival of patients from cardiac arrest relies on a whole system approach. The latest guidance from Resuscitation Council (UK), and European Resuscitation Council emphasise the importance of resuscitation centres of excellence, where appropriate patients should be received. The North West region has the beginnings of this in Greater Manchester and Merseyside. The pandemic has prevented any development in this area, but more emphasis will be required going forward.



AQI Bundle Performance - Reporting Period: April 2019 – February 2020										
	Apr 19	May 19 Jun 19	Jul 19	Aug 19 Sep 19	Oct 19	Nov 19 Dec 19	Dec 19 Mar 20	Jan 20	Feb 20	Mar 20
NWAS Outcomes from Patients receiving post ROSC	65.8% (73/111)	No National Data Published	58.2% (53/91)	No National Data Published	57.9% (44/76)	No National Data Published (one month per quarter submission)	No National Data published (National data not published at time of writing)	70.6% (84/119)	No National Data Published (one month per quarter submission)	No National Data published (Due to COVID, NHSE suspended AQI data, March 2020 data due to be published in January 2021)
Care Bundle										
National Average (%)	68.7% (26.5% - 93.3%)		69.9% (37.5%-95.4%)		72.1% (50.0%-96.3%)			72.0% (27.5% - 93.2%)		
Range (%)										
<b>Ranking</b>	<b>5</b>		<b>8</b>		<b>8</b>			<b>7</b>		

AQI Care Bundle Performance - Reporting Period: April 2019 – February 2020								
	Apr 19 May 19	Jun 19	Jul 19 Aug 19	Sep 19	Oct 19 Nov 19	Dec 19	Jan 20 Feb 20	Mar 20
NWAS: Outcomes from Sepsis	No National Data Published (one month per quarter submission)	76.8% (420/547)	No National Data Published (one month per quarter submission)	79.5% (426/536)	No National Data Published (one month per quarter submission)	78.5% (872/1111)	No National Data Published (one month per quarter submission)	No National Data published (Due to COVID, NHSE suspended AQI data, March 2020 data due to be published in January 2021)
Care Bundle								
National Average (%) & Range (%)		77.6% (53.9% - 89.9%)		78.3% (91.0% - 54.7%)		81.1% (52.7% - 94.4%)		
<b>Ranking</b>		<b>6</b>		<b>5</b>		<b>6</b>		

Data Source: Ambulance Quality Indicators Data 2019-20. [online] England.nhs.uk. Available at: <https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2019-20/>. Date Accessed 13/10/2020

#### 4.2 Ambulance Quality Indicator (AQI) - Care Bundle performance for Pre-existing ST Elevation Patients

AQI Care Bundle Performance - Reporting Period: April 2019 – November 2019										
	Apr 19	May 19 Jun 19	Jul 19	Aug 19 Sep 19	Oct 19	Nov 19 Dec 19	Jan 20	Jan 20	Feb 20	Mar 20
NWAS: Outcomes from Acute ST elevation Myocardial Infarction  Care Bundle	65.2% (60/92)	No National Data Published  (one month per quarter submission)	75.0% (69/92)	No National Data Published  (one month per quarter submission)	78.1% (82/105)	No National Data Published (one month per quarter submission)	No National Data published (National data not published at time of writing)	79.5% (58/73)	No National Data Published (one month per quarter submission)	No National Data published (Due to COVID, NHSE suspended AQI data, March 2020 data due to be published in January 2021)
National Average (%) & Range (%)	79.8% (53.1%-100%)		76.6% (40.0%-98.9%)		79.8% (98.8%-28.6%)			78.2% (44.0% - 94.3%)		
<b>Ranking</b>	<b>9</b>		<b>6</b>		<b>7</b>			<b>5</b>		

#### 4.3 Ambulance Quality Indicator (AQI) - Diagnostic Bundle performance for Suspected Stroke Patients

AQI Care Bundle Performance - Reporting Period: April 2019 – November 2019							
	Apr 19	May 19	Jun 19 / Jul 19	Aug 19	Sep 19 / Oct 19	Nov 19	Dec 19 / Mar 20
NWAS: Outcomes from Stroke  Care Bundle	No National Data published	98.2% (885/901)	No National Data published	99.5% (917/922)	No National Data published	98.6% (894/907)	No National Data published (National data not published at time of writing)
National Average & Range		97.8% (93.4%-100%)		98.5% (94.0%-100%)		96.9% (83.6% - 99.6%)	
<b>Ranking</b>		<b>9</b>		<b>5</b>		<b>6</b>	

Data source: NHS England AMBCO published figures; <https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/> Last accessed: 13/10/2020

## 5. Treating and Caring for People in a Safe Environment and Protecting them from Harm

### 5.1 Patient Safety Incidents and Those Resulting in Severe Harm or Death

<h1>642</h1> <p>patient safety incidents (PSIs) were reported to the trust during 2019/20</p>	<h1>278</h1> <p>PSIs were reported to the National Reporting and Learning Service (NRLS) in the same period</p>	<h1>247</h1> <p>or 88.84% of those reported to the NRLS were categorised as 'no harm'</p>	<h1>4</h1> <p>or 1.43% were categorised as 'severe harm' or 'death'</p>
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#### Degree of Harm

Patient Safety Incidents	Q1	Q2	Q3	Q4	Total	Monthly Average
No harm	135	65	38	9	247	21
Minor – first aid required.	0	2	0	14	16	1
Moderate – further clinical intervention required	3	1	0	6	10	1
Severe – permanent harm	0	0	2	1	3	0
Expected Death	1	0	0		0	0
Death – caused by the incident	0	1	0	0	1	0
<b>Total</b>	<b>139</b>	<b>69</b>	<b>40</b>	<b>30</b>	<b>278</b>	<b>23</b>

#### Degree of Harm (Severe/Death)

Patient Safety Incidents	Q1	Q2	Q3	Q4	Total	Monthly Average
Degree of Harm (severe/death)	0	1	2	1	4	0
PSI % of severe/death	0	3.7%	50%	11.11%	** 1.44%	0.12%
<i>** Percentage of NRLS reportable incidents (over the full reporting period) that resulted in death or severe harm.</i>						

#### Patient Harmed (Yes/No)

Patient Safety Incidents	Q1	Q2	Q3	Q4	Total	Monthly Average
Patient Harmed (Yes)	0	2	2	17	21	2
Patient Harmed (No)	139	67	38	13	257	21

#### Near Miss (Yes/No)

Patient Safety Incidents	Q1	Q2	Q3	Q4	Total	Monthly Average
Near Miss (Yes)	135	57	31	10	233	19
Near Miss (No)	4	10	7	20	41	3
Near Miss (unassigned)	0	2	2	0	4	0

Amongst a backdrop of an average of 1,251 internal/external incidents and complaints per month, NWS has reported an average of 3.9 serious incidents per month, for the last 12 months.

Robust management arrangements have continued to be strengthened with the ongoing development and embedding of the Review of Serious Events (ROSE) Group. Throughout 2019/20, ROSE has continued to meet weekly and is chaired by the trust’s medical director/chief consultant paramedic/chief nurse. The Strategic Partnership Board’s patient representative has also continued to attend, each week, to provide a valued patient perspective as part of the process.

The ROSE group oversees the reporting, actions and learning drawn from serious incidents and the outputs from ROSE are considered by members of commissioner led working groups known as the Quality and Safety Group (Q&S) and the Regional Clinical Quality Assurance Committee (RCQAC). The Q&S Group and the RCQAC review each individual serious incident and ensure that learning from incidents is embedded within the trust before the incident is formally closed. There has also been positive engagement with the wider North West CCGs and stakeholders and the trust’s lead commissioning team has held another quality seminar to demonstrate the learning and developments that have taken place as a result of effective incident management.

Within 2019/20, 257 level 4 and 5 cases have been considered within ROSE, and of these, 47 cases (18.2%) were deemed to reach the threshold for reporting as a serious incident and were therefore reported by NWS to the commissioners via the Strategic Executive Information System (StEIS).

All serious incidents are subjected to investigation under the NHS Serious Incident Framework and reported in full to commissioners. Through established working arrangements, the trust and its commissioners worked closely together throughout the year to ensure action plans to learn appropriate lessons and to prevent the recurrence of serious incidents are in place and accomplished.

## 5.2 Safeguarding

### Activity

As a result of improved and increased staff training and awareness, the overall number of adult and child safeguarding concerns that NWS staff are notifying the trust of, continues to rise.

Concerns Raised	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Adult	4288	4490	4367	4596	4735	4433	4735	4485	4714	5061	4652	3858
Child	1105	1192	1166	1131	1145	1166	1107	1029	1117	1211	1262	951
<b>Total</b>	<b>5393</b>	<b>5682</b>	<b>5533</b>	<b>5727</b>	<b>5880</b>	<b>5599</b>	<b>5842</b>	<b>5514</b>	<b>5831</b>	<b>6272</b>	<b>5914</b>	<b>4809</b>

### Audit

Safeguarding audits for the past year have focused on consent and repeat safeguarding concerns. Safeguarding concerns are audited for consent to ensure compliance in the information sharing process. The compliance levels for the consent audits are being closely monitored, particularly in relation to those arising from NHS 111 services.

## **Training**

Safeguarding training is delivered to all trust staff via induction and mandatory training. Level 2 training is predominantly delivered via e-learning, with some elements being covered in face to face training.

Safeguarding training at level 3 is delivered via the mandatory training programme. This change was introduced in January 2020 following an in depth review of the training needs analysis and the intercollegiate documents. The Safeguarding team developed the training packages in line with national and statutory training requirements and provided 'train the trainer' sessions to clinical practice trainers in the field. Bespoke training packages are also being designed for 'hear and treat' trust staff.

## **Project Emerald**

Project Emerald is the title for the safeguarding and digital innovation programme, which has been in the planning and development process during the latter part of 2019. The purpose of Project Emerald is to introduce an alternative process for raising safeguarding concerns. It has been recognised that the current Electronic Referral Information Sharing System (ERRIS) used for safeguarding processes would not be able to continue to meet the increasing demand with the increased number of safeguarding concerns that are being raised. The time taken to answer calls was increasing, which presented two problems for the trust. The first was the amount of time that the trust was losing to staff waiting to have phone calls answered, leaving them unable to respond to emergencies and the second issue was the number of drop off calls requiring a second call.

The digital platform which will replace ERRIS is CLERIC and the safeguarding element has been designed, updated to reflect the current information requirements of Social Care departments and tested. CLERIC will give trust staff the ability to raise their own safeguarding concerns which will be shared with the relevant social care team. The redesign of the safeguarding concern forms will also allow for more accurate data collection and reporting.

## **Allegations against Staff**

18 allegations against staff have been received during 2019/20 by the Safeguarding Manager. The Safeguarding Manager in conjunction with the relevant HR Manager and Sector Manager have investigated these matters, completed appropriate risk assessments and agreed and completed appropriate actions.

## **6. Learning from Deaths**

Last year the trust's Board of Directors approved our Policy on Learning from Deaths which compliments the Right Care (Quality) Strategy and sets out the practices that will be used within the trust to review and learn from the deaths of patients who had been under our care. The policy commits the organisation to a process of learning which will ensure we are able to protect future patients from avoidable harm, reduce unwarranted variation and provide truly patient-centred care.

The policy is fully consistent with the national guidance and requirements for ambulance trusts on learning from deaths, which was published by the National Quality Board (NQB) in 2019. It introduces the implementation of a standardised and transparent approach to learning/improvement and compliments the quality improvement work within the trust.

The Learning from Deaths policy describes and formalises how we will co-ordinate learning from deaths across the organisation to proactively improve the standard of care we deliver.

Our Policy on Learning from Deaths goes far beyond a process of simply counting, classifying and reporting deaths. It is a commitment to supporting our journey towards providing an outstanding service to patients, their families and carers. Led by our executive medical director, a multi-disciplinary team including representatives from the medical directorate, Clinical Quality, Clinical Safety, Safeguarding and Patient Experience teams, will co-ordinate the data collection and undertake structured judgement reviews to produce new quarterly reports on behalf of the trust board. We are currently in the implementation phase, scoping the requirements and undertaking the associated training. Our first report on learning from deaths is scheduled to be published by the end of June 2020 and will triangulate learning from across the organisation.

## 7. Details of the ways that Staff can Speak Up

NWAS is committed to an open and honest culture in order to maintain the highest standards of patient care in keeping with the trust values, It also wants to ensure that the organisation acts with honesty and integrity in its management systems, processes, to act as a responsible employer and to protect the people within the community that it serves from harm.

The trust has a Freedom to Speak Up Policy, which aims to protect all staff who “blow the whistle” when raising a genuine concern if they have a reasonable suspicion that malpractice is occurring, has occurred or is likely to occur, and it is in the public interest. In the spirit of Freedom to Speak Up, the policy also aims to support staff that may wish to speak out about a concern and provides assurance that they will be listened to and their concern will be acted upon. Under this policy, NWAS staff can raise a concern about risk, malpractice or wrongdoing that they think is harming the service we deliver (e.g. concerns over quality of care or patient safety). NWAS has expressly taken responsibility to ensure that all reasonable steps are taken to prevent co-workers subjecting whistle-blowers to bad treatment or detriment.

Staff can also raise concerns about individual employment rights or personal treatment (e.g. bullying and harassment) under the trust’s Individual and Collective Grievance Policy and Procedure and/or the Dignity at Work Policy. Where an individual feels it is impossible to do this, they are able to contact the trust’s Freedom to Speak Up Guardian, who will provide independent and impartial advice regarding the application and procedure associated with raising a concern at work. Our Freedom to Speak Up Guardian is also responsible for ensuring that individuals receive appropriate feedback on how issues that they speak up about are investigated and, where appropriate, the conclusion of any such investigation.

There are various other ways that staff can speak up, including:

- Anonymously,
- Via letters to the CEO,
- Via their trade union representative,
- A call into HR,
- Speaking to their line manager,
- Logging an incident via Datix.

## 8. Looking Forward to Improving Care

### 8.1 2020/21 Priorities for Improvement

#### Safety

- Continue to pilot a programme of diagnostic safety culture surveys and scale up across the trust.
- Continue to deliver 'safety' training and education to all relevant staff and embed this training into the work carried out across the trust.
- Introduce safer working patterns for our staff to increase their ability to deliver safer care.
- Develop our workforce to design safer systems, in order to optimise safety and minimise the risk of error.
- Embed digital systems for measuring, monitoring and reducing avoidable harm across the trust.
- Develop our clinical audit programme to include audits of appropriate 'safety' practice
- Continue to adhere to our safety 'Pillars of Quality' improvement trajectories
- Reduce identified unwanted variation following the principles of the outcomes from the 'Carter Review'.

#### Effectiveness

- Improved performance against all national ACQI measures.
- Approve an extended suit of local effectiveness improvement measures.
- Continued adherence to our effectiveness 'Pillars of Quality' improvement trajectories.

#### Patient Centred

- Expand the Patient and Public Panel, in order to achieve representation of the communities we serve and give patients a 'louder voice' in the organisation.
- Continue to increase the visibility of patients and their stories at board, executive and service line leadership.
- Enrich our patient engagement work to gain a granular understanding of how patients experience our services, with a view to tailoring services to meet their circumstances.

#### Governance

- Continue to develop our governance structures to support the implementation of the Right Care Strategy.

## 9. Formal Statements on Quality

### 9.1 Review of Services

The trust has reviewed all the data available on the quality of care in the services provided by us in 2019/20. The income generated by the NHS services reviewed in 2019/20 represents 100% of the total income generated from the provision of NHS services by the trust.

### 9.2 Participation in Clinical Audits

During the 2019/20 NWAS participated in 100% of the Mandatory National Clinical audits; which are those defined within the NHS England Ambulance Clinical Quality Programme.

During 2019/20 there were no national confidential enquiries which were eligible for NWAS to participate in.

The national clinical audits participated in during 2019/20 are as follows:

#### **NHS England Ambulance Quality Indicators**

- Outcome from cardiac arrest
- Return of Spontaneous Circulation (ROSC)
- Survival to Discharge
- Outcome from ST-elevation myocardial infarction (STEMI)
- Outcome from suspected stroke
- Outcome from suspected sepsis

#### **Other National Clinical Audits**

- Myocardial Infarction National Audit Programme (MINAP)
- Sentinel Stroke National Audit Programme (SSNAP)

### **9.3 Participation in Clinical Research**

NWAS is committed to conducting high quality research that expands the evidence base both within the ambulance sector and the wider field of health and social care, leading to advances in the services we deliver and improving the current and future health of the population we serve. Over the last year, we have continued to make strides in embedding research across our organisation with staff, patients and the public all being given the opportunity to take part in the research we host.

Last year the trust increased its financial investment in its Research & Development team, substantiating the research support manager post to facilitate the growth of research activity at the trust. This investment in our research infrastructure ensures we have the capability required to undertake fundamental work to develop and implement research management and governance policies and procedures. This will embed good practice and robust processes to enable the delivery of research that adheres to both national regulations and local guidelines.

Working closely with our partners in the local National Institute for Health Research Clinical Research Network (NIHR CRN), for the second year in succession, we successfully attracted additional income from the NIHR CRN which sees an improvement of 860% to our core funding allocation since FY 2017-18. These monies have permitted, for the first time, the appointment of a research paramedic who delivers and promotes NIHR research throughout the trust.

53% of our paramedics within the Greater Manchester area were involved in supporting one of our largest NIHR clinical trials, the Pre-hospital Evaluation of Sensitive Troponin (PRESTO) Study, which took place across the Greater Manchester region throughout the course of the year. Our committed staff voluntarily undertook training to be able to deliver the research protocol in accordance with good clinical practice, demonstrating their clear enthusiasm for supporting clinical research.

Our staff acted as principal investigators and local collaborators for NIHR CRN Portfolio studies and as project leads for their own research that they were undertaking as part educational qualifications. We continued to offer support for researcher development.

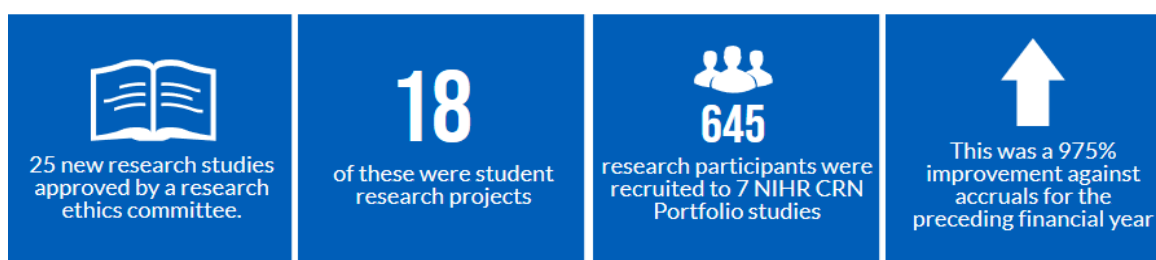


Our research paramedic was successfully accepted onto the Early Career Researcher Development Pathway Programme hosted by NIHR CRN North West Coast and also won the title of 'Research Practitioner of the Year' at the NIHR CRN Greater Manchester Awards in 2019 for her work on the PRESTO Study.

To promote our involvement in research, we attended local and national research events and in October 2019, held our own inaugural research seminar. NWAS publicised its research opportunities, successes and achievements both internally and externally through regular communications bulletins, social media and via dedicated pages on both the trust's internet and intranet.

We expanded our research network by becoming an official partner of two, local NIHR Applied Research Collaborations, through which we engage with health and social care providers, academia and other external stakeholders to cultivate research collaborations.

We remained an enduring and active member of the National Ambulance Research Steering Group through which we were provided with the opportunity to act as a co-applicant for two NIHR research grant bids, facilitating the growth of our research expertise and enhancing our reputation as an emerging, research-active organisation.



National Institute for Health Research Clinical Research Network Portfolio Studies			
Financial Year	2017-18	2018-19	2019-20
Number of Studies Recruiting	2	4	7
Participants in Studies	100	60	645

The NIHR CRN Portfolio research studies we approved in 2019/20 included:

- ***Promoting Staff Wellbeing in UK NHS Ambulance Personnel: What Works and How Can We Do Better?***

Ambulance service workers have some of the highest rates of sickness absence in the NHS. This study looked at the differences in reported sickness between the ten ambulance services in England and at what is included and what is missing from the policies that the organisations use to support their staff with mental health issues.

- ***Impact of Restart A Heart Day 2019 in the UK***

The purpose of the 'Restart a Heart' initiative is to train as many people as possible in cardiopulmonary resuscitation (CPR). Each year in October, training events are organised all around the country. This study aimed to find out where events were taking place to see if there are any areas that are being overlooked and to look at characteristics of any of these missed areas. It also sought to discover how confident someone feels about delivering CPR before and after they had received CPR training. Data was collected from members of the public via a questionnaire.

- ***A Survey of Ambulance Paramedics' Attitudes and Experiences of Identifying Patients with End of Life Care Needs and their Awareness of the Gold Standards Framework Proactive Identification Guidance***

Patients approaching the end of their life benefit from being able to discuss their priorities, beliefs and care requirements. The Gold Standards Framework Proactive Identification Guidance (GSF PIG) describes indicators of declining health that can be recognised during a patient's assessment and its use has been shown to improve the provision appropriate end of life care (EOLC). Through a survey, this study aimed to discover whether paramedics referred patients to their GPs to assess whether they may benefit from EOLC planning. It also aimed to determine paramedics' awareness of the GSF PIG and their attitudes towards the appropriateness of performing this role in their clinical practice.

- ***Developing Patient-Centred, Feasible Alternative Care for Emergency Department Users with Epilepsy: A Model for Service Design***

The NHS is asked to make substantial efficiency savings whilst working with stakeholders to improve care experience, outcomes and reduce inequalities. Emergency department visits and admissions for epileptic seizures provide an opportunity where innovative ideas could help achieve such aims. We facilitated patient and carer recruitment to this study which aimed to generate an alternative care pathway that would, when appropriate, divert adults with epilepsy away from emergency departments and help them access specialist support, thereby improving the quality of care delivered and received.

- ***Socio-economic Predictors of Accessing and Utilising Formal Dementia Care and the Experiences of People with Dementia and Caregivers***

People from disadvantaged backgrounds often experience difficulties in accessing and using health care services including formal dementia care when needed. This study ran in both England and the Netherlands and included asking informal carers of people with dementia to complete a questionnaire to help understand how socio-economic factors might hinder individuals in accessing and utilising formal dementia care services. Subsequently, it could be possible to address some of these barriers through interventions, enabling people to access the right dementia care they need at the right time.

- ***University of Cambridge NHS Health Data Consent Survey***

The CLIMB Project's national survey gathered patient and public opinion on sharing NHS (England, Scotland, Wales) and HSC (Northern Ireland) health data across the UK, for both health-care and research purposes. The survey examined views on who people would be willing to share their data with and ideas on what a health data consent form might look like. The delivery of the NIHR CRN Portfolio studies was supported by a number of staff and volunteers from various directorates and departments across the trust. Our continued aim is to ensure that research is visible and supported throughout the whole organisation.

### **Publications**

The following research publications were either authored or co-authored by staff at North West Ambulance Service NHS Trust in the financial year 2019/20 and are listed in the Ambulance Research Repository (AMBER), which is maintained by the Library and Knowledge Service for NHS Ambulance Services in England:

- *Alghamdi, A., Cook, E., Carlton, E., Siriwardena, A., Hann, M., Thompson, A., Foulkes, A., Phillips, J., Cooper, J., Bell, S., et al., 2019. Pre-hospital Evaluation of Sensitive Troponin (PRESTO) Study: multicentre prospective diagnostic accuracy study protocol. BMJ Open, 9 (10)*
- *Noble, A.J., Mathieson, A., Ridsdale, L., Holmes, E.A., Morgan, M., McKinlay, A., Dickson, J.M., Jackson, M., Hughes, D.A., Goodacre, S., et al. Developing patient-centred, feasible alternative care for adult emergency department users with epilepsy: protocol for the mixed-methods observational 'Collaborate' project. BMJ Open, 9 (11)*

## 9.4 Use of the CQUIN Payment Framework

A proportion of NWS NHS Trust non recurrent income in 2019/20 was conditional on achieving quality improvement and innovation goals agreed between NWS NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework (CQUIN).

The CQUIN Programme in 2019/20 for PES, 111 and PTS had a value of 1.25% of the contracts.

The requirement to releases these payments were agreed with the commissioners as;

### PES

- Flu vaccination progress against national targets with payment based on the final percentage. The flu vaccination payment was based on a sliding scale where increased uptake of the flu vaccination equated to a higher payment
- Development and implementation of the digital strategy. The digital element included progress reporting of the key digital initiatives such as Electronic Patient Record, Unified Communication, roll out of GeTAC devices
- Progress in reduction in conveyance. This included reporting progress in the reduction in conveyance to ED, resulting from increased hear & treat and see & treat
- Lord Carter actions. Progress against the action plan was shared
- The roster review implementation

### PTS

- Supporting capacity through an increase in online booking, reducing aborts and moving unplanned activity to planned
- Public health communication
- Transformation and Innovation
- A single narrative progress report was produced each quarter for PTS

### 111

- Review of key data by ORH
- Developing Integrated Urgent Care (IUC)

Regular meetings with the commissioners ensured all progress was common information but due to the impact of COVID-19, the year-end report was not produced. However, final payments were agreed with the commissioners.

## 10. Statement on Relevance of Data Quality and Actions to Improve It

NWAS NHS Trust will be taking the following actions to improve data quality;

- **NHS Number and General Medical Practice Code Validity**

NWAS NHS Trust did not submit records during 2019/20 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. This requirement did not apply to ambulance trusts during 2019/20.

- **Data Security and Protection Toolkit (DSPT) attainment levels**

NWAS NHS Trust DSPT submission assessment provided an overall score for 2019/20 was 99% (115 of the 1116 compliance standards were met) with a published status of 'standards not met'.

- **Clinical coding error rate**

NWAS NHS Trust was not subject to the Payment by Results clinical coding audit during 2019/20 by the Audit Commission.

## 11. Commissioner (inc. Clinical Commissioning Groups), Healthwatch and Health Scrutiny Committee Statements

### 11.1 Commissioners (Inc Clinical Commissioning Groups (CCGs))

#### Introduction

NHS Blackpool Clinical Commissioning Group (Blackpool CCG) undertakes the role of Lead Commissioner for Ambulance and NHS 111 Services on behalf of the 31 CCGs that make up the North West region. In doing this it ensures that robust Commissioning, Quality, Contract and Performance Management is in place to enable and support North West Ambulance Service (NWAS) to provide effective services to the circa 7.5 million residents of the North West.

These services comprise:

- Paramedic Emergency Service (PES): the 'blue light' ambulance service
- NHS 111 services
- Patient Transport Services (PTS): enabling eligible patients to access outpatient, discharge and other hospital appointments for Greater Manchester, Merseyside, Lancashire and Cumbria. Services for Cheshire are not provided by NWAS.

In its role as lead commissioner, Blackpool CCG welcomes the opportunity to review and support the 2019/20 NWAS Quality Accounts and this statement is made on behalf of the North West Ambulance Strategic Partnership Board (SPB) representing 31 CCGs.

To the best of our knowledge the information presented in the Quality Accounts accurately reflects the work undertaken by NWAS in 2019/20 to improve the quality of the services it provides.

#### Ambulance and NHS 111 Services Governance

NWAS provides services for the 31 CCGs across five "county" areas; North Cumbria; Lancashire and South Cumbria; Cheshire, Warrington and Wirral, Merseyside and Greater Manchester Health and Social Care Partnership. This is a complex geography where the "county" footprints are not necessarily coterminous with other health and local authority boundaries.

The Ambulance Commissioning Team (hosted by Blackpool CCG) is funded by the 31 North West CCGs and operates under a Memorandum of Understanding (MOU) signed by all CCGs. The MOU allows the team on behalf of the CCGs to commission ambulance and NHS111 services in the region serviced by NWAS. Co-ordination of contract agreement and management is through an extensive governance structure.

The Strategic Partnership Board (SPB) operates on behalf of the 31 CCGs and is attended by a designated lead at Executive or Chief Officer Level representing the constituent CCGs in their area and is also attended by Senior Clinical Leads from each area. The primary function of the SPB is to assure commissioners that NWAS are meeting all required national targets and KPIs, and deliver safe and effective services.

To support this there are a number of formal sub groups in place ensuring effective coordination and management of the contracts held with NWAS. These are:

- Strategic Transformation Board (STB) – an Executive-led strategic group to ensure delivery of the transformation requirements set out in the commissioning intentions and key transformation plans
- Transformation Implementation Group (TIG). The TIG provides engagement in and assurance of transformation delivery and is the governance route for signing off Memorandums of Understanding between the Trust, CCGs and other providers.
- Regional Clinical Quality Assurance Committee (RCQAC) – comprising the Regional and nominated County Clinical Leads with other clinicians the Lead Commissioning Team and NWAS. Responsible for reviewing and assuring ‘clinical complex’ incidents where harm has arisen from operational process, clinical decision-making or care delivery, clinical audit and oversight of clinical changes to services. Each county has its own local meeting to review incidents and clinical safety linked into the RCQAC governance process
- Quality & Safety Group (Q&S) – a multi-disciplinary group of nominated county qualified representatives, lead commissioners and NWAS, including clinical oversight. Reviewing and assuring ‘clinical delay’ incidents where harm has arisen from delayed response, workforce and patient experience
- Contracting Group – comprising regional senior management leads to review progress, performance and contractual arrangements with NWAS across all services provided by the Trust.
- Area Ambulance Commissioning Groups – attended by the local County Leads (clinical and managerial), NWAS and local CCG commissioners to provide assurance and allow for local discussion of the ambulance contracts.
- The governance arrangements are reviewed annually and are aligned to the National Commissioning Framework for Ambulance Commissioning.

## **2019/20 Summary**

### ***Paramedic Emergency Services (PES)***

Commissioners recognise that NWAS has faced a number of challenges in 2019/20. For PES these related to the ongoing implementation of the new Ambulance Response Programme (ARP) standards which were introduced in August 2017. The new standards have required ambulance services to operate in a substantially different way and have required a major programme of work to deliver changes to the ambulance fleet and the skill mix of the workforce in implementing the new standards.

Commissioners have worked closely with the Trust to address performance issues through a Service Delivery Improvement Plan (SDIP) agreed for the 2019/20 contract year.

This programme of work has seen significant improvements made against delivery of the ARP standards, improving call response times and increasing the number of patients managed closer to home without unnecessary conveyance to an Emergency Department through 'hear and treat' and 'see and treat'. This has been the result of previous CQUIN projects supported by commissioners with the expansion of the Clinical Hub to support the increase of hear and treat and also training staff in Manchester Triage System and Frailty when dealing with patient face to face to assist in identification of patients appropriate to be maintained in the community. This improvement was seen most profoundly with Hear & Treat with NWS achieving their target for the year by February 2020.

PES Performance was achieved against the SDIP for category 1 mean and 90<sup>th</sup> percentile throughout the year, with improvements in performance seen in quarter one of category four, achieving national targets. In eight of the eleven months reported calls answered within the SDIP mean target were achieved. See and Treat SDIP target for the year of 27.80% was extremely close to the target at 27.72%, with hear & treat target of 7.2% being achieved at 8.28%.

The COVID pandemic significantly impacted the whole of the NHS at the end of 2019/20 with PES seeing a significant increase in 999 calls. From March 2020 NHS England/Improvement implemented measures to support services significantly impacted by this demand, which meant that normal reporting was suspended. What was seen in March by NWS was a significant increase in the number of patients maintained at home and supported in the community, rather than being transported to A&E. This supported hospitals to ensure those the most ill were seen and treated in a timelier manner, and had the capacity to do so, and reducing the possible infection of COVID to patients suffering from other illnesses.

Further developments to support the pandemic work NWS included utilisation of volunteers across its PES service and using staff to ask for their assistance, as well as re-aligning some of its existing staff within PES, but also across its different service lines, including some PTS staff and resources.

The CQC temporarily suspended all routine inspections on 16 March 2020 to support and reduce the pressure during the COVID-19 pandemic. The NWS inspection for Urgent and Emergency Care was already underway at the time of the suspension and therefore could not be completed in the usual way. The report included the findings from the completed service level inspections which included two core services, but the well-led inspection and one service level inspection were not completed.

Commissioners were pleased the ratings for the overall trust and five key questions included in the report maintained Good overall. It is noted that four domains remained good in the report for this inspection and increased to Outstanding for responsiveness but as not a complete inspection CQC could not update the level.

Below outlines some of the outstanding work CQC have recognised within NWS and areas for improvement.

Outstanding Practice	Areas for Improvement
<p>In the Emergency Operations Centre (EOC) there is an apprenticeship programme for emergency call handler roles.</p>	<p>NWAS should ensure it continues to improve staff compliance in all levels of safeguarding training.</p>
<p>The overall trust Apprenticeships Qualification Achievement Rates (QAR) for 2018/19 was 86.2% against the national average of 62.0%.</p>	<p>NWAS should ensure action is taken to improve staff appraisal rates in line with trust targets.</p>
<p>Ambulance vehicles included a 'maternity pack' which was given to women transferred in labour. It contained hand knitted items such as a hat, jumper and soft toy.</p>	<p>NWAS should ensure it takes appropriate actions to improve consistency in the provision of clinical contact shift supervision across the regional teams.</p>
<p>The service was piloting a specialist mental health first responder car in Blackpool (Psynergy) and Merseyside (Mersey Care)</p>	<p>NWAS 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.</p>
<p>The community specialist paramedics actively engaged with local services using a collaborative and innovative approach.</p>	<p>NWAS should ensure it continues to monitor procedures to ensure that emergency call handlers' call back long waiting patients in line with trust guidance.</p>
<p>Staff worked in partnership with the local NHS hospital in Burnley (Lancashire) to provide a dedicated falls team.</p>	<p>NWAS should ensure it continues to improve incident reporting systems to ensure all staff receive feedback</p> <p>NWAS should ensure it continues to improve the timeliness of responding to/closing complaints to meet the trust target</p>

### **NHS 111**

NHS111 worked collaboratively with commissioners to improve performance at the start of 2019/20, assisted in a reduction in turnover of staff from September 2019 until the end of March 2020 in comparison to the previous year. The new premises at Estuary Point in Mersey allowed for a larger NHS111 presence in that geographical area, with the older premises at Elm House not suitable for expansion or the inclusion of NHS111 staff. This allowed NHS111 recruitment in an area 'untapped' before.

In January 2020 NHS111 was the first NWAS service to be impacted by COVID19, causing significant pressures on the service which continued for the remainder of 2019/20. This was caused by many seeing 111 as the first contact for Coronavirus queries, and then was further compounded by the regularity in changes in guidance, causing further queries and pressures on staff to ensure the information they are given is the latest guidance. A shift in activity was also seen again causing for issues for what had previously predominately been an out of hours service to now be 24/7.

NHS111 were supported nationally with regular updates, but with these happening at pace it was unprecedented times for the service with both the amount of calls to deal with and also the changes needing to take place to support patients and their staff. In March NHS 111 online was adapted to support COVID patients, with patients being directed to online to assist the telephony side.

Further changes were made to support COVID patients on both 111 online and a national COVID response service (CRS, call handling) and COVID Clinical Assessment Service (CCAS) to assist and ease pressures felt within the core NHS111 service.

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

As outlined in the report, PTS achieved its calls answered, travel time for planned and unplanned work, and EMS. On time arrival and parts of collection time were more challenging but were achieved in some areas.

The commissioners and the Trust had implemented a number of initiatives to assist in the achievement of KPIs, especially in Lancashire where a collaborative workshop took place to share best practice across the area.

PTS was also affected by COVID with NWAS working collaboratively with commissioners and hospitals as out patient appointments were decreased. PTS confirmed with external providers that services would still continue for cancer treatments, renal dialysis, End of Life journeys and discharge and hospital transfers.

PTS asked for volunteers within their staff to assist PES, who were given additional training, and started working on emergency ambulances alongside paramedics. PTS resources were also re-aligned to PES assist with their workload and the increase in staff numbers. Feedback has been positive with these staff members are making a difference in PES being able to respond to 999 calls, PTS staff pleased to assist in this way, as well as being development for themselves and future careers.

In quarter 1 of 2020/21 PTS assisted in the development of the Nightingale Hospital in Manchester assisted in patient flow from the hospital. The PTS discharge co-ordination hub was implemented to assist in earlier discharge of appropriate patients with extended hours to further support this.

The Trust will continue to work closely with commissioners in 2020/21 to deliver sustainable improvements over the coming year across PES NHS 111 and PTS services and we look forward to working with the Trust and embedding development and learning taken from the COVID pandemic.

### **2019/20 Key Priorities for Commissioners**

Key commissioning priorities that were identified for 2019/20 are set out below and the Quality Account provides an overview of progress against these priorities:

- Increasing the number of patients managed through Hear & Treat, See & Treat, and reducing unnecessary conveyance of patients to hospital where more appropriate ways of delivering care to patients is available.
- On-going work to manage lower acuity calls across both 999 and 111 services, through the development of partnership approaches with Out of Hours providers and others with the Clinical Assessment Services (CAS). This has been a key piece of work, particularly, for colleagues in Greater Manchester and will continue into 2020/21.
- Developing closer integration between the 999 and NHS 111 services to support a more seamless approach to delivering Integrated Urgent Care.
- Development of Technology and the introduction of an Electronic Patient Record (EPR).

### **Management of Incidents**

Commissioners have worked collaboratively with the Trust to improve the investigation and assurance processes in place to manage where incidents occur.



Robust management arrangements have been strengthened by NWS with the implementation of their Review of Serious Events (ROSE) Group, which meets weekly and is chaired by the Trust's Medical Director and/or Chief Nurse. The SPB Patient representative also attends to provide a patient perspective as part of the process.

In July 2019 Lead Commissioners shared with external stakeholders the collaborative governance arrangements that were already in place and the revised process for the robust scrutiny and review of serious incidents that ensured they meet the National Serious Incident Framework, which was agreed at Strategic Partnership Transformation Board and completed in collaboration with NWS.

The ROSE group oversees the reporting and learning drawn from serious incidents and the outputs from ROSE are considered by members of the Quality & Safety Group (Q&S) and the Regional Clinical Quality Assurance Committee (RCQAC). The Quality & Safety Group and the Regional Clinical Quality Assurance Committee review each individual incident and ensure that learning from incidents is embedded within the Trust before the incident is formally closed. The Strategic Partnership Transformation Board includes patient representation and they attend the ROSE group to provide a patient perspective of incidents that have occurred. There has been positive engagement with wider North West CCGs and stakeholders.

Following on from the two successful Quality Seminars in 2018/19 the Trust and Lead Commissioning Team held another North West quality seminar as part of the engagement and assurance process in 2019. The seminar was jointly introduced by the Director of Ambulance and NHS111 commissioning for the North West as well as NWS' Chief Nurse, who jointly explained the collaborative Quality journey so far. The NWS Patient Safety Manager and Lead Commissioners Clinical Quality Manager presented on the updated review process for Serious Incidents (SIs). Highlighted were the challenges and the increase in SIs, which at April 2019 numbered one hundred and ten open SIs, and the improvements that had taken part in the process resulting in December 2019 thirty eight being open, the lowest number since 2016. Topics covered also included a 'mock' ROSE review, a presentation of the new NWS Mental Health strategy, how NWS support frequent callers to the service and the National Patient Strategy. The feedback was positive with recommendations for a future seminar in twelve months time.

## 11.2 Healthwatch

### Healthwatch St Helens

#### Response to Quality accounts, 2019 – 2020

It is pleasing to see that a mental health assessment is now included when a patient is picked up. This should iron out any misunderstandings and pave the way for a smoother communication around the patient's health needs.

There appears to be a good communication and engagement, with a commitment to listening to patient experiences and having a robust complaints process in place. A text messaging service is an excellent idea for accessibility.

Another positive are the events taking place throughout the North West including our local event at Haydock Racecourse, which we attended. This was informative and was an opportunity to meet staff involved in patient experiences and service improvement.

It is very good to see NWAS working with health groups and communities across the North West, regarding communication and cultural needs such as those of people within the D/deaf communities. Healthwatch St Helens would like to see this type of engagement within our borough and we would be only too happy to offer our support.

The report reflects the ongoing monitoring of services and a commitment to improvement at every level, including ongoing training for staff.

### Healthwatch Together

Healthwatch Cumbria, Lancashire, Blackburn with Darwen and Blackpool working jointly as Healthwatch Together are pleased to be able to submit the following considered response to North West Ambulance Service NHS Trust's Quality Accounts Report for 2019-20.

#### **Part 1: Statement on quality from the Chief Executive**

We commend the Trust for achieving a Care Quality Commission rating of 'Good' across the organisation and its first 'Outstanding' rating in the domain of 'Responsive' for Paramedic Emergency Services.

#### **Part 2: Progress with 2019-20 Priorities for Improvement**

We recognise the work that has been done regarding patient safety and the reduction of harm and the development of a Clinical Audit programme plus the progress made against the Safety Pillar goals.

We very much welcome the increased engagement with patients and communities including the creation of a Patient and Public Panel. Particularly noteworthy is the improvement plan developed from community engagement events which includes the fields of mental health and hearing impairment.

We also note the significant reduction in the number of complaints.

#### **Parts 3,4,5 & 6:**

Healthwatch supports collaborative approaches to develop service improvements and appreciates the work undertaken in conjunction with NHS Blackpool Clinical Commissioning Group (CCG) and the Greater Manchester Combined Authority.

Information received by Healthwatch from service users and their families and carers regarding services provided by North West Ambulance Service NHS Trust (NWAS) is consistent with the data, statements and comments contained in the Quality Account.

In accordance with the current NHS reporting requirements, mandatory quality indicators requiring inclusion in the Quality Account we believe the Trust has fulfilled this requirement.

#### **Part 7 2018-19 Priorities for Improvement**

We support the Priorities as described and it is gratifying to note the intention to further expand the involvement of patients.

Healthwatch is also aware that the Trust is actively collaborating with other organisations and listening to public opinion, actions we fully support.

Overall, Healthwatch Together considers this to be a well presented, informative and balanced document and we look forward to seeing future collaborative and partnership working contributing to the delivery of tangible improvements.

### **11.3 Health Scrutiny Committees**

#### **Cheshire East Council**

I circulated this to our Health and Adult Social Care and Communities Overview and Scrutiny Committee members and didn't receive any feedback or comments that were wanted to be sent back to NWAS.

## Appendix 1: Glossary of Terms

ACQI	Ambulance Clinical Quality Indicator
Advanced Paramedics	More highly qualified paramedic staff who also provide clinical leadership and support to their colleagues
Cardiac arrest	A medical condition wherein the heart stops beating effectively, requiring CPR and sometimes requiring defibrillation
Care Bundle	A set of actions expected of ambulance staff in specific clinical circumstances. The completeness of the response is measured as a Clinical Performance Indicator (CPI)
Chain of Survival	The process to ensure the optimum care and treatment of cardiac arrest and heart attack patients at every stage of the pathway
Community First Responder (CFR)	A member of the public who volunteers to provide an immediate response and first aid to patients requesting ambulance assistance
Complementary Resources	Non ambulance trust providers of potentially life-saving care, e.g. CFRs St John Ambulance, Red Cross, Mountain Rescue, Air Ambulance
CCG	Clinical Commissioning Group
CPR	Cardio Pulmonary Resuscitation
CQC	Care Quality Commission - The independent regulator of all health and social care services in England.
CTB	Call to Balloon – the time taken from receipt of the 999 call to the administration of PPCI
CTD	Call to Door - the time taken from receipt of the 999 call to the arrival at a definitive care department such as a Stoke Unit
CTN	Call to needle – the time taken from receipt of the 999 call to the administration of thrombolytic clot busting drugs
Defibrillator (also AED)	Medical equipment to provide an electric shock to a patient's heart which is not functioning properly
Emergency and Urgent Care (E&UC)	999 and Urgent Care services
Emergency Operational Control (EOC)	Ambulance Control Centre that receives and responds to 999 calls and other call for ambulance service assistance
FAST	A simple test for the presence of a stroke – Face, Arms, Speech, Time
IPC	Infection Prevention and Control
Myocardial infarction (MI) or Heart attack	A medical condition wherein the coronary arteries of the heart are blocked leading to (acute pain and) an immediate risk to life
NHSLA	NHS Litigation Authority
NWAS	North West Ambulance Service NHS Trust
PALS	Patient Advice and Liaison Service
Paramedic	A state registered ambulance healthcare professional
Paramedic Emergency Service (PES)	999 Emergency ambulance service
Paramedic Pathfinder	NWAS initiative to enable paramedics and advanced paramedics to make considered clinical judgments about the next care pathway to be used for an individual patient's needs
Patient Transport Service (PTS)	Non-emergency transport service that provides for hospital transfers, discharges and outpatients appointments for those patients unable to make their own travel arrangements.
PPCI	Primary Percutaneous Coronary Intervention – treatment of a MI through immediate surgical intervention
ROSC	Return of Spontaneous Circulation
STEMI	ST Elevation Myocardial Infarction – A life threatening heart attack
Stroke	Blockage or bleeding of the blood vessels in the brain that can lead to death or disability
Thrombolysis	Medical treatment to break up blood clots in the case of MI or stroke.
Utstein	Cardiac arrest and CPR outcome reporting process

## Appendix 2: Contact Details

If you have any questions or concerns following reading this report please do not hesitate to contact the Trust.

We can be contacted at:

North West Ambulance Service NHS Trust  
Trust Headquarters  
Ladybridge Hall  
Chorley New Rd  
Bolton  
Lancashire  
BL1 5DD

For general enquiries please use:

Telephone: 01204 498400

E-mail: [nwasenquiries@nwas.nhs.uk](mailto:nwasenquiries@nwas.nhs.uk)

For enquiries specific to the Quality Account, please contact Neil Barnes Deputy Director of Quality on:

Telephone: 01204 498400

E-mail: [neil.barnes@nwas.nhs.uk](mailto:neil.barnes@nwas.nhs.uk)

Should you wish to access any of the trust publications mentioned in this Quality Account they can be accessed on the trust website at [www.nwas.nhs.uk](http://www.nwas.nhs.uk).

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# REPORT

<b>Board of Directors</b>				
<b>Date:</b>	25 <sup>th</sup> November 2020			
<b>Subject:</b>	Charitable Funds Annual Accounts 2019/20			
<b>Presented by:</b>	<b>Carolyn Wood, Director of Finance</b>			
<b>Purpose of Paper:</b>	For Decision			
<b>Executive Summary:</b>	<p>The purpose of this paper is to present the audited Charitable Funds Annual Report and Accounts for 2019/20 to the Board of Directors for approval and adoption.</p> <p>The main points for noting are:</p> <ul style="list-style-type: none"> <li>- Income for the year amounted to £472k;</li> <li>- Total expenditure during 2019/20 was £154k, where main element was the planned purchase of medical equipment; and</li> <li>- Overall the funds have increased by £318k.</li> </ul>			
<b>Recommendations, decisions or actions sought:</b>	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>• Approve and adopt the Charitable Funds Annual Report and Accounts for 2019/20.</li> </ul>			
<b>Link to Strategic Goals:</b>	<b>Right Care</b>	<input type="checkbox"/>	<b>Right Time</b>	<input type="checkbox"/>
	<b>Right Place</b>	<input type="checkbox"/>	<b>Every Time</b>	<input checked="" type="checkbox"/>
<b>Are there any Equality Related Impacts:</b>	None			
<b>Previously Submitted to:</b>	Charitable Funds Committee			
<b>Date:</b>	28 <sup>th</sup> October 2020			
<b>Outcome:</b>	Recommended for approval			

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## **1. PURPOSE**

The purpose of this paper is to present the audited Charitable Funds Annual Report and Accounts 2019/20 to the Board of Directors for approval.

## **2. BACKGROUND**

The Annual Report and Accounts are prepared in accordance with guidance issued by both the Audit and Charity Commissions. The Board of Directors are the Corporate Trustee for Charitable Fund purposes.

## **2. CURRENT SITUATION**

The attached Annual Report and Accounts were audited by the external auditors KPMG LLP during July 2020.

The Charitable Funds Committee has reviewed the Accounts and Annual Report, Letter of Representation and Statement of Trustees Responsibilities for 2019/20 and is recommending it for approval. The deadline for submission of the Annual Report and Accounts to the Charity Commission is the 31<sup>st</sup> January 2021.

There are following appendices attached to this report:

Appendix 1 – Annual Report and Accounts 2019/20

Appendix 2 – Audit Highlights

Appendix 3 – Letter of Representation

Appendix 4 – Letter of Independence

## **3. SUMMARY OF FINANCIAL PERFORMANCE 2019/20**

In summary, the income of the charitable funds in 2019/20 amounted to £472k, out of which £355k was for unrestricted funds, where main element came from legacies of £290k, and the remaining £117k was for restricted funds.

Expenditure in 2019/20 amounted to £154k of which £21k was from unrestricted funds and £133k from restricted funds.

The overall available resource in 2019/20 has increased by £318k where unrestricted funds increased by £334k while restricted funds decreased by £16k. The largest element of expenditure was the planned purchase of medical equipment, mainly defibrillators in line with donors wishes.

The Trustees are required to approve the Annual Accounts attached at Appendix 1; the Annual Report can be found at Appendix 2.

## **4. AUDIT**

The audit of the Charitable Funds accounts for 2019/20 was undertaken by the external auditors KPMG in July 2020. An unqualified audit opinion was given to the accounts.

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

There are no legal and/or governance implications associated with this paper.

**6. RECOMMENDATIONS**

The Board of Directors is asked to approve and adopt the Annual Accounts and Annual report for 2019/20.



# North West Ambulance Service NHS Trust Charitable Fund

## Trustee's Annual Report & Annual Accounts

For the Year to 31st March 2020

Registered Charity No. 1122470





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## Reference and administrative details

**Principal Office:** North West Ambulance Service NHS Trust Charitable Fund  
Ladybridge Hall  
Chorley New Road  
Bolton  
BL1 5DD

**Registered Charity no:** 1122470

**Bankers:** National Westminster Bank PLC  
Preston Branch  
35 Fishergate  
Preston  
PR1 3BH

**Solicitors:** Hempsons  
The Exchange  
Station Parade  
Harrogate  
HG1 1DY

**Auditors:** KPMG  
1 St Peter's Square  
Manchester  
M2 3AE



## Foreword

The Corporate Trustee presents the Charitable Funds Report together with the Annual Accounts for the 12 months ended 31 March 2020. The Charity's report and accounts have been prepared by the Corporate Trustee in accordance with Part VI of the Charities Act 2011 and the Charities (Accounts & Reports) Regulations 2008.

The Charity's report and accounts include all the separately established funds for which the North West Ambulance Service NHS Trust is the sole beneficiary.



## Structure, Governance and Management

### CORPORATE TRUSTEE

The sole corporate trustee of the Charity is the North West Ambulance Service NHS Trust.

The North West Ambulance Service NHS Trust has been the Corporate Trustee of the charitable fund and its four predecessor charitable funds since 1 July 2006 and is governed by the law applicable to Trusts, principally the Charities Regulations 2008 and the Charities Act 2011.

The Corporate Trustee is managed by its Board of Directors which consists of executive and non-executive directors. It has responsibility for planning, directing and controlling the activities of the entity, ensuring that the NHS body fulfils its duties in managing the charitable funds.

Non-Executive Directors of the Trust Board are appointed by NHS Improvement (formerly the Trust Development Authority) and Executive Directors of the Board are subject to recruitment by the North West Ambulance Service NHS Trust Board of Directors.

The members of the North West Ambulance Service NHS Trust Board of Directors who served during the 12 months were as follows:

Peter White	Chair
Daren Mochrie	Chief Executive
Michael Forrest	Deputy Chief Executive
Carolyn Wood	Director of Finance
Ged Blezard	Director of Operations
Angela Wetton	Director of Corporate Affairs
Salman Desai	Director of Strategy & Planning
Maxine Power	Director of Quality, Innovation & Improvement
Lisa Ward	Interim Director of Organisational Development
Michael O'Connor	Non-Executive Director
Richard Groome	Non-Executive Director
David Rawsthorn	Non-Executive Director
David Hanley	Non-Executive Director
Alison Chambers	Non-Executive Director
Clare Wade	Associate Non-Executive Director
Rod Thomson	Associate Non-Executive Director



The Charitable funds were established by the Trust deed on 31st January 2007.

The Charitable Funds were registered with the Charity Commission (No. 1122470) on 25th January 2008 in accordance with the Charities Act 1993.

### **CHARITABLE FUNDS COMMITTEE**

The North West Ambulance Service NHS Trust has been the Corporate Trustee of the charitable fund and its four predecessor charitable funds since 1 July 2006 and is governed by the law applicable to Trusts, principally the Charities Regulations 2008 and the Charities Act 2011.

The NHS Trust Board devolved responsibility for the management, monitoring and reviewing of the charitable funds of the Trust to the Charitable Funds Committee.

Acting for the Corporate Trustee, the Charitable Funds Committee is responsible for the overall management of the Charitable Fund. The Committee is required to:

- Control, manage and monitor the use of the fund's resources.
- Provide support, guidance and encouragement for all its income raising activities whilst managing and monitoring the receipt of income.
- Ensure that 'best practice' is followed in the conduct of all its affairs fulfilling all of its legal responsibilities.
- Keep the Trust Board fully informed on the activity, performance and risks of the charity.

The accounting records and the day to day administration of the funds are dealt with by the Finance Department located at Trust's Headquarters at Ladybridge Hall situated on Chorley New Road, Bolton.

The names of those people who served as members of the Charitable Funds Committee, as permitted under regulation 16 of the NHS Trusts (Membership and Procedures) Regulations 1990 for the 12 months to March 2020 were as follows:

David Rawsthorn	Non-Executive Director (Chair)
Richard Groome	Non-Executive Director
David Hanley	Non-Executive Director
Carolyn Wood	Director of Finance



Ged Blezard                    Director of Operations  
 Angela Wetton                Director of Corporate Affairs  
 Salman Desai                 Director of Strategy and Planning  
 Lisa Ward                      Interim Director of Organisational Development

The Head of Technical Accounts attended the meetings along with Independent auditors.

**SCHEME OF DELEGATION**

For the period up to the 31<sup>st</sup> March 2020 the Trust Scheme of Delegation and level of authorised expenditure is detailed below in table 1.

Table 1, Scheme of Delegation to 31<sup>st</sup> March 2020:

<b>Expenditure</b>	<b>Authorisation Limits</b>
Up to £2,499	Deputy Director of Finance or Head of Technical Accounts or Director of Corporate Affairs
£2,500 to £24,999	Director of Finance or Chief Executive
Above £25,000	Board of Directors on behalf of Corporate Trustee

**NOTE: In line with Charitable Funds Committee decision, with the exception of flowers and retirements expenditure, all other expenditure requests are authorised by the Director of Finance. The scheme of delegation above is for reference.**

**RESTRICTED AND UNRESTRICTED FUNDS**

The charity’s unrestricted fund was established using the model declaration of trust and all funds held on trust as at the date of registration were either part of this unrestricted fund or registered as separate restricted funds under the main charity. Subsequent donations and gifts received by the charity that are attributable to the original funds are added to those fund balances within the existing charity.

The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objects of each fund and by designating funds the Trustee respects the wishes of the donors to benefit patient care and the good health and welfare of staff. Where funds have been received, which have specific restrictions set by the donor; a restricted fund has been established.



Funding held within the General or unrestricted legacy fund may be used in-line with the Charitable Aims as authorised by the Trustees without pre-existing or specific restrictions by donors or legators.

The charitable funds available for spending during the 12 months reporting period have been allocated to the charitable fund managed in accordance with the North West Ambulance Service NHS Trust Scheme of Delegation.

As at 31<sup>st</sup> March 2020 the charity comprises of 8 individual funds, namely:

*Unrestricted Funds:*

1. General Fund, including unrestricted legacies

North West Ambulance Service NHS Trust General Fund for use against charitable aims and unrestricted legacy funds that are designated funds without specific areas and purposes.

*Restricted Funds:*

2. Mayor of Wigan Rapid Response Vehicle Fund
3. Greater Manchester First Responders Fund
4. Lancashire First Responders Fund
5. Manchester First Responders Fund
6. Cardiac Smart Fund (regional)
7. Station Specific Funds

Charitable funds received by the charity are accepted, held and administered as funds and property held on trust for purposes relating to the Health Service in accordance with the National Health Service Act 1977 and the National Health Service and Community Care Act 1990 and these funds are held on trust by the corporate body.

The Corporate Trustee is responsible for ensuring that all charity related activity is managed effectively and it is therefore essential that key objectives are met, with actions implemented to safeguard the charity's funds and assets.



## Objectives and Strategy

The objectives of the Charitable Fund are defined in the Trust Deed as:

“For the general or specific purposes of North West Ambulance Service NHS Trust or for a charitable purpose or purposes relating to the National Health Service”

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

Core Charity Priorities:

- Maximising income to the Charitable Trust
- Supporting improvements in patient experience and engagement
- Provision of equipment for diagnosis and treatment outside of mandatory trust provision
- Supporting staff development and wellbeing
- Funding and provision of educational materials for schools

Policies, procedures and reserves are regularly reviewed as the charitable trust remains committed to ensuring that there are sufficient funds to secure its objectives.

## Public Interest Benefit

The Corporate Trustee ensures that the *public interest benefit criteria*, as detailed in the Charities Act 2011, are met by critically assessing each request for expenditure presented to the charity. Applications can be made by any member of North West Ambulance NHS Trust Staff with prior authorisation of their line manager and applications are only restricted by the availability of funds, the quality of the application and that the application meets the Charitable Aims of the Charity.

Where possible, funds are used to provide benefit to a wide range of patients, and funds used for staff enablement are allocated to projects where a benefit to staff and/or patients can be demonstrated.



## Reserve Policy

In accordance with Charity Commission guidance, the Corporate Trustee acknowledges that there is a requirement to hold reserves. The reserves policy should take into account future commitments from the general unrestricted funds held by the Charity. Assuming that funds have been designated appropriately and will be spent within a reasonable timescale the charity should not rely on the unrestricted designated funds for the absorption of overheads on a continuing basis. Therefore the level of reserves held in the general unrestricted funds of the charity should be sufficient to cover the annual support costs and overheads of the charity.

The charity approves expenditure on a case by case basis taking into account the level of funds available and the Corporate Trustee reserves the right to cancel any past delegation and transfer monies to the general unrestricted funds of the Charity. This may be considered where designated funds have not been spent within a reasonable timescale or where the original purpose of the designation no longer exists. Likewise the Corporate Trustee may choose to designate funds for a particular purpose.

### *Level of reserves*

As at 31<sup>st</sup> March 2020 the Corporate Trustee considers that a six month minimum reserve of £35k in the unrestricted general purpose fund should be permanently maintained.

### **MONITORING**

The Director of Finance and Head of Technical Accounts report on the progress of the reserves and make recommendations to the Charitable Funds Committee in order to comply with the policy. The Charitable Funds Committee has the authority to vary the minimum level of reserves.

## Investment Policy

Where NHS charitable funds have surplus monies in excess of the minimum reserves plus those required to fund commitments that have not yet been realised, Trustees may elect to invest some or this entire surplus in order to generate additional income to fund future charitable activities.

Cash surpluses shall be held only in such public or private sector investments as approved by the Secretary of State and authorised by the Trustees and reviewed periodically.

The Financial Accountant is responsible for periodically reporting the cash balances to the Director of Finance and the options available for investment. The Director of Finance is responsible for authorising the investment of any trust funds.



## Annual Review of Income and Expenditure 2019-2020

The net assets of the Charitable Funds as of 31<sup>st</sup> March 2020 are £800k.

Overall net assets increased by £318k being the excess of income £472k over expenditure £154k.

The general fund has received £355k in income, while restricted funds income amounted to £117k (£472k total).

Total expenditure of £154k was spent as follows:

- £139k on direct charitable activity;
- £11k on support costs; and
- £4k on fund raising costs.

Direct charitable activity expenditure included:

- Purchase of new equipment, £132k (mainly defibrillators);
- Staff Education and Welfare, £6k; and
- Patient Education and welfare, £1k.

### COVID-19 Donations

As a result of COVID-19, during March 2020 the Charity started to receive donations for the benefit of staff and volunteers. These donations will be managed throughout 2020/21 and used to improve staff and volunteers health and wellbeing.

## Projects Supported 2019-2020

The Charity continues to support and fund many projects authorised in line with the Scheme of Delegation. Projects supported during 2019-2020 included:

- 350 x Ambo Rescue Masks for PTS Volunteer Car Drivers
- Sailing Trophy
- ALSi training equipment (Advanced Life Saving)
- Resusci Anne Manikins
- c.120 AEDs & CPADs
- 80 Dog Seat Harnesses for Patient Transport Services
- Advanced airway training mannequins
- 2 x CFR uniforms and kits for new teams



- 25 x tickets to Trauma Conference to support staff and volunteers

In addition to these projects and equipment purchases, the charity also funded gifts/buffets or flowers for:

- 37 retirements with a combined service length of 1,405 years (average service of 31.2 years)
- 5 babies
- 6 bereavements/death in service

In more detail:

### **ALSi Training equipment (Advanced Life Saving)**

ALSi allows Advance Patient Care Simulations and scenario based education to be delivered quickly, easily and intuitively. It is a hyper-flexible patient monitor simulator which uses 2 iPads connected wirelessly. The system includes an AED, sophisticated multi-parameter patient monitor and defibrillator can all be simulated using the touch screen of an iPad. It gives a greater depth to learning, ability to practice conditions or scenarios either encountered regularly, or more important rare occurrences.

### **AEDs & CPADs**

The charity provided funding for the provision of c.120 Community Public Access Defibrillators (CPADs) and Automated External Defibrillators (AED). CPADs are placed into lockable steel, heated cabinets on the external of buildings and AEDs are located within buildings and require no additional power or heating. 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.

### **80 Dog Seat Belt Harnesses for Patient Transport Services (PTS)**

The Patient Transport Service has a number of patients who are blind and require a guide dog to travel with them. To ensure compliance with the Highway Code 80 harnesses were purchased to ensure the dogs can be transported with the patient in a safe manner.

### **500 Ambu-Res-Cue Masks**

Masks were provided to PTS volunteer car drivers to use in an emergency situation should a patient have a cardiac arrest whilst being conveyed to hospital in the drivers own vehicle. Having access to this equipment will enhance the patients' chance of survival should CPR be required as the volunteer would be able to give breaths alongside compressions - without this equipment,



volunteers can only carry out chest compressions. There are 350 active volunteers across Lancashire, Cumbria, Manchester and Merseyside.

#### **Trauma Conference**

25 tickets were purchased to support volunteers and staff attend the Trauma Conference which is supported by North West Ambulance Service NHS Trust in March 2020.

#### **Community First Responder Kits**

Two full Community First Responder kits including defibrillators were purchased to equip new Community Responder Teams in Lancashire.

#### **Sailing Trophy**

A trophy was purchased by the Charity to support 21 NWS staff from the Cheshire and Mersey sector that entered the UK Fire Service Charity Blue Light Regatta in Solent. The Trust had three boats entered into the Regatta and the trophy was awarded for the best NWS boat.

### **Future Plans**

A period of reflection and discussion is taking place within the trust as to the best future direction for the charity and a refreshed strategy will be drafted during 2020-21.



## **ACKNOWLEDGEMENT**

The Corporate Trustee would like to extend its sincere appreciation to those that have contributed to the charitable funds through fundraising, donating, leaving legacies or gifts in lieu.

Particular gratitude is extended to those who donate to the charity in times of personal bereavement or loss.

We also take this time to thank corporate sponsors and grant giving trusts that have supported the charity during 2019-2020 with fundraising activities, promotions or awarding of grant funding for or acceptance of projects and initiatives. We thank them and welcome their support for future years.

The Corporate Trustee would also like to thank and acknowledge the support of our amazing staff and volunteers across the Trust.

Approved on behalf of the Corporate Trustee.

..... Dated .....25 November 2020.....

Daren Mochrie

Chief Executive – North West Ambulance Service NHS Trust





## **Statement of Trustees' responsibilities in respect of the Trustees' annual report and the financial statements**

Under the trust deed and charity law, the trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and regulations. The trustees have elected to prepare the financial statements in accordance with UK Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland*.

The financial statements are required by law to give a true and fair view of the state of affairs of the charity and of the excess of expenditure over income for that period.

In preparing these financial statements, generally accepted accounting practice entails that the trustees:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards and the Statement of Recommended Practice have been followed, subject to any material departures disclosed and explained in the financial statements;
- state whether the financial statements comply with the trust deed [and rules], subject to any material departures disclosed and explained in the financial statements;] and
- assess the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and
- use the going concern basis of accounting unless they either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

The trustees are required to act in accordance with the trust deed [and the rules] of the charity, within the framework of trust law. They are responsible for keeping proper accounting records, sufficient to disclose at any time, with reasonable accuracy, the financial position of the charity at that time, and to enable the trustees to ensure that, where any statements of accounts are prepared by them under section 132(1) of the Charities Act 2011, those statements of accounts comply with the requirements of regulations under that provision. They are responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the financial and other information included on the charity's website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Approved by the Corporate Trustee and signed on its behalf by:

.....Dated: .....

Peter White

Chairman, Board of Directors - North West Ambulance Service NHS Trust

.....Dated: .....

Carolyn Wood, Director of Finance - North West Ambulance Service NHS Trust



## **Independent auditor's report to the Trustees of North West Ambulance Service NHS Trust Charitable Fund**

### **Opinion**

We have audited the financial statements of North West Ambulance Service NHS Trust Charitable Fund (“the charity”) for the year ended 31<sup>st</sup> March 2020 which comprise the statement of financial activities, consolidated and company balance sheets, consolidated statement of cashflows and related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31<sup>st</sup> March 2020 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with UK accounting standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland*; and
- have been properly prepared in accordance with the requirements of the Charities Act 2011.

### **Basis for opinion**

We conducted our audit in accordance with International Standards on Auditing (UK) (“ISAs (UK)”) and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the charity in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

### **Going concern**

The trustees have prepared the financial statements on the going concern basis as they do not intend to liquidate the charity or to cease its operations, and as they have concluded that the charity's financial position means that this is realistic. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements (“the going concern period”).

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least a year from the date of approval of the financial statements. In our evaluation of the trustees' conclusions, we considered the inherent risks to the charity's business model, including the impact of Brexit, and analysed how those risks might affect the charity's financial resources or ability to continue operations over the going concern period. We have nothing to report in these respects.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the charity will continue in operation.



## **Other information**

The trustees are responsible for the other information, which comprises The Trustees' Report, incorporating the Strategic Report. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. We are required to report to you if:

based solely on that work, we have identified material misstatements in the other information; or in our opinion, the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements.

We have nothing to report in these respects.

## **Matters on which we are required to report by exception**

Under the Charities Act 2011 we are required to report to you if, in our opinion:

- the charity has not kept sufficient accounting records; or
- the financial statements are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

We have nothing to report in these respects.

## **Trustees' responsibilities**

As explained more fully in their statement set out on page 15, the trustees are responsible for: the preparation of financial statements which give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

## **Auditor's responsibilities**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities).

## **The purpose of our audit work and to whom we owe our responsibilities**

This report is made solely to the charity's trustees as a body, in accordance with section 145 of the Charities Act 2011 (or its predecessors) and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an

**Trustee's Annual Report and Accounts**  
**Year Ended 31<sup>st</sup> March 2020**

auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and its trustees as a body, for our audit work, for this report, or for the opinions we have formed.

**Tim Cutler**

**for and on behalf of KPMG LLP, Statutory Auditor**

*Chartered Accountants*

1 St Peter's Square

Manchester

M2 3AE

[Date]



## Annual Accounts 2019/20

**North West Ambulance Service NHS Trust Charitable Fund**  
**Statement of Financial Activities and Income & Expenditure for the 12 months ended 31 March 2020**

	Note	Unrestricted Funds £000	Restricted Funds £000	12 months to 31 March 2020 Total Funds £000	12 months to 31 March 2019 Total Funds £000
<b>Income and Endowments</b>					
Donation and Legacies	3	355	117	472	79
<b>Total Income and Endowments</b>		<u>355</u>	<u>117</u>	<u>472</u>	<u>79</u>
<b>Expenditure</b>					
Raising Funds	4	1	3	4	17
Expenditure on Charitable Activities	5, 6	20	130	150	162
		-	-	-	
<b>Total Expenditure</b>		<u>21</u>	<u>133</u>	<u>154</u>	<u>179</u>
<b>Net Income/(Expenditure)</b>		<u>334</u>	<u>(16)</u>	<u>318</u>	<u>(100)</u>
<b>Net Movement in funds</b>		<u>334</u>	<u>(16)</u>	<u>318</u>	<u>(100)</u>
<b>Reconciliation of Funds</b>					
Total Funds brought forward 1 April 2019		130	352	482	582
<b>Total Funds carried forward 31 March 2020</b>		<u>464</u>	<u>336</u>	<u>800</u>	<u>482</u>

**North West Ambulance Service NHS Trust Charitable Fund  
Balance Sheet as at 31 March 2020**

	Notes	Unrestricted Funds £000	Restricted Funds £000	<b>Total Funds 31 March 2020 £000</b>	Total Funds 31 March 2019 £000
<b>Current Assets:</b>					
Stock	8	-	2	<b>2</b>	2
Cash at bank and in hand		464	339	<b>803</b>	489
<b>Total Current Assets</b>		<u>464</u>	<u>341</u>	<u><b>805</b></u>	<u>491</u>
Creditors: Amounts falling due within one year	9	(4)	(1)	<b>(5)</b>	(9)
<b>Net Current Assets</b>		<u>460</u>	<u>340</u>	<u><b>800</b></u>	<u>482</u>
<b>Total Assets less Current Liabilities</b>		<u>460</u>	<u>340</u>	<u><b>800</b></u>	<u>482</u>
<b>Total Net Assets</b>		<u><u>460</u></u>	<u><u>340</u></u>	<u><u><b>800</b></u></u>	<u><u>482</u></u>
 <b>Funds of the Charity</b>					
Restricted income funds	10		336	<b>336</b>	352
Unrestricted income funds		464		<b>464</b>	130
<b>Total Charity Funds</b>		<u>464</u>	<u>336</u>	<u><b>800</b></u>	<u>482</u>

Notes 1 to 11 form part of these accounts.

Signed .....

Daren Mochrie, Chief Executive

Date:



## Notes on the Accounts

### 1 Accounting Policies

#### (a) Basis of preparation

The accounts (financial statements) have been prepared under the historical cost convention with items recognised at cost or transaction value unless otherwise stated in the relevant note(s) to these accounts. The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011.

The trust constitutes a public benefit entity as defined by FRS 102.

The financial statements have been prepared on a going concern basis which the Trustees consider to be appropriate for the following reasons.

The business model of the charity is such that its charitable activities are limited to those which it has sufficient funds to support from the excess of funding received over the costs of administering the charity. The charity therefore has no specific commitments and no committed costs beyond its fixed costs of operation which are detailed in note 4.

The Trustees have reviewed the cash flow forecasts for a period of 2 years from the date of approval of these financial statements which indicate that the charity will have sufficient funds to meet its liabilities as they fall due for that period. The Trustees have also considered the implications of COVID-19 on these cash flow forecasts and consider that as a result of its operating model explained above, even if no further funding is received in the 12 month period, the charity has sufficient cash reserves to pay all committed costs. Consequently, the Trustees are confident that the charity will have sufficient funds to continue to meet its liabilities as they fall due for at least 12 months from the date of approval of the financial statements.

#### (b) Income and Endowments

All income is recognised once the charity has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

Donations, are recognised when the Charity has been notified in writing of both the amount and settlement date. In the event that a donation is subject to conditions that require a level of performance before the charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the charity and it is probable that those conditions will be fulfilled in the reporting period. Gifts in kind are valued at estimated fair market value at the time of receipt.

Legacy gifts are recognised on a case by case basis following the granting of probate when the administrator/executor for the estate has communicated in writing both the amount and settlement date. In the event that the gift is in the form of an asset other than cash or a financial asset traded on a recognised stock exchange, recognition is subject to the value of the gift being reliably measurable with a degree of reasonable accuracy and the title to the asset having been transferred to the charity.

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank. Dividends are recognised once the dividend has been declared and notification has been received of the dividend due. This is normally upon notification by our investment advisor of the dividend yield of the investment portfolio.

#### (c) Expenditure Recognition

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that settlement will be required and the amount of the obligation can be measured reliably.

All expenditure is accounted for on an accruals basis. All expenses including support costs and governance costs are allocated or apportioned to the applicable expenditure headings. For more information on this attribution refer to note (e) below.

Grants payable are payments made to third parties in the furtherance of the charitable objects of the Charity. In the case of an unconditional grant offer this is accrued once the recipient has been notified of the grant award. The notification gives the recipient a reasonable expectation that they will receive the one-year or multi-year grant. Grants awards that are subject to the recipient fulfilling performance conditions are only accrued when the recipient has been notified of the grant and any remaining unfulfilled condition attaching to that grant is outside of the control of the Charity.

Provisions for grants are made when the intention to make a grant has been communicated to the recipient but there is uncertainty as to the timing of the grant or the amount of grant payable.

The provision for a multi-year grant is recognised at its present value where settlement is due over more than one year from the date of the award, there are no unfulfilled performance conditions under the control of the Charity that would permit the Charity to avoid making the future payment(s), settlement is probable and the effect of discounting is material. The discount rate used is the average rate of investment yield in the year in which the grant award is made. This discount rate is regarded by the trustees as providing the most current available estimate of the opportunity cost of money reflecting the time value of money to the Charity.

#### (d) Allocation of support and governance costs

Support costs have been allocated between governance costs and other support costs. Governance costs comprise all costs involving the public accountability of the charity and its compliance with regulation and good practice. These costs include costs related to statutory audit and legal fees.

Governance costs and support costs relating to charitable activities have been apportioned based on total expenditure. The allocation of support and governance costs is analysed in note 4.

**(e) Expenditure on charitable activities**

Costs of charitable activities include grants made, governance costs and an apportionment of support costs as shown in note 4.

**(f) Irrecoverable VAT**

Irrecoverable VAT is charged against the expenditure heading for which it was incurred.

**(g) Structure of Funds**

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by the donor. Where the restriction requires the gift to be invested to produce income but the Trustees have the power to spend the capital, it is classed as expendable endowment. There are no expendable endowments at 31 March 2020.

Restricted funds include legacy funds where the donor has made known their non binding wishes or where Trustees, at their discretion, have created a fund for a specific purpose. The Trustee ring fences legacy funds within the restricted and insures that the funds are used in a way that is consistent with the wishes of the donor.

Unrestricted income funds comprise those funds which the Trustee is free to use for any purpose in furtherance of the charitable objects.

The Charity has no endowment funds. The major funds held in both the restricted and unrestricted categories are disclosed in note 10.

**(h) Fixed asset investments**

The North West Ambulance Service NHS Charitable Trust has held no fixed asset investments in the financial year ended 31 March 2020.

**(j) Realised gains and losses**

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (purchase date if later). Unrealised gains and losses are calculated as the difference between the market value at the period end and opening market value (purchase date if later).

**(k) Change in the Basis of Accounting**

The Accounts of the Charitable Trust have been prepared on a going concern basis.

**(l) Stocks**

Stocks are valued at the lower of cost and net realisable value.

**2 Related Party Transactions**

The Trustee is the North West Ambulance Service NHS Trust. All expenditure made from the Charitable Funds are for the benefit of the North West Ambulance Service NHS Trust. During 2019/20 none of the members of the NHS Trust Board or senior NHS Trust staff or parties related to them were beneficiaries of the Charity. NWAS is the creditor in the Charitable Funds Accounts.

**3 Analysis of voluntary income**

	Unrestricted Funds £000	Restricted Funds £000	12 months to 31 March 2020 Total £000	12 months to 31 March 2019 Total £000
Donations from individuals and organisations	61	117	178	75
Legacies - General fund	294	-	294	4
	<u>355</u>	<u>117</u>	<u>472</u>	<u>79</u>

**4 Expenditure on raising funds**

	Unrestricted Funds	Restricted Funds	12 Months to 31 March 2020	12 Months to 31 March 2019
	£,000	£,000	Total	Total
Seeking donations	1	3	4	6
<b>Total Expenditure on raising funds</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>6</b>

In 2017/18 a dedicated post was created to help raising funds while prior to this the Charitable funds didn't have this resource and didn't incur this type of costs. The post was terminated in June 2019.

**5 Allocation of support costs**

Once the allocation of support costs has been made to Governance Costs, the balance is allocated to Charitable Activities.

	12 months to 31 March 2020 Total £000	Allocated To Charitable Activities £000	Allocated to Governance £000	12 months to 31 March 2019 Total £000
Auditor's Remuneration	4		4	4
Administration	7	7		28
<b>Total</b>	<b>11</b>	<b>7</b>	<b>4</b>	<b>32</b>

Auditor's remuneration costs are apportioned by prorata to total expenditure.

**6 Analysis of charitable expenditure**

The Charity undertook direct charitable activities mainly on the provision of staff welfare and the purchase of medical and surgical equipment and sundries with regards to the First Responder Funds.

	Activities undertaken directly £000	Support Costs £000	12 months to 31 March 2020 Total £000	12 months to 31 March 2019 Total £000
Staff Education and Welfare	6	1	7	15
Purchase of New Equipment	132	10	142	146
Patient Education and Welfare	1	0	1	1
<b>Total</b>	<b>139</b>	<b>11</b>	<b>150</b>	<b>162</b>

**7 Auditor's Remuneration**

	12 months to 31 March 2020 Total £000	12 months to 31 March 2019 Total £000
Audit Remuneration	4	4
<b>Total Cost</b>	<b>4</b>	<b>4</b>

**8 Analysis of current assets**

**(a) Stocks**

	12 months to 31 March 2020 Total £000	12 months to 31 March 2019 Total £000
Raw materials and consumables	2	2
	<b>2</b>	<b>2</b>

Stocks relate to medical and surgical equipment and sundries held by the Lancashire First Responders.

**(b) Analysis of cash and deposits**

	12 months to 31 March 2020 Total £000	12 months to 31 March 2019 Total £000
National Westminster Deposit Account	803	489
<b>Total</b>	<b>803</b>	<b>489</b>

**9 Analysis of current liabilities and long term creditors**

**Creditors under 1 year**

	<b>31 March 2020 Total £000</b>	31 March 2019 Total £000
Other creditors	5	9
<b>Total</b>	<b>5</b>	<b>9</b>

Other creditors represent sums owed at the year end by the charity to a related party, North West Ambulance Service NHS Trust, for costs incurred by the NHS Trust on behalf of the charity in the furtherance of the charity's objects.

**10 Analysis of charitable funds**

Type of Funds	<b>Balance 31 March 2020 c/fwd £000</b>	Balance 1 April 2019 b/fwd £000
Unrestricted - General Purpose Funds	464	130
Restricted - Designated Funds	299	274
Restricted - Other Funds	37	78
	<b>800</b>	<b>482</b>

**(a) Restricted funds**

	Balance 1 April 2019 b/fwd £000	Resources expended £000	Incoming resources £000	<b>Balance 31 March 2020 c/fwd £000</b>
Mayor of Wigan	9	(9)	0	0
First Responders Community Fund	1	0	1	2
Greater Mancheste First Responders	41	(9)	0	32
Lancashire First Responders	26	(21)	0	5
Legacy	232	(12)	1	221
Cardiac Smart	43	(82)	115	76
<b>Grand Total</b>	<b>352</b>	<b>(133)</b>	<b>117</b>	<b>336</b>

**Name of Fund**

**Description, nature and purpose of the fund**

First Responders Community Fund	The objects of this restricted fund are to promote and support volunteer First Responder Teams operating in the Mersey & Cheshire area through fund raising and access to training and medical equipment.
Lancashire First Responders Fund	The objects of this restricted fund are to promote and support volunteer First Responder Teams operating in the Lancashire area through fund raising and access to training and medical equipment.
Mayor of Wigan RRV Fund	This restricted fund was established to purchase and maintain a Rapid Response vehicle operating in the Wigan area.
Greater Manchester First Responders	This is donation given specifically for development of an application which will alert volunteers of the cardiac arrest in their immediate vicinity.
Legacy Funds	The legacy funds are the funds that are restricted to be used for a specific purpose or an area.

The detailed funds below are all legacy restricted funds relating to various areas:

	<b>31 March 2020 £000</b>	31 March 2019 £000
Nelson Ambulance Station	1	1
Cumbria- Penrith area	5	5
Cumbria area- for purchase of new equipment	54	65
Cumbria Ambulance Service	25	25
Runcorn Ambulance Station	133	133
Sedbergh Station	1	1
Flimby	1	1
Warrington	1	1
	<b>221</b>	<b>232</b>

Restricted legacy funds have been further bolstered this year by a legacy of £56k for use Cardiac smart (Various areas in NWAS).

**(b) Unrestricted funds**

	Balance 1 April 2019 b/fwd £000	Resources expended £000	Incoming resources £000	<b>Balance 31 March 2020 c/fwd £000</b>
Unrestricted- General Purpose Funds	130	(21)	355	464
	<b>130</b>	<b>(21)</b>	<b>355</b>	<b>464</b>

**Name of Fund**

**Description, nature and purpose of the fund**

North West Ambulance Service General Fund	This general fund represents the merger of general funds from the previous four Ambulance Trusts. This fund has general objects for any charitable purpose relating to the North West Ambulance Service NHS Trust or purposes relating to the National Health Service.
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**11 Post Balance Sheet Events**

There were no post Balance Sheet events.

# North West Ambulance Service NHS Trust Charitable Fund

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Audit highlights  
memorandum (ISA260  
report) for the year  
ended 31 March 2020

October 2020



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<b>Audit approach and findings</b>	4
<b>Appendices</b>	6

Our objective is to use our knowledge of the Charity, gained during our routine audit work, to make useful comments and suggestions for you to consider. However, you will appreciate that our routine audit work is designed to enable us to form opinions on the Charity's financial statements and it should not be relied upon to disclose all irregularities that may exist, nor to disclose errors that are not material to the financial statements and contributions.

This report is made solely to the Corporate Trustee of North West Ambulance Service NHS Trust Charitable Fund ('the Charity'), in accordance with the terms of our engagement. It has been released to the Corporate Trustee on the basis that this report shall not be copied, referred to or disclosed, in whole (save for the Corporate Trustee's own internal purposes) or in part, without our prior written consent. Matters coming to our attention during our audit work have been considered so that we might state to the Corporate Trustee those matters we are required to state to the Corporate Trustee in this report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Charity and its Corporate Trustee, for our work referable to this report, for this report, or for the opinions we have formed.

Please note that that this report is confidential between the Corporate Trustee and this firm. Any disclosure of this report beyond what is permitted above will prejudice this firm's commercial interests. A request for our consent to any such wider disclosure may result in our agreement to these disclosure restrictions being lifted in part. If the Corporate Trustee receive a request for disclosure of this report under the Freedom of Information Act 2000, having regard to these actionable disclosure restrictions you must let us know and you must not make a disclosure in response to any such request without our prior written consent.

# Summary

The purpose of this memorandum is to set out the significant issues that came to our attention during the course of the audit of North West Ambulance Service NHS Trust Charitable Fund for the year ended 31 March 2020.

Audit conclusions	
✓	We propose an unqualified audit opinion on the financial statements.
Accounting matters	
✓	No significant accounting issues arose during the course of our audit.
✓	The financial statements adopted appropriate accounting policies and are in accordance with disclosure requirements of relevant charities legislation, UK GAAP (FRS 102) and the Statement of Recommended Practice.
Auditing matters	
✓	No significant audit issues arose during the course of our audit.
Systems and controls	
✓	We identified no major weaknesses in the financial systems or controls in the current year.
Regulatory and tax matters	
✓	No significant regulatory or tax matters came to our attention during the course of our normal audit work.

# Audit approach and findings

## Overview of our audit approach

We adopt a risk based audit approach where we identify the key risks affecting North West Ambulance Service NHS Trust Charitable Fund based on our experience of the sector and our audit planning meetings with North West Ambulance Service NHS Trust Charitable Fund management and the Corporate Trustee.

## Audit materiality limits

In accordance with auditing standard ISA 320 "Audit Materiality", we plan and perform our audit to be able to provide reasonable assurance that the financial statements are free of material misstatement and give a true and fair view. The assessment of what is material is a matter of professional judgment and includes consideration of both the amount (quantity) and nature (quality) of misstatements.

The level of materiality for the 2019/20 audit was £3,600 (2018/19; £3,600).

Audit materiality is both a quantitative and qualitative measure and the above figure is a guide only. The overriding objective is to preserve the true and fair view presented by the financial statements and we will consider any audit differences, individually and cumulatively, in that context.

We will report all uncorrected misstatements, other than those that we consider clearly trivial, to the Charitable Funds Committee in accordance with the requirements of ISA 260. In this respect we will accumulate differences that exceed our indicative posting threshold of £180 (2018/19 £170).

## Your audit team

Your audit team has been drawn from our specialist public sector assurance department. It is the same team that is responsible for delivering the Trust's statutory audit.

## Audit fee

Our audit fee this year is £3,811 (2018/19; £3,700) excluding VAT.



# Audit approach and findings

We highlight significant findings in respect of the risks and other areas of focus for our audit identified in our discussion with you at the audit planning and strategy stage. We have dealt with them as set out in the right hand column.

Significant risks	Audit area	Proposed work	Our findings from the audit
Significant risk area required by ISA's <b>Fraud Risk from Revenue Recognition</b>	Professional standards require us to make a rebuttable presumption that the fraud risk from revenue recognition is a significant risk.	For North West Ambulance Service Charitable Trust Account, we do not consider the fraud risk from revenue recognition to be a significant audit opinion risk as there is no management incentive.	Since we rebutted this presumed risk, there was no impact on our audit work and there are no matters arising that we need to bring to your attention.
Significant risk area required by ISA's <b>Fraud risk from management override of controls</b>	Professional standards require us to communicate the fraud risk from management override of controls as significant. This is because management is typically in a unique position to perpetrate fraud because of its ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.  We have not identified any specific additional risks of management override relating to this audit.	We have considered management override of controls as a significant fraud risk. We have not identified any specific risk factors that increase the risk of management override.  We will carry out specific testing over journals, judgements & estimates, and any significant or unusual transactions.	In line with our methodology, we carried out appropriate controls testing over journals and substantive procedures. There were no significant judgements or estimates. There were no significant transactions outside the normal course of business.  We also considered the appropriateness of any related party transactions and their disclosure within the Charity financial statements.  There are no matters arising from this work that we need to bring to your attention.



# Appendices

1. Mandatory communications
2. Summary of audit differences
3. Auditor independence

# Mandatory communications

We set out below details of the required communications to the Corporate Trustee.

<b>Other information in documents containing audited financial statements</b>	Our responsibility for other information in the Charity's Annual Report and Financial Statements does not extend beyond the financial information identified in our auditors' report. We have no obligation to perform any procedures to corroborate other information contained in those documents. However, prior to approval and signing we will continue to read the other information included in the Trustee's Report, and confirm that the information given, and the manner of its presentation, is materially consistent with the information, and its manner of presentation, with the consolidated financial statements.
<b>Disagreement with management</b>	There have been no disagreements with management on financial accounting and reporting matters that, if not satisfactorily resolved, would have caused a modification of our auditor's report on the financial statements.
<b>Consultation with other accountants</b>	To the best of our knowledge, management has not consulted with or obtained opinions, written or oral, from other independent accountants during the past year that were subject to the requirements of Statement 1.213 of the Institute of Chartered Accountants in England and Wales Guide of Professional Ethics.
<b>Difficulties encountered in performing the audit</b>	We encountered no difficulties in performing the audit.
<b>Material written communications</b>	In accordance with the communication requirements of International Standard on Auditing (UK and Ireland) 260, we provide the following written communications to the Trustee for their meeting on the 31 October 2019. <ul style="list-style-type: none"> <li>— Report to the Charitable Funds Committee – This is the main body of this report; and</li> <li>— KPMG Independence communication – Appendix 3 to this report.</li> </ul>
<b>Management Representations</b>	In accordance with ISA 580 <i>Written representations</i> , we request written representations from those charged with governance. Written representations are necessary information we require in connection with the audit.  The draft written representations will be provided within the papers for the meeting on 31 October 2019.
<b>Audit misstatements</b>	Under the requirements of ISA 260 <i>Communication of audit matters with those charged with governance</i> , we are required to report any adjusted audit misstatements arising from our work. There has been no adjusted audit misstatements. This has been reported in Appendix 2.  We are also required to report any unadjusted audit misstatements, other than those that are 'clearly trivial' (if there are any) to the Trustees. There have been no unadjusted audit misstatements. This has been reported in Appendix 2.

# Summary of audit differences

## Summary of uncorrected audit differences

We are required by ISA (UK and Ireland) 260 Communication of Audit Matters to Those Charged with Governance to communicate to the Committee all uncorrected misstatements, other than those that we believe are clearly trivial.

We are pleased to report that we have identified no uncorrected audit misstatements.

## Summary of corrected audit differences

Under UK auditing standards (ISA UK and Ireland 260) we are required to provide the Committee with a summary of corrected audit differences identified during the course of our to assist the Committee in fulfilling its governance responsibilities.

We are pleased to report that there were no material or non material audit differences in the financial statements, other than presentational changes within the allocation and classification of expenses within the note 6.

# Auditor independence

To the Charitable Fund Committee members,

## *Assessment of our objectivity and independence as auditor of North West Ambulance Service NHS Trust Charitable Funds (the Charity)*

Professional ethical standards require us to provide to you at the conclusion of the audit a written disclosure of relationships (including the provision of non-audit services) that bear on KPMG LLP's objectivity and independence, the threats to KPMG LLP's independence that these create, any safeguards that have been put in place and why they address such threats, together with any other information necessary to enable KPMG LLP's objectivity and independence to be assessed.

This letter is intended to comply with this requirement and facilitate a subsequent discussion with you on audit independence and addresses:

- General procedures to safeguard independence and objectivity;
- Independence and objectivity considerations relating to the provision of non-audit services; and
- Independence and objectivity considerations relating to other matters.

### *General procedures to safeguard independence and objectivity*

KPMG LLP is committed to being and being seen to be independent. As part of our ethics and independence policies, all KPMG LLP partners and staff annually confirm their compliance with our ethics and independence policies and procedures including in particular that they have no prohibited shareholdings. Our ethics and independence policies and procedures are fully consistent with the requirements of the FRC Ethical Standard. As a result we have underlying safeguards in place to maintain independence through:

- Instilling professional values
- Communications
- Internal accountability
- Risk management
- Independent reviews.

The conclusion of the audit engagement partner as to our compliance with the FRC Ethical Standard in relation to this audit engagement is subject to review by an engagement quality control reviewer, who is a partner not otherwise involved in your affairs.

We are satisfied that our general procedures support our independence and objectivity.

### **Summary of fees**

We have considered the fees charged by us to the charity and its affiliates for professional services provided by us during the reporting period. We have detailed the fees charged by us to the charity and its related entities for significant professional services provided by us during the reporting period in the attached appendix, as well as the amounts of any future services which have been contracted or where a written proposal has been submitted. Total fees charged by us for the period ended 31 March 2019 can be analysed as follows:

	Current Year Continuing £	Prior Year £
Fees for Charity	3,811*	3,700
<b>Total fees</b>	<b>3,811</b>	<b>3,700</b>

\*increase for inflation

### **Independence and objectivity considerations relating to other matters**

There are no other matters that, in our professional judgment, bear on our independence which need to be disclosed to the Charitable Fund Committee.

# Auditor independence

## Other Considerations

We confirm that we have not used the work of external experts engaged by KPMG.

## Confirmation of audit independence

We confirm that as of the date of this letter, in our professional judgment, KPMG LLP is independent within the meaning of regulatory and professional requirements and the objectivity of the partner and audit staff is not impaired.

This report is intended solely for the information of the Charitable Fund Committee of the charity and should not be used for any other purposes.

We would be very happy to discuss the matters identified above (or any other matters relating to our objectivity and independence) should you wish to do so

Yours sincerely



KPMG

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**The contacts at KPMG in connection with this report are:**

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## Our services:

Emergency and urgent care  
Non-emergency patient transport  
NHS 111



**North West  
Ambulance Service**  
NHS Trust



## Headquarters

Ladybridge Hall  
399 Chorley New Road  
Bolton  
BL1 5DD

Tel: 01204 498400

[www.nwas.nhs.uk](http://www.nwas.nhs.uk)

Timothy Cutler – Partner  
KPMG LLP  
1 St Peter's Square  
Manchester  
M2 3AE

25 November 2020

Dear Tim

This representation letter is provided in connection with your audit of the financial statements of North West Ambulance Service NHS Charitable Fund (“the Charity”), for the year ended 31<sup>st</sup> March 2020 for the purpose of expressing an opinion:

- i. as to whether these financial statements give a true and fair view of the state of the Charity's affairs as at 31<sup>st</sup> March 2020 and of its surplus or deficit for the financial 31<sup>st</sup> March 2020 then ended;
- ii. whether the financial statements have been properly prepared in accordance with UK Generally Accepted Accounting Practice (including Charities SORP FRS 102: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)); and
- iii. whether the financial statements have been prepared in accordance with the Charities Act 2011.

These financial statements comprise the Balance Sheet, the Statement of Financial Activities and notes, comprising a summary of significant accounting policies and other explanatory notes.

The Trustees confirm that the Charity is exempt from the requirement to also prepare consolidated financial statements.

The Trustees confirm that the representations they make in this letter are in accordance with the definitions set out in the Appendix to this letter.

The Trustees confirm that, to the best of their knowledge and belief, having made such inquiries as it considered necessary for the purpose of appropriately informing themselves:

## Financial statements

1. The Trustees have fulfilled their responsibilities, as set out in the terms of the audit engagement dated 8<sup>th</sup> July 2020, for the preparation of financial statements that:
  - i. give a true and fair view of the state of the Charity's affairs as at the end of its financial year and of its surplus or deficit for that financial year;
  - ii. have been properly prepared in accordance with UK Generally Accepted Accounting Practice (“UK GAAP”) (including Charities SORP FRS 102: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)); and
  - iii. have been prepared in accordance with the Charities Act 2011.

Headquarters: Ladybridge Hall, 399 Chorley New Road, Bolton, BL1 5DD

Chairman: Peter White

Chief Executive: Daren Mochrie QAM, MBA, Dip IMC RCSEd, MCPPara



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

The financial statements have been prepared on a going concern basis.

The Board of Trustees confirm that the Charity meets the definition of a qualifying entity and meets the criteria for applying the disclosure exemptions with Financial Reporting Standard 102.

2. Measurement methods and significant assumptions used by the Trustees in making accounting estimates, including those measured at fair value, are reasonable.
3. All events subsequent to the date of the financial statements and for which section 32 of FRS 102 requires adjustment or disclosure have been adjusted or disclosed.

### **Information provided**

4. The Trustees have provided you with:
  - access to all information of which they are aware, that is relevant to the preparation of the financial statements, such as records, documentation and other matters;
  - additional information that you have requested from the Trustees for the purpose of the audit; and
  - unrestricted access to persons within the Charity from whom you determined it necessary to obtain audit evidence.
5. All transactions have been recorded in the accounting records and are reflected in the financial statements.
6. The Trustees confirm the following:
  - i) The Trustees have disclosed to you the results of their assessment of the risk that the financial statements may be materially misstated as a result of fraud.

Included in the Appendix to this letter are the definitions of fraud, including misstatements arising from fraudulent financial reporting and from misappropriation of assets.

- ii) The Trustees have disclosed to you all information in relation to:
  - a) Fraud or suspected fraud that it is aware of and that affects the Charity and involves:
    - management;
    - employees who have significant roles in internal control; or
    - others where the fraud could have a material effect on the financial statements; and
  - b) allegations of fraud, or suspected fraud, affecting the Charity's financial statements communicated by employees, former employees, analysts, regulators or others.

In respect of the above, the Trustees acknowledge their responsibility for such internal control as they determines necessary for the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In particular, the Trustees acknowledge their responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud and error.

7. The Trustees have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
8. The Trustees have disclosed to you and has appropriately accounted for and/or disclosed in the financial statements, in accordance with section 21 of FRS 102 all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.
9. The Trustees have disclosed to you the identity of the Charity's related parties and all the related party relationships and transactions of which it is aware. All related party relationships and transactions have been appropriately accounted for and disclosed in accordance with section 33 of FRS 102.

10. The Trustees confirm that:

- a) The financial statements disclose all of the key risk factors, assumptions made and uncertainties surrounding the charity's ability to continue as a going concern as required to provide a true and fair view.
- b) No events or circumstances have been identified that may cast significant doubt on the ability of the Charity to continue as a going concern.

This letter was tabled and agreed at the meeting of the Trustees on 25 November 2020.

Yours faithfully

..... Dated: .....

Peter White  
Chairman, Board of Directors - North West Ambulance Service NHS Trust

..... Dated: .....

Carolyn Wood, Director of Finance - North West Ambulance Service NHS Trust

## **Appendix to the Trustees' Representation Letter of North West Ambulance Charitable Fund: Definitions**

### **Criteria for applying the disclosure exemptions within Financial Reporting Standard 102**

- The Charity discloses in the notes to its financial statements:
  - A brief narrative summary of the disclosure exemptions adopted; and
  - The name of the parent of the group in whose consolidated financial statements its financial statements are consolidated, and from where those financial statements may be obtained]

### **Financial Statements**

A complete set of financial statements (before taking advantage of any of the FRS 102 exemptions) comprises:

- a Balance Sheet as at the end of the period;
- a Statement of Financial Activities for the period; and
- notes, comprising a summary of significant accounting policies and other explanatory information.

### **Material Matters**

Certain representations in this letter are described as being limited to matters that are material.

FRS 102 states that:

Omissions or misstatements of items are material if they could, individually or collectively, influence the economic decisions of users taken on the basis of the financial statements. Materiality depends on the size and nature of the omission or misstatement judged in the surrounding circumstances. The size or nature of the item, or combination of both, could be the determining factor.

### **Fraud**

Fraudulent financial reporting involves intentional misstatements including omissions of amounts or disclosures in financial statements to deceive financial statement users.

Misappropriation of assets involves the theft of an entity's assets. It is often accompanied by false or misleading records or documents in order to conceal the fact that the assets are missing or have been pledged without proper authorisation.

### **Error**

An error is an unintentional misstatement in financial statements, including the omission of an amount or a disclosure.

Prior period errors are omissions from, and misstatements in, the entity's financial statements for one or more prior periods arising from a failure to use, or misuse of, reliable information that:

- a) was available when financial statements for those periods were authorised for issue; and
- b) could reasonably be expected to have been obtained and taken into account in the preparation and presentation of those financial statements.

Such errors include the effects of mathematical mistakes, mistakes in applying accounting policies, oversights or misinterpretations of facts, and fraud.

## **Management**

For the purposes of this letter, references to “management” should be read as “management and, where appropriate, those charged with governance”.

## **Qualifying Entity**

A member of a group where the parent of that group prepares publicly available consolidated financial statements which are intended to give a true and fair view (of the assets, liabilities, financial position and profit or loss) and that member is included in the consolidation by means of full consolidation.

## **Related Party and Related Party Transaction**

### **Related party:**

A related party is a person or entity that is related to the entity that is preparing its financial statements (referred to in FRS 102 as the “reporting entity”).

- a) A person or a close member of that person’s family is related to a reporting entity if that person:
  - i. has control or joint control over the reporting entity;
  - ii. has significant influence over the reporting entity; or
  - iii. is a member of the key management personnel of the reporting entity or of a parent of the reporting entity.
- b) An entity is related to a reporting entity if any of the following conditions apply:
  - i. The entity and the reporting entity are members of the same group (which means that each parent, subsidiary and fellow subsidiary is related to the others).
  - ii. One entity is an associate or joint venture of the other entity (or an associate or joint venture of a member of a group of which the other entity is a member).
  - iii. Both entities are joint ventures of the same third party.
  - iv. One entity is a joint venture of a third entity and the other entity is an associate of the third entity.
  - v. The entity is a post-employment benefit plan for the benefit of employees of either the reporting entity or an entity related to the reporting entity. If the reporting entity is itself such a plan, the sponsoring employers are also related to the reporting entity.
  - vi. The entity is controlled, or jointly controlled by a person identified in (a).
  - vii. A person identified in (a)(i) has significant influence over the entity or is a member of the key management personnel of the entity (or of a parent of the entity).
  - viii. The entity, or any member of a group of which is a part, provides key management personnel services to the reporting entity or to the parent of the reporting entity.

### **Related party transaction:**

A transfer of resources, services or obligations between a reporting entity and a related party, regardless of whether a price is charged.

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**Private & confidential**

Carolyn Wood  
Director of Finance  
North West Ambulance Service NHS Trust  
Ladybridge Hall  
399 Chorley New Road  
Bolton  
BL1 5DD

Your ref  
  
Our ref JL/TC/1920NWASCF  
  
Contact Jerri Lewis  
(0161) 618 7359  
Jerri.Lewis@kpmg.co.uk

31 July 2020

To the Charitable Funds Committee members

**Assessment of our objectivity and independence as auditor of North West Ambulance Service NHS Charitable Funds (the Charity)**

Professional ethical standards require us to provide to you at the conclusion of the audit a written disclosure of relationships (including the provision of non-audit services) that bear on KPMG LLP's objectivity and independence, the threats to KPMG LLP's independence that these create, any safeguards that have been put in place and why they address such threats, together with any other information necessary to enable KPMG LLP's objectivity and independence to be assessed.

This letter is intended to comply with this requirement and facilitate a subsequent discussion with you on audit independence and addresses:

- General procedures to safeguard independence and objectivity;
- Independence and objectivity considerations relating to the provision of non-audit services; and
- Independence and objectivity considerations relating to other matters.

**General procedures to safeguard independence and objectivity**

KPMG LLP is committed to being and being seen to be independent. As part of our ethics and independence policies, all KPMG LLP partners and staff annually confirm their compliance with our ethics and independence policies and procedures including in particular that they have no prohibited shareholdings. Our ethics and independence policies and procedures are fully consistent with the

requirements of the FRC Ethical Standard. As a result we have underlying safeguards in place to maintain independence through:

- Instilling professional values
- Communications
- Internal accountability
- Risk management
- Independent reviews.

The conclusion of the audit engagement partner as to our compliance with the FRC Ethical Standard in relation to this audit engagement is subject to review by an engagement quality control reviewer, who is a partner not otherwise involved in your affairs.

We are satisfied that our general procedures support our independence and objectivity

### **Summary of fees**

We have considered the fees charged by us to the company and its affiliates<sup>1</sup> for professional services provided by us during the reporting period. We have detailed the fees charged by us to the company and its related entities for significant professional services provided by us during the reporting period in the attached appendix, as well as the amounts of any future services which have been contracted or where a written proposal has been submitted. Total fees charged by us for the period ended 31 March 2020 can be analysed as follows:

	Current Year Continuing £	Prior Year £
Fees for Charity	3,811*	3,700
<b>Total fees</b>	<b>3,811</b>	<b>3,700</b>

\*increase for inflation

### **Independence and objectivity considerations relating to other matters**

There are no other matters that, in our professional judgement bear on our independence which needs to be disclosed to the Charitable Funds Committee.

### **Other Considerations**

We confirm that we have not used the work of external experts engaged by KPMG.



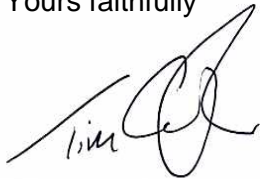
### **Confirmation of audit independence**

We confirm that as of the date of this letter, in our professional judgment, KPMG LLP is independent within the meaning of regulatory and professional requirements and the objectivity of the partner and audit staff is not impaired.

This report is intended solely for the information of the Charitable Funds Committee of the company and should not be used for any other purposes.

We would be very happy to discuss the matters identified above (or any other matters relating to our objectivity and independence) should you wish to do so.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Tim Cutler', with a stylized flourish extending upwards and to the right.

Timothy Cutler, *KPMG LLP*

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# REPORT

<b>Board of Directors</b>	
<b>Date:</b>	25 November 2020
<b>Subject:</b>	Communications and Engagement Dashboard Report – Q2 2020-21
<b>Presented by:</b>	Salman Desai, Director of Strategy and Planning
<b>Purpose of Paper:</b>	For Discussion
<b>Executive Summary:</b>	<p>The Communications and Engagement Team provides a dashboard report for the Board of Directors with a quarterly summary of key outputs and associated highlights. For quarter 2 (Q2 – July - September 2020), statistical content and themes are provided on:</p> <p><b>Patient and public engagement</b></p> <p>A summary of our patient and public engagement activity for Q2, including updates on how patient and public engagement activity has adapted during the COVID-19 pandemic. It includes the number of virtual engagement opportunities attended, action we have taken from the feedback, and information about our patient surveys. For example, this quarter:</p> <ul style="list-style-type: none"> <li>• 41 virtual community engagement opportunities were attended, 31 of which included the chance to gather feedback on our COVID-19 response.</li> <li>• Based on feedback we have explored ways to support patients who lip read or have learning disabilities.</li> <li>• Online patient surveys were launched and of those who responded:</li> <li>• 97% were likely to recommend the service to friends and family.</li> <li>• 96% agreed they were treated with dignity, respect, kindness and compassion.</li> </ul> <p><b>Patient and public panel (PPP)</b></p> <p>A summary of the Q2 activity for the PPP, including up-to-date figures for panel recruitment and information about events the PPP has been involved in over the last few months. For example, this quarter:</p> <ul style="list-style-type: none"> <li>• 23 new panel members confirmed and inducted to the trust</li> <li>• 107 panel members in total, a 27% increase from</li> </ul>

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#### Q1

- 33 new expressions of interest in Q2
- 179 panel 'voices' to call on for a piece of work
- 27 requests for panel involvement by end of Q2

#### **Press and public (patient) relations**

A summary of our media relations activity for Q2. This includes the number of incident check calls and some highlights of the positive, pro-active media relations work that has been undertaken this quarter. There are still fewer incident checks than we usually receive due to a shift in press interest in COVID-19, and proactive interviews continued to be limited in line with NHS England guidance. In Q2:

- 161 incident check calls
- 35 proactive media stories/interviews, a slight decrease from last quarter
- 11 statements prepared in response to press enquiries
- 157 pieces of media coverage
- Highlights included partnership work to share key messages ahead of hospitality reopening in July and good news stories about staff.

#### **FOI performance**

An update on the FOI performance against the national target of 90% completion within 20 days, plus mention of any FOIs requested by the media. In Q2, we received a high number of FOIs, up 122% on Q1, but still managed to improve our performance against the 20 working day response target, increasing by 7% to hit 96%, thanks to a focused effort from the team and collaboration from other trust departments.

#### **Stakeholder communications**

A summary of stakeholder activity for Q2, including the number of MP letters written and bulletins issued, along with any other activity. For example, this quarter included:

- 3 stakeholder bulletins
- 9 stakeholder letters
- 8 MP letters

#### **Publications and events**

This quarter the annual achievements book was completed and distributed ahead of the trust Annual General Meeting, which was held virtually for the first time.

#### **Social media: Facebook, Twitter and Instagram**

A summary of our social media statistics for this quarter. Overall, Q2 saw a slight drop in reach and engagement but this was following a particularly busy Q1. The figures from Facebook, Twitter and Instagram still show high levels of engagement, with popular posts including a job advert to recruit NHS 111 Health Advisors, in support of additional NHS 111 First recruitment. The team effort to

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grow Instagram is continuing to have positive results, attracting another 1,196 followers this quarter.

### **Website**

A summary of statistics for the website, including page views and visitor numbers. Despite a busy Q1, web figures have continued to grow in Q2. The careers page gained 60% more views this quarter thanks to the promotion of the NHS 111 vacancies. News views dropped slightly but this is a levelling out after very high figures last quarter.

### **External (public/patient facing) campaigns**

Brief information about key campaigns that ran in Q2, including:

- NHS pandemic support
- NHS 72 birthday preparations
- Return of BBC Ambulance
- Eid celebrations
- Emergency Services Day
- World Suicide Prevention Day
- Winter plan

### **Internal projects and campaigns**

Highlights and figures about the main internal communication projects and campaigns from Q2, including the health and wellbeing audit, EPR, flu vaccination, urgent and emergency care transformation, project round-up, international happiness at work week, NHS 111 and the staff Facebook group.

### **Internal bulletins and the Staff App**

Figures showing how many internal communication bulletins have been issued and up-to-date statistics on the staff app. For example, in Q2:

- 32 COVID-19 bulletins
- 17 Clinical bulletins
- 12 CEO bulletins
- 806 more staff app downloads

### **Films produced in-house**

A summary of in-house videography activity. 16 films were completed this quarter. This is slightly fewer than Q1, which saw the most films we have ever completed in one quarter. Q2 films included two anti-racism films for AACE, our COVID-19 journey, the Patient and Public Panel celebration film and a number of Eid celebration messages for social media.

### **Team news**

Information about an award win this quarter for the Communications Team.

### **Focus on...**

An overview of how the Communications and Engagement Team has taken a lead role in the

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	<p>communications activity around the NHS 111 First programme in Q2. Highlights include:</p> <ul style="list-style-type: none"> <li>• Supporting communications planning and toolkit development</li> <li>• Working with NHS England to set up, chair and attend various project meetings at a regional and national level</li> <li>• Supporting additional NHS 111 recruitment</li> <li>• Working with early mover sites on the 'soft launch' of 111 First in their areas</li> <li>• Internal communications for NWS staff</li> </ul> <p>An update on how the team continued to respond to the COVID-19 pandemic during Q2, from an internal and external communications perspective, as well as patient and public engagement. Highlights in Q2 include:</p> <ul style="list-style-type: none"> <li>• Continuing to horizon scan and share key messages from ministerial briefings</li> <li>• Continuing to use new staff channels – the Facebook group, COVID-19 daily bulletin and COVID-19 page on the Green Room – to share the latest information</li> <li>• Working with partner organisations ahead of hospitality reopening to share important public messages</li> <li>• Focusing on virtual patient and public engagement, with more than 40 opportunities to engage</li> </ul>									
<b>Recommendations, decisions or actions sought:</b>	For discussion, noting and the provision of any comments.									
<b>Link to Strategic Goals:</b>	<table border="1"> <tr> <td data-bbox="595 1431 874 1485"><b>Right Care</b></td> <td data-bbox="882 1431 962 1485"><input type="checkbox"/></td> <td data-bbox="970 1431 1273 1485"><b>Right Time</b></td> <td data-bbox="1281 1431 1369 1485"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="595 1496 874 1547"><b>Right Place</b></td> <td data-bbox="882 1496 962 1547"><input type="checkbox"/></td> <td data-bbox="970 1496 1273 1547"><b>Every Time</b></td> <td data-bbox="1281 1496 1369 1547"><input checked="" type="checkbox"/></td> </tr> </table>	<b>Right Care</b>	<input type="checkbox"/>	<b>Right Time</b>	<input type="checkbox"/>	<b>Right Place</b>	<input type="checkbox"/>	<b>Every Time</b>	<input checked="" type="checkbox"/>	
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<b>Link to Board Assurance Framework (Strategic Risks):</b>										
<b>SR01</b>	<b>SR02</b>	<b>SR03</b>	<b>SR04</b>	<b>SR05</b>	<b>SR06</b>	<b>SR07</b>	<b>SR08</b>	<b>SR09</b>	<b>SR10</b>	<b>SR11</b>
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## **1. PURPOSE**

To provide the Board of Directors with a summary of key outputs and associated highlights on the work of the combined Communications and Engagement Team for Q2 (July - September 2020).

## **2. BACKGROUND**

The Communications and Engagement Team has created a dashboard providing high level statistical content and themes from Q2 activity on:

- Patient and public engagement
- Patient and public panel
- Press and public (patient) relations
- FOI performance
- Publications and events
- Stakeholder communications
- External (public/patient facing) campaigns
- Social media: Facebook, Twitter and Instagram
- Website
- Internal projects and campaigns
- Internal communications including the Staff App
- Films produced in-house
- Team news

Each report also goes into more detail on some priority pieces of work. This quarter's dashboard provides an overview of how the team has taken a lead role in the communications activity relating to NHS 111 First, and continued to support the response to COVID-19 during Q2 of 2020/21.

## **3. LEGAL and/or GOVERNANCE IMPLICATIONS**

All of the trust's communication and engagement activities adhere to the following legislation:

- Freedom of Information Act 2000
- Health and Social Care Act 2006 (to involve and consult with patients and the public in the way it develops and designs services).
- Department of Health's Code of Practice for promotion of NHS Services 2008.
- NHS England Patient and Public Participation Policy 2015 (listening to and



involving communities, their representatives and others, in the way we plan and provide our services).

#### **4. RECOMMENDATIONS**

The Board of Directors is asked to note the attached dashboard and provide any comments on its content or what they may wish to see on future dashboards.

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# Communications and engagement dashboard

Q2 2020/21: July - September

## CORONAVIRUS (COVID-19)

The Comms and Engagement Team has adapted to support the response to COVID-19, which has continued to impact on 'business as usual'. This will be referenced throughout the report for Q2 2020/21 and is explained further on **pg 4**.

## PATIENT AND PUBLIC ENGAGEMENT

- 41** virtual community engagement opportunities attended.
- 31** of which included the chance to gather feedback on NWAS' COVID-19 response.

These included: Chester and Warrington Carer's group; Healthwatch Cumbria; Salford Mental Health Forum; Merseyside Youth Association; Lancashire Visual Impairment Forum; CAHN (Caribbean and African Health Network); Chorley Dementia Café; Dementia Friendly Sandbach

Based on feedback we have:

- worked with IPC colleagues to explore options for clear face masks or alternative PPE to help patients who lip read.
- produced an easy read version of our engagement presentation so this can be used with learning disability groups.
- shared our engagement survey to offer those who aren't meeting as a group yet to share their experience and feedback with us.
- explored use of 'Zoom live' for future virtual community events.



All patient postal surveys are on hold in agreement with NHS England and commissioners. The national NHS 111 surveys continued and had 795 responses.



The team launched online patient experience surveys in July, allowing us to continue to collect and monitor patient feedback. Although still in its early days, the online survey had 59 responses.

The combined results of these surveys are as follows:

- 97%** were likely to recommend the service to friends and family
- 96%** agreed they were treated with dignity, respect, kindness and compassion
- 93%** of respondents were very or fairly satisfied with the overall service they received

## PATIENT AND PUBLIC PANEL (PPP)

<b>23</b> new panel members confirmed in Q2	<b>74</b> of the panel members are involved in two levels of participation meaning we have...	<b>6</b> members attended a virtual meeting including the EOC learning forum, Complaints review panel, Greater Manchester and Cumbria and Lancashire area learning forums
<b>107</b> panel members now in total <span style="color: green;">▲ 27%</span>	<b>179</b> panel voices to call on for a piece of work	<b>4</b> virtual 111 First feedback sessions with panel members
<b>33</b> new expressions of interest in Q2	<b>105</b> Consult	<b>4</b> virtual events - two taster evenings and two induction events
<b>27</b> requests for panel involvement by the end of Q2	<b>51</b> Co-produce	
	<b>23</b> Influence	

## PRESS AND PUBLIC (PATIENT) RELATIONS

Handled **161** 'incident check' calls

**35** proactive media stories / interviews ▼ 5%

Prepared **11** statements in response to press enquiries

### Including:

- An announcement on the appointment of Lisa Ward as the trust's first Director of People.
- An uplifting news story about EMD Daniel Jackson returning to EOC after 178 days shielding, leading to a BBC Radio Lancashire interview about his experience of returning after so long.
- As the pubs reopened in July, we did a lot of work around reminding people to stay safe and follow COVID-19 guidelines. Interviews were undertaken with spokespeople and we created videos for social media. We worked with other agencies to support their messaging.
- After posting a news story of six-year-old Isla who phoned 999 for her mum, the family and EMD Hannah were contacted to appear on Good Morning Britain in a feel-good news piece.
- We reported on prosecutions against people who have assaulted our staff including a man who attacked our Manchester cyclist paramedic, Ian, before Christmas.



**157** pieces of media coverage ▼ 21%



### NOTES

*Incident coverage is mostly neutral - NWAS is mentioned as attending an incident, with the press office confirming details. Sentiment for other coverage is based on how NWAS is represented in an article.*

*Things with the press office still seem very different since the pandemic. We are not approached for as many statements and there haven't been as many big projects or campaigns which means fewer pro-active interviews or stories.*

## FREEDOM OF INFORMATION (FOI)

### NOTES

FOIs: We have a statutory duty to reply to FOIs within 20 working days. The national target is 90% for this and we set an internal stretch target of 95%.

Demand on the team caused performance to drop in Q1 but we have rectified this in Q2 with an increase in performance to well above the national target, despite having a significant increase in the number of FOIs to handle.

Stakeholders: this group is external audiences such as MPs, commissioners, patient groups and other healthcare professionals / partner organisations.

80 FOIs completed ▲ 122%

96% within 20 working day target ▲ 7%

11 requests from the media

Topics included:

- Call outs to certain addresses
- Contracts
- Use of private ambulances
- Response times
- Staff spends

## PUBLICATIONS AND EVENTS

### Achievements book

Produced the annual achievements book which captures highlights and projects from last year. It was issued with copies mailed to 200 stakeholders including MPs, CCG leads, NHS trust leads, our Patient and Public Panel members and more. Copies were made available across NWS sites and online.



### Annual General Meeting

We organised the first ever virtual AGM, using the live events function of MS Teams. Approx. 70 people registered to attend and the event featured presentations and an opportunity to ask questions.

## STAKEHOLDER COMMUNICATIONS

3 stakeholder bulletins

- 2 x 'Ambulance news' bulletins inc COVID-19 updates and 111 first information, 1 x bulletin aimed at GPs about ERISS
- MP letters re: queries about siren use, PTS and PES during COVID, community defibrillators and paramedic apprenticeships
- Stakeholder letters included one about the launch of online patient surveys, one regarding protocol 36 de-escalation, one to primary care networks and commissioners about rotational working and multiple to GPs, out of hours providers and commissioners with updates about the implementation of Cleric

9 stakeholder letters

8 MP letters

## FACEBOOK

52,786 total followers  
+2,275 this quarter  
▼ 119% rate of growth in new followers

2,998,239 reach ▼ 31%  
268,607 engagements ▼ 58%

Top post:  
111 Health Advisor job alert  
↻ 2,237 shares  
❤ 2,991 reactions  
👤 364,037 reach

## TWITTER

51,067 total followers  
+1,535 this quarter  
▼ 49% rate of growth in new followers

3,416,045 reach ▼ 21%  
172,084 engagements ▼ 45%

Top post:  
BBC Ambulance: a post about a young patient, Ria  
↻ 16 retweets  
❤ 500 likes  
👤 146,265 reach

## INSTAGRAM

9,200 total followers  
+1,196 this quarter  
▲ 1% rate of growth in new followers

21,557 engagements ▲ 31%  
403,936 reach ▲ 80%

Top post:  
A Leyland crew who had delivered a baby  
❤ 354 likes  
👤 11,440 reach

## WEBSITE

415,183 page views ▲ 13%  
121,822 total visitors ▲ 15%

Most visited page:  
1 Careers/vacancies  
118,762 views ▲ 60%

35,878 'news' views ▼ 18%

Top news story:  
Ambulance attacked on motorway

### NOTES

"Reach" is the number of people who may have seen our content.

"Engagements" is when someone engages with our content e.g. clicks on a link, reacts to it by clicking 'like', shares or retweets it.

FACEBOOK: Facebook figures appear to have dropped significantly but this is in the context of exceptionally high figures in Q1, which were attributed to the public interest in our response to COVID-19 and support when we announced the death of a colleague. The figures from Q2 are still good when compared to activity in other quarters.

TWITTER: The same trends can be seen on Twitter, with figures dropping. In Q1 these figures were up by around 400% so we expected to see a drop this quarter. The figures are still relatively high, supported by continued tweeting throughout episodes of BBC Ambulance attracting new followers and engagement.

INSTAGRAM: This platform continues to increase in popularity thanks to a focused effort from the team. After impressive statistics in Q1, Q2 has continued to show growth in new followers, engagement and reach.

WEBSITE: Traffic to the website continued to be high in Q2. A quarter on quarter boost to the careers page can be attributed to a social media promotion of the 111 health advisor vacancy, in support of NHS 111 First recruitment.

While news views are down slightly, this was following a 92% increase in Q1 so is still fairly high. This is due to public interest in a news story, which was promoted on social media, about vandalism to an ambulance.

## EXTERNAL (PUBLIC/PATIENT) CAMPAIGNS

- **NHS 72 Birthday** - shared a number of social media and online resources to say 'Thank You Together' and join in the national celebrations, with staff sharing their thank yous.
- **Public Health/NHS pandemic support** - we continued to support the national public health and NHS England campaigns promoting government advice and keeping people safe, with a focus on messaging for when hospitality reopened, working with partner organisations in each county.
- **Return of BBC Ambulance** - the return of the documentary was supported by a campaign of social media activity.
- **Eid celebrations** - captured and shared celebratory Eid messages from staff for colleagues, patients and the public.
- **Emergency Services Day** - encouraged high profile regional figures to show their support for the emergency services. Manchester City FC, Rugby Football League, Salford Red Devils, Liverpool Metro Mayor Steve Rotherham and Manchester DJ Clint Boon all supported.
- **World Suicide Prevention Day** - shared staff stories about mental health and promoted how to access wellbeing support
- **Winter plan** - prepared winter comms plan including key dates and action plan around Halloween, Bonfire Night, Christmas and New Year, general winter messaging and incorporating NHS 111 First messages from NHS England.

## INTERNAL (STAFF) PROJECTS / CAMPAIGNS

### Health and wellbeing (Zeal) audit

- Support with production and launch of survey
- Promotion through CEO message, weekly bulletin, staff Facebook group, targeted emails, email signature graphic and staff app push notification

### EPR

- Communications plan developed and signed off to support internal and external launch of EPR
- Work with project team on promo film

### Flu vaccination

- Communications plan developed and signed off to support promotion of flu vaccination
- Co-ordination and distribution of promotional materials

### Urgent and emergency care transformation

- Supported Cleric implementation with stakeholder and staff comms including dedicated bulletins for 111 and clinical hub ahead of go live, weekly bulletin, Green Room updates and CEO message
- Supported refresh of UEC strategy document and accompanying presentation deck
- Shared 'one year progress' infographic

### Project round-up

- Continued to issue monthly project round up newsletter, after its introduction in Q1.

### International happiness at work week

- Asked long-serving members of staff why they loved working at NWS and shared their answers
- **7** posts on the staff Facebook group attracted **176** likes

### NHS 111

- **10** bulletins on topics including COVID-19, infection prevention and control, Cleric introduction, Directory of Services and 111 First
- **10** posters or wallboard graphics and **1** newsletter

### Staff Facebook group

- Plan was developed to grow group and broaden scope to be more than COVID-19 related content
- Hosted Facebook Live sessions with directors answering questions from staff
- Used as platform for various campaigns to encourage interaction and open up discussion

## INTERNAL (STAFF) BULLETINS

This quarter, we issued:

**12** CEO weekly bulletins   **17** Clinical bulletins   **13** Weekly Regional Bulletins  
**32** COVID-19 bulletins   **8** Wellbeing Wednesday bulletins   **7** Feel Good Friday bulletins

plus **64** others, including operational, HR, health and safety, Rota Review, 111, PTS and Manchester Arena Inquiry bulletins.

Topics included:

- Updates and intro to Arena Inquiry
- NHS 111 First go lives
- New Cleric system
- COVID guidance
- Referral pathways



## FILMS

**16** completed **6** underway  
**5** (24%)

- 2 anti-racism films for AACE
- Our COVID-19 journey
- Water safety film with HART
- 2 x Facebook lives- EPR and Zeal audit
- 2 x Learning films re: appraisals and virtual workshops
- Patient and public panel celebration film
- 7 x short social media messages for Eid celebrations

Videos are filmed in-house using team skills and equipment. Q1 saw the most films completed in one quarter. Activity in Q2 leveled out but was still busy with 16 completed.

## STAFF APP

**6,435** total downloads   **806** this quarter  
 Most popular pages: email, GRS and ESR

## TEAM NEWS

- Received a Prolific North Award for best business to consumer PR campaign for our 'once upon a call' campaign

## FOCUS ON... NHS 111 FIRST

**Together with NHS England, the NWS communications team has led the communications activity in support of the roll-out of NHS 111 First across North West. This has included:**

- Development of a North West-wide communications strategy for the launch of NHS 111 First
- Development of an NWS communications action plan
- Set up and maintenance of a stakeholder engagement and media coverage log
- The set up of a regional comms working group chaired by Head of Communications, Julie Treharne, as well as attendance at programme board, operational oversight, delivery group and national NHS England meetings
- Feeding back on national proposals and campaign design ideas
- Working with 'early mover sites' on soft launch of 111 First in Blackpool and Warrington
- Supported development of two regional toolkits to support further locations going live - these included key messages, draft copy for website pages, press releases and stakeholder briefings
- Internal comms - the set up of Green Room page with FAQs, operational bulletin and NED briefing, 111 staff comms, wallboard graphics and an NHS 111First Facebook live session for staff with Mick Forrest, Deputy CEO, and Jackie Bell, Head of 111
- Stakeholder comms - briefings and presentations with FAQs and key messages about our NHS 111 service, including information about recruitment, processes, and training of staff
- Created engagement presentation to share with partner organisations and use for Patient and Public Panel feedback sessions - this feedback informed the development of further key messages and FAQs in relation to staff training, recruitment and triage processes
- Supported additional 111 recruitment, including promotion of health advisor vacancy which reached **360,000** people
- Set up of filming for a number of promotional films with 111 staff and partner hospital staff, inc films in alternative languages
- Secured funding for regional print materials and a small amount of social media paid-for advertising for use in Q3



## FOCUS ON... COVID-19 response

Here's an overview of communications and engagement activity in response to COVID-19 during Q2.

### INTERNAL COMMS:

- Comms representation on strategic and tactical conference calls throughout
- Summaries of the Minister's briefing continued to be shared with the Executive Leadership Committee whenever press conferences took place
- The COVID-19 email continued as required - not always every day but multiple times per week
- The coronavirus page on the Green Room continued to be updated
- Daily summaries of trust social media accounts, including the staff Facebook group, shared with management
- Daily horizon scanning of current or potential issues
- **32** dedicated COVID-19 bulletins were issued
- The new official staff Facebook group was developed further with Facebook Live Q&A sessions to create opportunities for two-way conversation between senior management and the wider workforce
- Feel Good Friday, with positive news with staff, and Wellbeing Wednesday with tips and information for health and wellbeing continued but their frequency was adjusted from weekly to fortnightly and monthly as COVID-19 activity reduced slightly between 'waves'

### EXTERNAL COMMS:

- Daily 'NWS in the News' summaries circulated
- Ongoing logging of all trust stakeholder communications
- Social media messaging continued to focus on government messages to 'help us help you' by attending hospital when you need to and to 'wash hands, cover face, make space'
- A focused week of social media activity in the lead up to the reopening of hospitality was undertaken in partnership with local resilience forums
- Regular stakeholder bulletins were issued
- Representation in comms cell calls for each local resilience forum and other NHS comms conference calls

### PATIENT/PUBLIC ENGAGEMENT:

- The Patient and Public Panel (PPP) and community groups were updated
- Membership has continued to grow and regular 'keeping in touch' calls have been made to all existing members
- Community engagement went virtual with more than 40 online engagement opportunities attended
- Patient surveys launched online, moving away from postal surveys



# REPORT

<b>Board of Directors</b>	
<b>Date:</b>	25 November 2020
<b>Subject:</b>	Strategic Planning
<b>Presented by:</b>	Salman Desai, Director of Strategy and Planning
<b>Purpose of Paper:</b>	For Assurance
<b>Executive Summary:</b>	<p>The purpose of this paper is to provide a strategic update for the board.</p> <p>The trust’s strategic plans incorporate an annual planning process. This involves three main elements:</p> <ul style="list-style-type: none"> <li>• Directorate objectives and plans</li> <li>• 5 year IBP milestones</li> <li>• Contribution to Integrated Care System (ICS) plans</li> </ul> <p>This year, due to the impact of Covid-19, the directorate objectives were replaced by the recovery planning process. Here each area identified the objectives required to migrate from the full Covid-19 response format to return to the new business as usual</p> <p>The paper contains summary information in relation to strategic planning; this includes the progress made in the first two quarters of 2020/21 during the ‘recovery period’ after the initial height of the Covid-19 pandemic, plus the current period with plans for the essential objectives for the remainder of the year.</p> <p>80% of the recovery objectives were completed or are on track.</p> <p>Objectives for quarters 3 and 4 will focus only on the must dos i.e. the essential objectives.</p> <p>The steps relating to the approval, implementation and embedding of the trust ‘super projects’ are incorporated into the essential objectives.</p> <p>The super projects are:</p> <ul style="list-style-type: none"> <li>• EPR (electronic patient record)</li> <li>• UCP (unified communications programme)</li> <li>• 111 First</li> <li>• SPMS (Single Patient Management System)</li> </ul>

<b>Recommendations, decisions or actions sought:</b>	The Board is asked to note this strategic update										
<b>Link to Strategic Goals:</b>	<b>Right Care</b>			<input checked="" type="checkbox"/>	<b>Right Time</b>			<input checked="" type="checkbox"/>			
	<b>Right Place</b>			<input checked="" type="checkbox"/>	<b>Every Time</b>			<input checked="" type="checkbox"/>			
<b>Link to Board Assurance Framework (Strategic Risks):</b>											
<b>SR01</b>	<b>SR02</b>	<b>SR03</b>	<b>SR04</b>	<b>SR05</b>	<b>SR06</b>	<b>SR07</b>	<b>SR08</b>	<b>SR09</b>	<b>SR10</b>	<b>SR11</b>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Are there any Equality Related Impacts:</b>				N/A							
<b>Previously Submitted to:</b>				A full report including phase 1 and 2 plan, must dos and areas paused has been to the Resource Committee							
<b>Date:</b>				20 November 2020							
<b>Outcome:</b>											



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## 1. PURPOSE

The purpose of this paper is to provide a strategic update for the board. The paper contains summary information in relation to strategic planning; this includes the progress made in the first two quarters of 2020/21 during the 'recovery period' after the initial height of the Covid-19 pandemic, plus the current period with plans for the essential objectives for the remainder of the year.

## 2. BACKGROUND

2.1 The trusts strategic plans incorporate an annual planning process. This involves three main elements:

1. Directorate objectives and plans

Each directorate provides details of their objectives for each year. These are specific to their directorate although in some cases may have a wider impact

2. 5 year IBP milestones

The 5 year integrated business plan is focused on delivering the strategic priorities, which will in turn deliver the trust vision to be the best ambulance service in the UK. These milestones cover the whole planning term and are refreshed annually, taking account the progress made and any changes in the environment and drivers. Some of these may mirror the directorate objectives.

3. Contribution to Integrated Care System (ICS) plans.

As part of the national plans to move to integrated care systems the trust is required to contribute the Lancashire and South Cumbria (LSC) ICS plans. These plans and their content were heavily influenced by the government and national response to the pandemic.

2.2 Directorate objectives

The usual strategic planning annual cycle involves the development of objectives for the new financial year by the end of March of the current year. Then the process requires each directorate to provide details of the actual progress reported against the planned progress at the end of each quarter.

2.3 This year, due to the impact of Covid-19, this was replaced by the recovery planning. Here each area identified the objectives required to migrate from the full covid response format to return to the new business as usual.

2.4 The recovery plans asked each directorate to consider the following:

- How has Covid-19 impacted your Directorate and how has the service had to adapt
- Which elements of work have had to be paused, and the impact of this
- What changes have been made to services that you would like to keep?
- Do these changes require additional funding?
- Have work practices been stopped that you would prefer to now stop on a permanent basis or to reduce the frequency of
- Can you identify any changes that have or could be made that would have a system wide impact?
- Does your strategy and action plan need to be refocused? If so,

- does this need to go back to an Assurance Committee or Trust Board?
- Do you have any asks of other Directorates to help develop your plan.
- Are there any pieces of work that you believe are outstanding and should be shared wider

2.5 The collated responses identified the phase 1 priorities (those which were planned to continue/restart by the end of June 2020); the strategic priority the recovery objective aligned to, and the risks/Interdependencies.

The strategic planning looked to ensure the seamlessly transition into planning for the directorate future objectives.

2.6 In September, the ELC approved the inclusion of a standardised directorate business plan, providing the rationale for the objectives. However, this has not yet been implemented due to the impact of Covid-19 and the associated decision by the ELC at their meeting on 14 October to implement 'light touch' planning.

2.7 For quarters 3 and 4, directorates were asked to prioritise their objectives and to only identify those which are essential (must-do) in order to limit the impact of reporting when resources are focused on providing the best patient care during the second wave of the pandemic.

2.8 IBP

For the strategic priorities, a process to measure the progress using the BRAGG scale has been approved. This will take place annually, as part of element 2 above, and will show progress towards achieving our vision.

2.9 ICS plans

The trust provided information to LCS ICS as required by the national phase 3 planning guidance and more recently, in relation to how the ICS will manage the re-establishment of elective services, whilst managing the impact of covid-19.

### 3 Progress – Position Current

3.1 Each directorate provided details of the actual progress against that which was planned for the recovery objectives.

3.2 The table below presents a summary of the recovery plans progress.

3.3 In summary, the position is positive with only 1% of the recovery objectives rated as red - off track (control measures required).

3.4 The combination of blue (complete) and green (on track) accounts for 80% the objectives.

Combined Total		
Blue - Completed	77	29%
Red - off track - control measures required	3	1%

Amber - off track – control measures in place	40	15%
Green - on track	134	51%
Grey - not commenced (planned)	8	3%
Total	262	99%

3.5 The super projects progress:

- SPMS delivered
- EPR pilot in progress
- UCP – 111 Migration scheduled for go live 26/11
- 111 First in implementation

**4 Corporate Programme Board (CPB) and Programme Management Office (PMO)  
Move down**

4.1 The steps that form the approval and implementation of projects are reflected in both directorate objectives and the IBP milestones.

4.2 The Programme Management Office (PMO) manages the majority of projects across the trust. The PMO furnishes the Corporate Programme Board (CPB) with regular reports and a project tracker to enable the monitoring and scrutiny of the projects. The CPB also approves new projects and adjusts priorities if necessary. The CPB provides oversight of resourcing and planning of all projects to ensure progress against strategic objectives.

4.3 As part of the Covid-19 prioritising process, the CPB approved the projects that were deemed super projects. These projects were essential and would not be paused.

4.4 They were:

- EPR (electronic patient record)
- UCP (unified communications programme)
- 111 First
- SPMS (Single Patient Management System)

4.5 In order to provide assurance, health reports are provided to CPB covering all high priority projects, together with detailed analysis (deep-dives) on a rotational basis. Business cases which are approved by ELC go to CBP for information to ensure alignment of projects in portfolio.

**5. Remainder of 2020/21 – Essential Objectives**

5.1 Each directorate has identified the objectives that cannot be paused or stopped, and which are essential for completion during this year. These will form the quarter 3 and quarter 4 objectives. Some of these objectives may have been initiated during the recovery phase, and need to continue. The steps to implement and embed the super projects are included in the 'must dos'.

- 5.2 As we plan for ongoing Covid-19 response over during quarters 3 and 4 alongside eventual remobilisation and recovery, we must reconsider the governance structures, which support both simultaneously and align to the revised Covid-19 Senior Command Structure.

## **6 Lessons learnt and next steps**

- 6.1 The analysis of the responses to the planning process highlighted several areas which worked well together with areas which would benefit from further improvement.
- 6.2 As shown in the progress reported for the recovery period, this was in the main successful with the majority of the objectives completed or on track. The recovery planning demonstrated the need to maximise the support of operational service delivery. The plans considered how to migrate the governance and oversight from the establishment of the command structure and supporting cells. The plans also reflected the aim move staff and resources who had been reallocated to support operational services, back to their substantive roles, where possible.
- 6.3 Staff virus testing, welfare and support were also a key focus of the plans as these were to continue. Systems were established to collate records and provide data in relation to decisions made and the associated impact; and this process continues.
- 6.4 In relation to the overarching strategic planning, the lessons show the need to be able to rapidly prioritise our work against a set of standardised criteria, to be flexible and agile, and to ensure all the varied requests for plans are managed so we provide a consistent response.
- 6.5 The trust would benefit from a more consistent interpretation of objectives in order to provide more detailed progress comparisons. The introduction of the directorate business plan should support this improvement.

## **7. NEXT STEPS**

- 7.1 Progress related to the essential objectives at the end of Q3 will be reported in January 2021, simultaneously the strategic planning process will commence in Q4 for 2021/22.

## **8. LEGAL and/or GOVERNANCE IMPLICATIONS**

None

## **9. RECOMMENDATIONS**

- 9.1 The Board is asked to note this strategic update

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