

Public Document Pack

North West Ambulance Service NHS Trust

Board of Directors Meeting

Wednesday, 29 July 2020

9.45 am - 1.00 pm

Microsoft Teams - Microsoft Teams

AGENDA

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Date and Time of Next Meeting

9.45 am Wednesday, 30 September 2020
Via Microsoft TEAMS



Minutes Board of Directors

Details: Wednesday 27th May 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
Dr C Grant	Medical Director
Mr R Groome	Non-Executive Director
Dr D Hanley	Non-Executive Director
Mr D Mochrie	Chief Executive
Mr M O'Connor	Non-Executive Director
Mr D Rawsthorn	Non-Executive Director
Prof R Thomson	Associate Non-Executive Director (Clinical)
Ms L Ward	Interim Director of Organisational Development
Ms A Wetton	Director of Corporate Affairs
Mc C Wade	Associate Non-Executive Director (Digital)
Ms C Wood	Director of Finance

In attendance:

Ms R Foot	Interim Freedom to Speak up Guardian (part)
Ms A Hansen	Chief Nurse (part)
Ms J Lancaster	Corporate Governance Manager (Minutes)

Minute Ref:

BM/2021/01 APOLOGIES FOR ABSENCE

An apology for absence was received from Mr G Blezard, Director of Operations.

BM/2021/02 DECLARATIONS OF INTEREST

No declarations of interest were raised.

BM/2021/03 MINUTES OF PREVIOUS MEETING HELD ON 25TH MARCH 2020

The minutes of the previous meeting held on 25th March 2020 were presented to members for review and approval.

Ms C Wade explained that her apologies had not been submitted for the meeting held on 25th March 2020 and she was advised that her attendance was not required.

The Board:

- Subject to a minor amendment, approved the minutes of the previous meeting held on 25th March 2020.

BM/2021/04 ACTION LOG

The Board noted the action log and update.

BM/2021/05 COMMITTEE ATTENDANCE

The Board noted the committee attendance presented for information.

BM/2021/06 REGISTER OF INTEREST

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

BM/2021/07 CHAIRMAN AND NON-EXECUTIVES DIRECTORS UPDATE

The Chairman advised members that due to the current restrictions, activity had been limited. He commented that he had been in touch with key stakeholders across the North West throughout the pandemic including a number of calls with MPs, which had been positive.

The Board:

- Noted the update.

BM/2021/08 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 25th March 2020. The report covered (i) performance, (ii) issues to note, and (iii) general updates.

The Chief Executive paid tribute to Stuart Monk, a Paramedic from Wigan and Phil Rennie, a PTS Care Assistant who had died from Covid-19. The families of both Stuart and Phil would remain in the thoughts of the Trust Board.

Members were advised that due to the pandemic outbreak, the NHS level 4 major incident remained.

The Chief Executive explained that performance during March and April 2020 had continued to be challenging for the 111 service due to the ongoing demand created by the COVID-19 outbreak. The Chief Executive thanked every member of staff for their hard work during difficult times.

Members were advised that a violence and aggression group had been established and was working on an internal project to encourage reporting and to clarify the prosecution process. It was noted that violence and aggression was a key priority for the Trust.

The Chief Executive informed members that the staff internal facebook page had been launched and a number of facebook live sessions had been carried out with staff.

The Chairman welcomed the report, stating it included a lot of key information. The Chairman thanked the Chief Executive for his leadership throughout the current pandemic. He also thanked all Board members for their hard work.

The Chairman stated that at some point, a review of practices during the pandemic would be carried out and likely lead to learning.

The Board:

- Received and noted the contents of the report.

At this point in the meeting, agenda item 2021/11 were discussed followed by 2021/09.

BM/2021/09 BOARD ASSURANCE FRAMEWORK 2020/21

The Director of Corporate Affairs presented a report to provide members with an opportunity to review the quarter 4 Board Assurance Framework (BAF) position along with the Corporate Risk Register (CRR). Members were advised that the BAF and CRR had previously been presented to and supported by the Executive Leadership Committee and Audit Committee.

Mr D Rawsthorn referred to risk SR07 with regards to the digital systems and expressed concern that the six listed actions were all overdue. The Director of Quality, Innovation and Improvement explained that the report included the position at the end of quarter 4 2019/20. She added that a number of work streams had paused due to Covid-19.

The Chief Executive advised members that a meeting of the Corporate Programme Board was held and reviewed all priorities. A further meeting was scheduled to be held with executive directors to review the alignment of resources week commencing 1st June 2020.

Ms C Wade stated a lot of IT projects had been impacted by a number of external influences. She expressed concern regarding the level of capacity and resources to deliver the IT programmes of work, with the understanding that this was a challenging time.

The Director of Quality, Innovation and Improvement explained that whilst there were a number of pressures, Board members should not underestimate the amount of progress that had been made.

The Chairman referred to the increased risk score of 12 to 16 in relation to SR01 and the Director of Quality, Innovation and Improvement explained that the risk score had increase due to a number of key programmes of work being paused.

The Chairman referred to SR05 relating to estates and expressed concern due to the gaps in assurance. The Director of Finance explained that a maintenance improvement plan had now been established based on the findings from the facet survey. In terms of the Optima Modelling, this was on hold whilst re-mapping exercise was carried out. Establishment of the PTS operations location was linked to the hub and spoke work stream. Finally, the Trust was continuing to work with NHS Improvement in relation to utilisation of the model ambulance.

The Chairman requested that the BAF continued to be reported via the relevant assurance committee and the Director of Corporate Affairs confirmed this process was in place. The Chairman stressed the importance of each assurance committee reviewing the BAF risk pertinent to its remit in fine detail.

The Board:

- Agreed the increase in current risk score for SR01 from 12 to 16,
- Agreed the increase in current risk score for SR03 from 15 to 20,

- Agreed the decrease in current risk score for SR04 from 12 to 8,
- Agreed the increase in current risk score for SR08 from 8 to 13,
- Agreed the newly proposed COVID-19 Strategic Risk to feature on the BAF with the current risk score of 20., and
- Agreed the Q4 position of the Board Assurance Framework.

BM/2021/10 RISK APPETITE STATEMENT

The Director of Corporate Affairs presented a report to provide members with an opportunity to consider the risk appetite statement for 2020/21.

Mr D Rawsthorn expressed his support for the statement, acknowledging that it had developed significantly since the Board development session held earlier in the year. The Director of Corporate Affairs explained that all members had completed an assessment and common themes were derived from this to form the overall statement.

The Board:

- Approved the Risk Appetite Statement for 2020/21.

BM/1920/11 FREEDOM TO SPEAK UP – 2019/20 QUARTER 4 POSITION AND ANNUAL REPORT

The Interim Freedom to Speak Up Guardian joined the meeting at this point.

The Interim Freedom to Speak Up Guardian presented a report to provide members with an overview of the Freedom to Speak Up (F2SU) activity during quarter 4 2019/20 as well as an annual summary for the year.

Members were advised that the Guardian had received 67 concerns during quarter 4 of 2019/20 which was a significant increase in comparison to the same period last year in which 16 concerns were raised. It was noted that a significant amount of work had been carried out to raise the profile of the F2SU process including the appointment of F2SU champions and executive and non-executive walk arounds.

The Interim F2SU Guardian explained that work had been carried out to identify the themes of concerns raised during quarter 4 that related to (i) independence of investigations, resulting in work being carried out with heads of service, (ii) lack of feedback, (iii) handling of concerns, (iv) leadership at departmental level, and (v) managers attitude and behaviours.

Members were advised that an action plan had been developed in conjunction with the recommendations made by the National Guardians Office and the Board guidance self-assessment tool.

Mr M O'Connor welcomed the detailed report and advised he had monthly telephone conversations with the Interim F2SU Guardian. He sought further information with regards to the eight open cases from quarter three. The Interim F2SU Guardian explained two cases had been delayed due to long term sickness of the investigating officer. A new investigating officer was in the process of being recruited.

Mr R Groome commented on the bullying and harassment claims and stated it appeared that a lack of progress was being made. The Interim Director of Organisational Development explained that results from the staff survey indicated an improved position. She added that concerns raised via the F2SU process were positive as it evidenced staff were confident to raise concerns.

Dr D Hanley commented that the report was useful but it would be useful if future reports could include an analysis of the impact that the F2SU process was having on the Trust.

Ms C Wade made reference to the number of staff who had reported having suffered 'perceived' detriment' as a result of raising a concern and questioned how these investigations were conducted. The Interim F2SU Guardian explained that she was working with HR to develop and implement a process to investigate cases where staff had suffered a perceived detriment and to understand why staff felt this was the case. It was noted that the challenge was sometimes the lack of evidence available to support claims.

Ms C Wade commented on the difficulties associated with managing claims of 'perceived' detriment' as it was difficult for a person to make a decision with regards to how another person was feeling. She added that this could lead to a detrimental effect on staff. Ms C Wade stated that this was an area that required very careful and considerate management.

Members were advised that the Interim F2SU Guardian and Interim Director of Organisational Development had developed supporting mechanisms for managers to educate them with regards to the F2SU processes. In addition, F2SU formed part of the mandatory training programme for 2020/21.

Mr D Rawsthorn stated that internal audits provided independent assurance to the Board of Directors. He commented on the recent F2SU review and the limited assurance that was received and suggested this information should be included within the report. He referred to the action plan that was being developed and questioned if this would incorporate actions from the audit.

The Director of Corporate Affairs explained that the annual report included activity from 1 April 2019 to 31 March 2020. As the audit had been carried out post this date, details had not been captured within the report. She added that the report had only recently being finalised and had been reported via the Trust's governance structure, prior to being published in the public domain. Members were advised that the actions arising from the audit had been included within the F2SU action plan. An update would be included in the report being presented to the Board of Directors at its meeting in July 2020.

Mr D Rawsthorn commented that he would have expected an update to the Board at this meeting adding it was important for members to be aware of and understand the position.

The Chairman commented on the action plan and the importance of actions being dealt with as soon as possible.

The Board:

- Noted the work of the guardian,
- Continued to support the development of the Trust's Freedom to Speak Up Strategy,
- Would actively promote and robustly support the Freedom to Speak Up principles,
- Support the development of a Freedom to Speak Up training plan that was aligned to the NGO's recommendations when it becomes available
- Support the revision of the Freedom to Speak Up Policy in line with NHSI once it had been published, and
- Support 'embedding any learning from concerns being raised across the Trust'.

The Interim Freedom to Speak Up Guardian and Mr M O'Connor exited the meeting at this point.

BM/2021/12 CORE GOVERNANCE DOCUMENTS

The Director of Corporate Affairs presented the (i) Standing Orders and Reservation of Powers, (ii) Standing Financial Instructions, and (iii) Scheme of Delegation, for member's approval.

Members were advised that the documents had been presented to and supported by the Executive Leadership Committee and Audit Committee.

The Board:

- Approved the (i) Standing Orders and Reservation of Powers, (ii) Standing Financial Instructions, and (iii) Scheme of Delegation.

BM/2021/13 ANNUAL SELF CERTIFICATION: GENERAL CONDITION FT4 – CORPORATE GOVERNANCE DECLARATION

The Director of Corporate Affairs presented the annual self-certification: general condition FT4 – Corporate Governance Declaration for member's approval. Members were advised that although NHS Trusts do not need to hold a provider license, directions from the Secretary of State require NHS Improvement to ensure that NHS Trusts comply with the conditions equivalent to those in the license as it deems appropriate.

The Board:

- Approved the annual self-certification: general condition FT4 – Corporate Governance Declaration.

BM/2021/14 ANNUAL SELF CERTIFICATIONS: GENERAL CONDITION 6 – SYSTEMS FOR COMPLIANCE WITH LICENSE CONDITIONS

The Director of Corporate Affairs presented the annual self-certification: general condition 6 –compliance with license conditions for members approval. Members were advised that although NHS Trusts were not issued with a provider license, they were required to self-certify whether or not they had complied with conditions equivalent to the license that NHS Improvement had deemed appropriate.

The Board:

- Approved the annual self-certification: general condition 6 –compliance with license conditions.

BM/2021/15 USE OF COMMON SEAL 2019/20 ANNUAL REPORT

The Director of Corporate Affairs presented the a report to advise members of the use of the Common Seal during 2019/20.

The Chairman stressed the importance of the governance documents that had been presented and thanked the Director of Corporate Affairs. It was noted that the Head of Corporate Affairs had prepared all of the reports.

The Board:

- Noted the occasions of use of the Common Seal during 2019-20, and
- Noted compliance with the Trust's Standing Orders.

BM/2021/16 QUALITY AND PERFORMANCE COMMITTEE ANNUAL REPORT AND TERMS OF REFERENCE

Prof A Chambers presented the Quality and Performance Committee 2019/20 annual report to advise members of the work of the committee and also the revised terms of reference for members approval.

Members were advised that during 2019/20, the committee had discharged the majority of its functions. However, a number of key improvements had been identified and were contained within the report.

Prof A Chambers informed members that the relationship between the committee and Audit Committee had strengthened. The committee prepared assurance reports for the Audit Committee in relation to clinical governance.

Mr D Rawsthorn commented on the frequency of the meetings and questioned if monthly meetings were required. The Director of Corporate Affairs explained that the Care Quality Commission would expect NHS Trusts to review quality in its entirety on a monthly basis.

The Chairman sought clarity with regards to the recommendation to the Director of Corporate Affairs to include the process for approving Memorandum of Understanding (MOUs) in the Scheme of Delegation prior to approval by the Board of Directors. The Director of Corporate Affairs explained that currently, there was no formal procedure in place for signing MOUs.

The Chairman referred to the key areas of improvement that had been identified and questioned if a clear action plan was in place to address the issues. The Director of Corporate Affairs explained that work programmes had been updated to capture reporting requirements however, the quality of reports was difficult to manage. It was suggested that this needed to be picked up by individual executives and their respective teams. The Chairman expressed his understanding of the challenges but stressed the need for the quality of reports to improve.

The Board:

- Reviewed the Quality and Performance Committee 2019/20 Annual Report,
- Approved the Quality and Performance Committee Terms of Reference, and
- Requested that Executive Directors work with their respective teams regarding the quality of reports.
- Noted and supported the recommendation to the Director of Corporate Affairs to amend the Scheme of Delegation prior to approval by the Board of Directors that complaints were reported to the Safety Management Group, in conjunction with reporting against the Right Care Strategy,
- Noted and supported the recommendation to the Director of Corporate Affairs to include the process for approving Memorandum of Understanding in the Scheme of Delegation prior to approval by the Board of Directors, and
- Requested that directors work with their respective teams in terms of improving the quality of reports.

BM/2021/17 RESOURCES COMMITTEE ANNUAL REPORT AND TERMS OF REFERENCE

Mr R Groome presented the Resources Committee 2019/20 annual report to advise members of the work of the committee and also the revised terms of reference for members approval.

Members were advised that during 2019/20, the committee had discharged the majority of its functions. However, a number of key improvements had been identified and were contained within the report.

The Board:

- Reviewed the Resources Committee 2019/20 Annual Report, and
- Approved the Resources Committee Terms of Reference

BM/2021/18 INTEGRATED PERFORMANCE REPORT

The Director of Quality, Innovation and Improvement presented the Integrated Performance Report to provide the Board with an overview of integrated performance on an agreed set of metrics required by the Single Oversight Framework for April 2020. It was noted all of the metrics had been affected by Covid-19.

A discussion ensued with regards to hospital handover performance and the Medical Director explained that there was currently no ability to capture the time taken to allow for a thorough decontamination process. This was referred to as 'hidden lost time'.

Dr D Hanley made reference to sickness performance that was higher compared to the same period last year. The Interim Director of Organisational Development explained that focused action plans had been put in place in the 111 and Patient Transport Service but advised of the current challenges with regards to Covid-19. Members were advised that focused plans would be put in place.

Prof R Thomson sought further clarity with regards to the Trusts performance in conjunction with the vacancy gap. The Interim Director of Organisational Development explained that due to temporary staffing requirements, there had been a spike in agency costs due to Covid-19. As a result this had placed the agency ceiling as a risk and temporary/permanent positions were being reviewed. It was noted that very clear guidance had been issued with regards to agency spend and an increased spend was not something the Trust would want to maintain moving forward.

The Chairman referred to the hear and treat and see and treat performance and the Director of Quality, Innovation and Improvement explained that performance had increased at the height of demand however was now reverting to the usual pattern of performance.

The Chairman stated that there was a need to understand the statistics and that the analysis feeds back into the restoration work. The Deputy Chief Executive explained that this was being carried out.

The Board:

- Noted the contents of the report.

BM/2021/19 MEDICINES MANAGEMENT ANNUAL REPORT 2019/20 INCLUDING THE CONTROLLED DRUGS ANNUAL REPORT

The Medical Director presented a report to provide assurance to members that the Trust was managing medicines, including controlled drugs safely and in accordance with legislation, best practice and NNAS protocols.

The Medical Director advised that the Chief Pharmacist had made a significant difference and this was supported by members.

Members were advised that a proposal was being developed in terms of the structure of the medicines management team and would be reported to the Executive Leadership Committee for approval. A number of strategic intentions were also being developed.

The Chairman sought further clarity with regards to the Mersey Internal Audit Agency review of external events that recommended the removal of CDs from event stadia. The Medical Director explained that this had been usual practice but had now stopped.

The Chairman referred to the terminology of the word pledge within the report and the Medical Director explained this aligned to the pledges within the Right Care Strategy.

The Board:

- Noted the contents of the report and the ongoing strategic plan for medicines optimisation in 2020/21.

BM/2021/20 INFECTION, PREVENTION AND CONTROL ANNUAL REPORT 2019/20

Mr M O'Connor and the Chief Nurse joined the meeting at this point.

The Chief Nurse presented a report to provide members with an overview of infection, prevention and control (IPC) activity within the Trust during the period 2019-2020. The Chief Nurse referred to the executive summary of the report that provided an update in relation to (i) vehicle deep cleans, (ii) IPC audits, (iii) Quality assurance visits, (iv) hand hygiene, (v) cannulation policy, and (vi) wipe it out campaign.

The Chief Nurse explained that since February 2020, the team had received 1404 reports and were working through them. The Chairman stated this figure was an obvious consequence of Covid-19. The Chief Nurse explained that there had been a lot of confusion regarding personal protective equipment and the guidance issued however informed members that a system was now in place.

In terms of FFP3, the responsibility for this risk had transferred to the Chief Nurse as the Director of Infection, Prevention and Control.

Prof R Thomson made reference to the top 5 IPC incidents and asked could the Board support this work stream in any way. The Chief Nurse explained that managers had a key role in terms of conducting a thorough and robust investigation and closing down incidents. The Director of Quality, Innovation and Improvement explained that the datix system had been used to record activity for COVID 19 and these incidents were included within the overall numbers. Therefore, the activity would be separated from genuine 'incidents' in the data review.

The Chairman welcomed the annual report and thanked the team for all of their hard work.

The Board:

- Noted and approved the 2019/20 annual report.

BM/2021/21 SAFEGUARDING ANNUAL REPORT 2019/20

The Chief Nurse presented the safeguarding annual report 2019/20 to provide members with an overview of safeguarding activity within the Trust during 2019/20 and assurance relating to the scoping, development and implementation of safeguarding related processes.

Members were advised that safeguarding activity had continued to increase significantly in 2019/20. In March 2020, the number of referrals had reduced and this was in line with the national position, due to Covid-19.

The Chief Nurse explained that the child and adult intercollegiate publication had made a number of recommendations in terms of safeguarding training and all paramedics and EMT staff required level 3 training. It was noted that the Trust was making good progress in terms of the delivery of the training. In terms of level 2 training, this was overseen in collaboration with the safeguarding team and learning and development.

Members were advised that the safeguarding landscape was changing and safeguarding boards were being replaced by safeguarding partners within each integrated care system footprint. Consideration was therefore required in terms of NWAS representation.

Via the Microsoft Teams chat function, the Director of Quality, Innovation and Improvement advised that the Trust had been in touch with the Chief Nurse for NHSi/ E NW during the Covid-19 pandemic and plan to work alongside their team during 20-21 as the landscape re-configures under the ICS footprints.

The Chief Nurse informed members that progression of project emerald would be impacted by the 111 ICT platform and work was progressing with regards to this.

It was noted that the largest number of rejections continued to be for patients who were suffering with mental ill health. Dr D Hanley questioned if they were fair rejections. The Chief Nurse stated she was confident that the rejections were correct and advised that concerns were raised via safeguarding due to a lack of mental health care pathways. She added that development of a mental health care pathway had commenced during Covid-19. Finally, it was noted that a mental health lead had now been recruited and would join the trust in June 2020.

Members thanked the safeguarding team for all the work carried out.

The Board:

- Noted and approved the 2019/20 annual report.

The Chief Nurse exited the meeting at this point.

BM/2021/22 HEALTH, SAFETY AND SECURITY ANNUAL REPORT 2019/20

The Director of Quality, Innovation and Improvement presented a report to provide members with the key health, safety and security activity during the period 2019-20 and the Trust's ambitions for 2020/21.

Members were presented with an update in relation to progress against the five pillars of quality as outlined within the Right Care Strategy. It was noted that goal 3, relating to the number of operational managers with advanced health and safety training had not been met. In addition, goals in relation to NWAS sites receiving a biannual rapid review of health and safety and vehicles receiving an annual review had not been achieved due to Covid-19. Therefore, recovery would form part of the restoration plans.

The Director of Quality, Innovation and Improvement advised that as a result of Covid-19, it had prompted a review of the current resources and a Health and Safety Compliance Manager post would be established and recruited to.

The Board:

- Noted and approved the 2019/20 annual report.

BM/2021/23 SENIOR INFORMATION RISK OWNER (SIRO) ANNUAL REPORT 2019/20

The Director of Quality, Innovation and Improvement presented a report to provide members with a summary of the work completed over the past twelve months to manage information risk within the Trust.

Members were advised that during 2019/20, a total of 172 breaches were reported. The Director of Quality, Innovation and Improvement explained not all the reports were breaches and 40% were in fact near misses. Therefore, a review of reporting and classifications would be carried out.

Mr D Rawsthorn commented on the MIAA review that provided an assurance rating of 'Substantial Assurance' from the Data Security and Protection Toolkit (DSPT) audit they completed in December 2019. He commented that this was very good independent assurance.

The Board:

- Noted and approved the 2019/20 annual report.

BM/2021/23 COMPLAINTS UPDATE AND ANNUAL REPORT 2019/20

The Director of Quality, Innovation and Improvement presented a report to assure members that there (i) were systems in place to ensure the Trust was compliant with the requirements of NHS complaints regulations and the Ombudsman's guidance on complaints handling, (ii) the risks identified for complaints handling were being addressed, and (iii) the improvement aims within the Right Care Strategy continued to be on track for delivery.

The Director of Quality, Innovation and Improvement commented that the targets were ambitious. Members were advised that two of the goals were not achieved in 2019/20 that related to (i) increasing the percentage of severity 1 – 2 complaints closed within 24 hours, and (ii) increase closure within agreed timeframes to 100% for severity 4-5. As a result, a dedicated work programme would be developed. However, it was noted that overall the team had done a good job in terms of managing complaints.

It was noted that the top six most common reasons for complaints throughout 2019/20 were: PTS journey times, care and treatment, staff conduct, emergency response, communication and information, and driving standards. The Director of Quality, Innovation and Improvement explained that work was progressing in relation to the centralisation and decentralisation of complaints. It was the intention to de-centralise the process to put the ownership of complaints locally.

The Board:

- Noted that the Safety Management Group received regular reports on the management of complaints which would be reported to the Quality and Performance Committee via the Chairs assurance report,
- Agreed to receive assurance reports bi-annually,
- Noted the work ongoing to reduce the number of open complaints,
- Received assurance that complaints were being managed, and
- Noted the risk within the system, that it was reflected on the risk register and was closely monitored.

BM/2021/24 AUDIT COMMITTEE CHAIRS ASSURANCE REPORT FROM THE MEETING HELD ON 22nd MAY 2020

Mr D Rawsthorn presented the chairs assurance report from the Audit Committee held on 22nd May 2020 for member's information.

Members were advised that the Freedom to Speak Up audit report had been presented and limited assurance had been provided. Therefore, this had been marked as amber on the assurance report.

Moderate assurance was also received from the Quality and Performance Committee assurance reports with regards to the clinical audit plan as this had been paused due to Covid-19.

The Chairman stated that the Audit Committee was performing very well, under Mr D Rawsthorn's leadership.

The Board:

- Noted the chairs assurance report from the Audit Committee held on 22nd May 2020.

BM/2021/25 QUALITY AND PERFORMANCE COMMITTEE CHAIRS ASSURANCE REPORTS FROM THE MEETINGS HELD ON 20th APRIL 2020 AND 18th MAY 2020

Prof A Chambers presented the chairs assurance report from the Quality and Performance Committee held on 20th April and 18th May 2020 for member's information.

Prof A Chambers commented that some of the reports presented to the Committee had lacked assurance and therefore, this had been reflected within the assurance reports. She added that work in relation to the local audit plan had been paused and the Director of Quality, Innovation and Improvement advised that this was a national recommendation across the whole of the NHS.

In terms of the Ambulance Clinical Quality Indicators, it was noted that each ambulance service would be unique in terms of data returns, dependent on which systems were in place. With regards to NWS, a manual record process was in place and the process would be restarted on the 1st June 2020.

The Chairman commented if moderate assurance was reported to the Board, it would not automatically receive criticism.

The Board:

- Noted the chairs assurance report from the Quality and Performance Committee held on 20th April and 18th May 2020

BM/2021/26 WORKFORCE AND WELLBEING COVID RESPONSE

The Interim Director of Organisational Development presented a report to provide assurance to members on the action taken by the Workforce and Wellbeing Executive Sub Group of the Covid-19 response in line with the strategic response objectives and to advise the Board of risks and mitigations arising from these actions.

Members were advised that the main areas of work had been focused on increasing capacity, staff management and welfare, health and wellbeing and trade union engagement.

It was noted that mandatory training and appraisals had been paused and would be picked up via the Resources Committee at future meetings.

The Interim Director of Organisational Development explained that breaks in learning had been put in place for apprenticeships as end point assessments could not be completed and workplace support could not be sustained during the pandemic. It was noted that work had commenced to reconvene the learning and the Trust was working within the framework. In addition, work was being carried out both nationally and locally with the Higher Education Institute. There was currently a risk in terms of training and a 3rd person being present on a vehicle and therefore, simulation training was being considered.

The Interim Director of Organisational Development explained that a lot of work was being carried out to mitigate the risk with regards to paramedic supply.

Members were informed that as a result of Covid-19 a number of measures had been introduced for example homeworking and virtual recruitment processes. Due to the success of these measures consideration was being given to continuing them in the future.

Mr R Groome made reference to the Patient Transport Service (PTD) staff who had supported the Paramedic Emergency Service and questioned if sustaining resources was captured within the restoration planning. The Interim Director of Organisational Development explained that retaining resources and progression of PTS staff was included as part of the restoration plans.

Prof A Chambers commented on the recovery phase and sought assurance with regards to capacity to deliver on the restoration work. The Interim Director of Organisational Development explained it was daunting, the amount of improvement work that had paused. She explained that a review of the Workforce Strategy and implementation plan would be carried out to identify what work could be delivered in the next six months and what could be deferred. This would be managed via the Resources Committee.

Mr M O'Connor welcomed the report, stating it included a lot of information. He referred to the freedom to speak up concerns that had been raised with regards to homeworking and the Interim Director of Organisational Development explained that concerns were raised at the beginning of the pandemic. She advised that at the start there were a number of infrastructure issues and therefore a mixed approach was taken. A framework for homeworking was now in place.

Mr M O'Connor questioned what processes were in place to attract qualified nurses to work within the 111 service. The Interim Director of Organisational Development explained that both nationally and regionally there had been a focus on acute support. However, it had been identified that a number of nurses would be willing to work within the 111 service if via homeworking. Mr M O'Connor questioned if this would be possible and the Medical Director explained that technically it was possible but the infrastructure was not yet in place. In addition, there was a need to be mindful not to destabilise the current workforce.

It was noted that the Trust had committed to undertake an equality impact assessment on the workforce aspects of our response to the crisis to ensure that any other potential detriment was identified and mitigated. Dr D Hanley requested a copy of the EIA once completed.

Dr D Hanley sought assurance that the annual leave process would not result in stacking of leave. The Interim Director of Organisational Development explained that a buy back scheme was in place. In addition, national arrangements were being

implemented and staff were permitted to carry forward leave into the next annual leave year.

The Deputy Chief Executive made reference to the engagement with trade unions and explained that this had been a huge job. He added that the amount of work carried out by the organisational development team had been tremendous. Finally, he advised members that a culture survey would be circulated to staff during June 2020.

The Chairman commented that the report highlights the amount of work that had been carried out. He added that he welcomed the culture survey and envisaged feedback with regards to leadership.

The Board:

- Noted the work undertaken through the Workforce and Wellbeing Sub Group of the Covid-19 response,
- Considered the risks and impacts identified,
- A copy of the Equality Impact Assessment be circulated to members once it had been finalised.

BM/2021/27 COMMUNICATIONS AND ENGAGEMENT DASHBAORD REPORT QUARTER 4 2019-20

The Director of Strategy and Planning presented the communications and engagement dashboard for quarter 4, to provide members with a summary of the key outputs and associated highlights.

The Director of Strategy and Planning explained that the dashboard included details of stakeholder engagement and how comments would feed into the Trust Strategy.

The Chairman stated that the update was very informative. He commented that the maintenance of freedom of information requests given the current demands was excellent.

Mr M O'Connor questioned if a celebration event would be arranged to thank all staff for their hard work during the pandemic and the Chief Executive advised that this was currently being considered.

The Board:

- Noted the update.

BM/2021/28 ANY OTHER BUSINESS

The Chairman paid tribute to Stuart Monk, a Paramedic from Wigan and Phil Rennie, a PTS Care Assistant who had died from Covid-19. He expressed his sincere sympathies for each family.

The Chairman commented on the current pandemic and conveyed his heartfelt thanks to all NWAS staff who had worked tirelessly to support and attend to patients. He added that staff welfare was of paramount importance.

BM/2021/29 ITEMS FOR INCLUSION ON THE BOARD ASSURANCE FRAMEWORK

The Board noted the BAF would be updated and reported to the Board meeting being held in July 2020.

BM/2021/30 DATE, TIME AND VENUE OF NEXT MEETING

The next meeting of the Board of Directors will be held on Wednesday 29th July 2020 at Ladybridge Hall, Bolton. BL1 5DD.

Signed: _____

Date: _____

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BOARD OF DIRECTORS MEETING - ACTION TRACKING LOG

Status:	
Complete & for removal	
In progress	
Overdue	

Action Number	Meeting Date	Minute No	Minute Item	Agreed Action	Responsible	Original Deadline	Forecast Completion	Status/Outcome	Status
41	29/01/20	1920/148	Board Assurance Framework	The evidence captured within the Board Assurance included a date, to provide the right level of assurance in terms of the evidence being relevant/up to date.	AW	27.05.20	29.07.20	This will be incorporated into the 2020/21 Board Assurance Framework.	
43	27/05/20	1920/16	Quality and Performance Committee Annual Report and Terms of Reference	Requested that directors work with their respective teams in terms of improving the quality of reports.	All	29.07.20			
44	27/05/20	1920/26	Workforce and Wellbeing Covid 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	30.09.20	EIA in progress, updates awaited from some teams and final draft will be circulated prior to next Board.	

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Board and Committee Attendance 2020/21

Board of Directors																	
	3rd April	6th May	27th May		3rd June	17th June	29th June	29th July		30th September		25th November		27th January		31st March	
	Part 2	Part 2	Part 1	Part 2	Part 2	Part 2	Part 2	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	✓	✓	✓	✓	✓	✓	✓										
Dr Chris Grant	✓	✓	✓	✓	✓	✓	✓										
Richard Groome	✓	✓	✓	✓	✓	✓	✓										
Dr David Hanley	x	✓	✓	✓	✓	✓	✓										
Daren Mochrie	✓	✓	✓	✓	✓	✓	x										
Michael O'Connor	✓	✓	✓	✓	✓	✓	x										
Prof Maxine Power	x	✓	✓	✓	✓	x	x										
David Rawsthorn	✓	✓	✓	✓	✓	✓	✓										
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	23rd October
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				
Salman Desai		✓				
Richard Groome		✓				
Michael O'Connor ©	Cancelled due to COVID-19	✓				
Prof Maxine Power		✓				
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
Ged Blezard		
Salman Desai		
Richard Groome		
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	25th November	27th January	31st March
Prof Alison Chambers	✓	✓	✓					
Richard Groome	✓	x	x					
Dr David Hanley	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	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 with a meeting, in relation to the service line.
Alison	Chambers	Non-Executive Director	Husband is a very senior NHS Manager				√	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
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
David	Hanley	Non-Executive Director	Non-Executive Director and Deputy Chair, Your Housing Group	√				Position of Authority	Apr-19	Present	N/A
			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	Present	No conflict.
			Registered with the Health Care Professional Council as Registered Paramedic		√			Position of Authority	Apr-19	Present	N/A
			Board Member/Director - NHS Pathways Programme Board		√			Position of Authority	Mar-20	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			Member of the College of Paramedics		√			Position of Authority	Apr-19	Present	N/A
Chris	Grant	Medical Director	Member of the Royal College of Surgeons Edinburgh (Immediate Medical Care)		√			Position of Authority	Apr-19	Present	N/A
			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 Montpelier 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
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.
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, Shewsbury 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
Clare	Wade	Associate Non-Executive Director (Digital)	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
			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

Board of Directors

Date:	29 July 2020									
Subject:	Chief Executive's Report									
Presented by:	Daren Mochrie, Chief Executive									
Purpose of Paper:	For Assurance									
Executive Summary:	<p>The purpose of this report is to provide members with information on a number of areas since the last Chief Executive's report to the Trust Board on 27 May 2020.</p> <p>The highlights from this report are as follows:</p> <p>Performance</p> <ul style="list-style-type: none"> • 999 - June saw the second consecutive month where Nwas achieved all of its ARP standards • 111 – 3 year contract extension commences October. Steady improvement in performance realised through additional call taking resource • PTS - Overall activity was 64% below contract baselines although PTS continue to support 999 • Lisa Ward, has been appointed to the position of Director of People for the trust • CQC – an overall rating of good was achieved at an extremely busy time for the trust, as we responded to the COVID-19 pandemic • The fifth series of Ambulance aired • The inaugural meeting of the North West Black, Asian and Minority Ethnic (BAME) Strategic Advisory Committee was held at the end of June 2020 									
Recommendations, decisions or actions sought:	The Board is requested to receive and note the contents of the report									
Link to Strategic Goals:	Right Care	<input checked="" type="checkbox"/>	Right Time	<input checked="" type="checkbox"/>						
	Right Place	<input checked="" type="checkbox"/>	Every Time	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Are there any Equality Related Impacts:	No
Previously Submitted to:	N/A
Date:	N/A
Outcome:	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 27 May 2020.

2. PERFORMANCE

2.1 999

June saw the second consecutive month where NWAS achieved all of its ARP standards, call pick up also remains well within the standard. July is following a similar trend although demand is starting to increase. The year to date position is also improving with four out of the seven standards being achieved and the remaining three are close to the standard. Some enhanced PTS resources continue to support the PES activity in line with the COVID-19 response plan.

Robust plans were put in place for the relaxation of the social distancing regulations to minimise the impact of the anticipated increase in activity on 4 July.

COVID-19 plans have continued to be developed and we are now moving from response to recovery and working on dealing with COVID-19 and restoration of normality. We are also working on plans going into the winter.

111

Over the last couple of months on the whole, NWAS 111 has observed a slowing of the COVID-19 demand, despite the closure of the National COVID-19 Response Service. The demand profile has returned to a more familiar pattern as the restrictions of COVID-19 have been lifted, and a demand level close to the demand experienced prior to the pandemic. However, we do still experience the odd day when demand is well above the forecast.

With the signing of a 3 year contract extension to commence on the 1 of October, recruitment continues at pace to ensure we deliver optimal performance as soon as possible and prepare for the winter.

May and June has seen a steady improvement in performance (65.54% May, 75.4% June) this has been realised through more call taking resource being available at the times of demand by improved call demand analysis aligned to workforce planning, recruitment and a drop in call demand.

Action is ongoing in regard to IPC (Infection Prevention and Control), with maintaining social distancing continuing to be our greatest challenge and plans are in place to manage any risks.

PTS

The impact of COVID-19 has led to a significant reduction in overall activity.

During May 2020 overall activity was 64% below contract baselines with Cumbria at 70% below, Greater Manchester at 60% below, Lancashire at 71% below and Merseyside at 54% below baseline in month.

For the year to date position (July 2019 - May 2020) PTS is performing at -15% below baseline. PTS like other parts of the Trust has had to adapt to new ways of working, reduced

capacity due to social distancing and continues to support the wider health system with priority patients, discharges, transfers and the surge capacity to support the PES service

3 ISSUES TO NOTE

3.1 Local Issues

Manchester Arena remembrance

22 May was the third anniversary of the Manchester Arena bomb attack, this was a terrible event for the city, and a period in our service history which will never be forgotten. Our thoughts were with everyone who was affected, including the families of the 22 people who so tragically lost their lives and with the hundreds who were injured. We will always remember the outstanding action taken by all the emergency responders and I am extremely proud of all of our staff who dealt with this incident.

Director of People

I am pleased to inform you that following a rigorous selection process on Friday 3 July, Lisa Ward was appointed to the post of Director of People for the trust. The role attracted 25 candidates, of which 4 were shortlisted and Lisa was chosen as the successful candidate. Lisa is currently Interim Director of Organisational Development and will commence her new duties on 1 August. I wish Lisa every success in her new role.

3.2 Regional Issues

Care Quality Commission (CQC) Rating

Following our unannounced inspection, the trust received a 'good' overall rating from the CQC who highlighted that the people they spoke to felt respected, supported and valued by the trust, and they commented how well staff support each other to provide the very best levels of care to our patients.

The 'good' CQC rating is impressive, especially that during the three days they were here our 999 demand was at New Year's Eve levels. We averaged 5,000 calls a day as the public reacted to the rapidly changing news about COVID-19 and the impending pandemic.

In addition to this, our NHS 111 service was under unprecedented and sustained pressure taking a record number of calls, well over 14,000 on some days. In fact inspectors rated urgent and emergency care 'OUTSTANDING' under the 'responsiveness' key line of enquiry.

I am very proud that our dedication and commitment to our patients shone through, even at such a busy and challenging time.

The CQC highlighted some key areas as outstanding which included:

- Our integrated and innovative person-centred pathways of care and how we work with other service providers to care for patients with multiple and complex needs.
- They stated that patients could access our services when they needed to and they received the right care in a timely way.
- Patients found it easy to give feedback and raise concerns, and that we take these seriously and share lessons learned with all staff and partner organisations.
- We are inclusive and take account of patients' individual needs and preferences.

They singled out many of our practices and teams, including collaborative work by:

- Our community specialist paramedics
- Our frequent caller team

- Our falls car in Burnley, where the team works with the local hospital as well as occupational health
- Our specialist mental health first responder cars which work with the police in Blackpool and Merseyside.
- They also praised our successful apprenticeship programme, pointing out that our qualification achievement rates are a lot higher than the national average and this mirrored some of the findings of the 'good' OFSTED rating we received back in December. They were also impressed with our ambulance maternity packs

However, as is inevitable with any in-depth inspection, there were some elements that the CQC suggested we could either do better, or had not done in line with our own practices. These areas included issues around safeguarding concerns, incident reporting, response times, long waits, clinical contact shift supervision and appraisals. All these issues have been noted and improvements are being put into place, if they have not already happened. I know that by addressing those issues highlighted we can build on our many successes. Operation Outstanding meets weekly to continue to support and drive continuous Quality Improvement across the trust.

I would like to recognise all the tremendous hard work in the preparation leading up to and during the CQC's visit and would like to thank those in the CQC inspection co-ordination team who did such a great job supporting the inspectors and keeping us all updated.

Facebook Live

We have held a series of live Facebook sessions across the trust, and further Facebook live sessions took place with Maxine Power, Director of Quality, Innovation and Improvement, and Angela Wetton, Director for Corporate Affairs who took questions on Antibody or FIT testing, Infection Prevention and Control, patient safety, safeguarding concerns, digital improvements, trust charitable donations, fundraising, Freedom to Speak up, trust compliance and risk.

Another session was held a week later with Michael Forrest, Deputy Chief Executive and Salman Desai, Director of Strategy and Planning answering questions about COVID-19 recovery planning and the trust's next steps.

As in my previous trusts I would like to make these a regular event and plans are being developed to make this happen.

Violence & Aggression against our staff

A man from Stalybridge has been sentenced to four months in prison after he was found guilty of verbally abusing NWS staff. An ambulance was called after he fell off a wall outside a house he was forbidden from visiting, due to a restraining order. The crew attended but he hurled abuse at them before they took him to Tameside Hospital. He was also found to be carrying a knife.

Though he says he had no memory of what happened and he was clearly drunk at the time, a suspended sentence from a previous conviction was enforced. The incident highlights the importance of staff reporting any cases of physical or verbal abuse that they receive. This is not part of the job, it is totally unacceptable and we should never put up with it. No matter how minor, reporting an incident gives the courts more power to implement a tougher sentence.

The trust is constantly exploring how we can make the working environment a much safer one for NWS staff and we take the matter of violence and aggression against our staff very seriously. Work is also being undertaken at a national level to address the issue.

Volunteers support COVID-19 response

Our community first responders (CFRs) are an integral part of patient care across the North West, as a team of trained volunteers who are dispatched to deal with emergencies prior to the arrival of an ambulance, they are able to provide vital early interventions for patients.

During the current COVID-19 pandemic, our CFRs have been volunteering to undertake and help with a host of new duties, in addition to responding to emergencies, providing hundreds of days of additional support for NWS colleagues. I would like to thank all of our volunteers for what they do for not just NWS but their local communities.

NHS Mental Health Crisis Helpline

People in every part of the North West now have a dedicated 24/7 NHS mental health crisis helpline as part of NHS efforts to ensure everyone can get the urgent care they need during the global coronavirus pandemic. Mental health teams across the NHS have worked hard to roll this service out years earlier than planned. Anyone experiencing a mental health crisis can call their local helpline, while friends and family members can call on behalf of someone they're worried about. The lines are also open to professionals such as police and paramedics who may come across people experiencing mental ill health.

The helplines have been set up by each of the mental health trusts in the region and people can find details of their local helpline through a new, streamlined, easy to use service finder on the NHS website. The new helplines are led by mental health professionals who can refer people to local urgent, acute and routine mental health services. This may include phone and video consultations, as well as urgent face-to-face assessments where necessary.

Ambulance Programme

The fifth series of 'Ambulance' returned to our screens on 4 June following the work of our staff as they care for the people of Liverpool and all across Merseyside. The first episode took viewers on a rollercoaster of emotions; the shift starts with a call in progress for a patient who has been stabbed in a park. This is the thirty-sixth stabbing the ambulance staff in Merseyside had treated within seven days. The programme received 3.79m viewers, which means 21% of everyone watching TV was watching our staff do what they do best! We also saw a significant increase of Facebook followers, smashing the 50k mark and an additional 800+ views of the careers section of our website compared to a normal day. The positive social media response the trust received was outstanding; trending second in the UK during the show.

Another episode started with a cardiac arrest call being managed in the Emergency Operations Centre resulting in a multi resource response. This episode saw a range of conditions including chest pains, falls, a stroke, an overdose, a road traffic collision and a deceased patient.

Once again the episodes highlights the challenges faced by EOC staff who have to manage the high number of calls coming in and focusses on our staff as they are confronted by all the complexities surrounding questions of life and death.

It is very humbling, but no surprise, to see the care and compassion given to our patients by staff both over the phone and face to face. The positive comments we have seen on social media have been overwhelming, not just about the individual staff and their personalities, but how they manage patients and care for their loved ones just as sensitively.

One particular comment from a recent episode was about a process we follow; a debrief being undertaken following a traumatic incident relating to a child death, and involved everyone who had a part to play in the overall response. Debriefs are so important as they

are a time for reflection, a chance to speak about feelings and any learning that can be taken forward.

3.3 National Issues

COVID-19

In early March 2020, the Chief Medical Officer for England announced a low number of patients had tested positive for coronavirus and that there had unfortunately been two deaths in the UK. A short time later, conscious that the situation was starting to quickly escalate, one of the first key actions we took was to establish an Incident Command Team to operate 24 hours a day. The main priority of this team was to have a single point of contact for liaison and co-ordination for coronavirus patient management, alerts, referrals, transport and tracking.

The team also started to look at the potential impact of the pandemic to ensure we have extensive plans in place and we were able to continue to deliver a responsive and effective service to the population of the North West.

Like the whole of the NHS and care system we had significant challenges ahead and quickly confirmed our priorities which were

- Increasing the number of people on hand to answer 999 and 111 calls, dispatch ambulances and crews to those most in need and provide clinical help over the phone, increasing our workforce by over 450
- Increasing our emergency service ambulances – we added 60 ambulances to the fleet and converted 80 patient transport service ambulances to enable them to safely transport emergency patients
- Ensuring enough PPE and equipment is available – we continue to work closely with the NHS supply chain to ensure there is enough PPE
- Looking after the welfare of our staff and volunteers- we have put in place many health and wellbeing support aids for all staff and have ensured they are fully updated with daily briefings
- Increasing our capacity to transfer patients from one hospital to another, particular those in a critical condition – a regional coronavirus critical care transfer service, provided by ourselves along with the North West Air Ambulance, was established to support intensive care to intensive care transfers across the North West. We have also played a big role in the establishment of NHS Nightingale Hospital North West, located at Manchester Central Convention Complex

What we have achieved over the past three months has been remarkable and this is due to the hard work, dedication and commitment of all our staff, volunteers and departments. Coronavirus is still presenting a significant challenge not just for the health and social care system, but as a society as a whole and together we will overcome it.

Track and Trace - The NHS Track and Trace system came into effect on 28 May. It is a national service that provides testing for anyone who has symptoms of COVID-19, contacts individuals who have had a positive test result to identify any close recent contacts, and traces those individuals identified. NHS contact tracers will contact people they believe may be at risk of developing/incubating COVID-19 due to the contact had with a COVID-19 positive person, and will ask a series of questions to determine whether the individual should self-isolate for a period of 14 days. The objective of Track and Trace is to help stop the spread of the virus. A 'contact' is a person who has been close to someone who has tested positive for COVID-19 anytime from two days before the person was symptomatic up to seven days from onset of symptoms (this is when they are infectious to others).

Antibody testing - The trust continued to deliver a programme of antibody testing to all staff to take place in various locations across the trust. The antibody test identifies whether an

individual has had the virus, but does not guarantee any immunity. At the time of writing this report 5,876 staff (excluding volunteers) had received antibody testing.

The first weekend in July saw the relaxing of some restrictions which had been in place over the last few months as pubs and restaurants opened. The trust had plans in place to ensure that we could keep the people of the North West safe. Demand increased as we anticipated but we were very well prepared. We worked with NHS England and the other emergency services to share key messages, urging people to have fun but to be sensible and to continue following the social distancing guidelines

Race Equality

The Trust has been deeply saddened by the events which took place in the United States in respect of the death of George Floyd but welcomes the positive challenge and open discussions about the experience of our BAME staff and communities which it has generated. This combined with the emerging evidence about the disproportionate impact of the virus on individuals from a BAME background has meant that as a Trust we have taken a number of actions to reassure and support our staff from BAME backgrounds moving forward.

As Chief Executive I wrote to all BAME affected staff within North West Ambulance Service in May to reassure staff of the actions that the Trust were taking locally and across the Health Sector in the UK to ensure that staff were protected. The Trust wanted to be clear that we would do all we could to ensure staff felt safe and supported at work and that any concerns were addressed. This message of support has been followed up by individual risk assessments with staff, focused on ensuring that we have appropriate arrangements in place to protect staff but also ensuring that we had a focus on their health and wellbeing, recognising the anxiety that the emerging evidence of risk may have on our staff and their families.

We have also taken steps to ensure that we have continued to engage with our BAME staff and are providing opportunities for them to raise concerns and tell us what will make a difference for them as employees of the Trust. We have encouraged speaking up through a variety of routes including through our Freedom to Speak Up Guardian, but have also had regular meeting with our Race Equality Forum which have been supported by a number of Directors, including the Chair and myself who attended the last forum. We were keen to stress the importance of the Forum speaking out and helping us to design the next steps we need to take to improve their experience. We also explored some of the steps we are already committed to taking in terms of improved Board oversight and personal leadership of equality, diversity and inclusion, taking positive action to support development and progression of BAME staff and developing staff networks.

As a Trust, and as an Association of Ambulance Chief Executives, we have made clear statements on the events in America and recognise that 'we need to use this momentum as a catalyst for genuine change in the fight against racism. Our ambulance staff are proud to serve the rich and diverse communities that make up the United Kingdom and in turn, as employers, we are extremely proud of our black and ethnic minority staff members and stand firm in support of them at this difficult time.'

The inaugural meeting of the North West Black, Asian and Minority Ethnic (BAME) Strategic Advisory Committee was held at the end of June 2020, jointly chaired by Evelyn Asante-Mensah (Chair, Pennine Care NHS Foundation Trust) and Bill McCarthy (North West Regional Director NHSE/I). The group was convened in response to the disproportionate impact COVID-19 has had on BAME communities including NHS staff and the issue of structural racism which surfaced from the Black Lives Matter protests. The overarching priorities for the group are a) The management of the impact of the COVID-19 emergency and mitigating actions, b) the ongoing strategic approach to fairness and equality for BAME

staff and communities; and c) for these to be transparently published and reviewed on a regular basis and formally through an annual report, together with incorporation into accountability systems to measure and monitor change and impact. Over 60 BAME senior managers (non-executives and executives) from CCGs and provider trusts from across the region joined the first virtual meeting. NWAS' representative on the advisory committee is Salman Desai, Director of Strategy and Planning. The committee will meet quarterly, with a smaller working group meeting monthly to take forward key actions and reporting back to the committee.

The Equality, Diversity and Inclusion Annual Report is on the agenda for Board to consider this month. This sets out the great work done across our People and Patient Engagement Teams over the last 12 months and also gives an indication of our areas for focus over the remainder of this year. The events of the last few months have however, shown us all how far we still have to go to deliver true equality for our staff and communities and I and the Board are committed to ensuring that this critical area of work has the focus it needs moving forward

WRES Briefing for Boards and COVID-19 Emergency Preparedness, Resilience and Response structures (EPRR)

In June, the Chief Operating Officer of the NHS published a briefing for Boards which is attached to this report and focuses on the importance of diverse representation in command structures and operational decision making. It recognises that the NHS is at its best when it has diversity of representation and thought at its heart, across its workforce, leadership and processes of decision making. In particular, it highlights the benefits of improving the understanding of the concerns and anxieties of staff and patients and the protection of staff.

The report identifies a number of areas for consideration which may require both short term and longer term changes in the way we operate. As a trust we will be using the briefing to inform the debrief of the COVID-19 response and to consider changes to the COVID-19 command structures should we need to mobilise again in the future but we will also use it to consider our general approach to developing our command structures, using advisory groups and improving how we approach the assessment of the impact of decision making. We have a member of staff who has completed the WRES experts' programme who can help inform this work.

Our response and any subsequent proposals will be presented to the Quality and Performance Committee with an update no later than the September Committee.

Risk Assessments

On the 24 June 2020, Chief Executives and Chairs of NHS Trusts were written to by the NHS Chief People Officer, seeking assurance that risk assessment processes were being undertaken for at-risk staff groups.

Since the start of the pandemic the Trust had actively been undertaking Risk Assessments for those staff who were identified to be at a higher risk due to pregnancy, age (70+) and disability / serious underlying health conditions or living with someone who is shielding. The Trust has worked closely with its Occupational Health partner throughout the crisis in order to provide clear guidance on levels of risk through a risk stratification document. This was rapidly updated in order to include the emerging information related to BAME risks to ensure a robust underlying framework for these risk assessments to take place. Managers were asked to undertake a risk assessment which included consideration of individual health issues, work environment and also any other risk factors such as failure of fit testing. The risk assessment also had a significant focus on wellbeing and support.

The letter of 24 June has asked us to extend our individual risk assessments to incorporate additional groups considered to be at risk, specifically incorporating all staff over 60 and all male staff. This brings an additional requirement to risk assess approximately 3,200 additional staff. The Trust is using an electronic process to enable self-assessment and where additional factors are identified these will be followed up in more detail to ensure that we can protect our staff.

The overall timescales set for the completion of this exercise is 31 July. We are being asked to report progress nationally and the following shows progress up until 22 July. The position is being closely monitored through Executive Leadership Committee but shows good levels of compliance in respect of BME staff and also good progress in a short period to increase overall risk assessments.

National reporting requirement	Compliance at 17 th July	Compliance at 22 nd July
What % of all your staff have you risk assessed?	8%	18%
What % of risk assessments have been completed for staff who are known to be 'at-risk', with mitigating steps agreed where necessary	14%	31%
What % of risk assessments have been completed for staff who are known to be from a BAME background, with mitigating steps agreed where necessary	91%	92%

The Trust will continue to work at pace to improve this position. A detailed assurance report was presented to Resources Committee in July.

Mental Health Awareness Week 18-24 May

Mental Health Awareness Week took place at the end of May and following the theme of kindness, the trust shared stories of acts of kindness our staff had made throughout the week which were nominated by their own colleagues. From collecting shopping for a colleague's elderly family members, baking for their team or spreading positivity across the organisation, small acts make a huge difference.

Pride Month

June was Pride month and was officially launched in colourful style by the trust's LGBT Network. The network's Chair, Adam Williams and committee member, Matheu Collins joined Deputy Chief Executive, Michael Forrest to raise the Pride flag at a special ceremony at Ladybridge Hall

Colleagues watched the raising of the Pride Flag which commemorates the Stonewall riots of June 1969 and highlights not only the achievements of equality, but the continued fight for LGBT friends across the world.

National Carers Week 8-14 June

I wanted to pay tribute to the estimated 6.5 million carers there are around the UK, including colleagues also working for the trust. It is estimated that one in five people will become a carer at some point in their lives. We at NWAS are acutely aware of the huge contribution carers make, seeing at first hand day in day out how carers of all ages look after loved ones – often in really difficult situations. They make an unseen and crucial contribution to society, and we should recognise that.

Since the start of the COVID-19 crisis in February, many carers are working harder than ever as services have shrunk and they are left without the professional support they rely on for respite. Families are also taking on caring responsibilities for the first time. This year's campaign was all about making carers feel more visible. We play our part in that by ensuring that carers are given the right information and advice on how to care safely and well. Carers have expertise and should be respected, listened to and involved in decisions about their loved ones' care as much as possible.

Father's Day 21 June

A big shout out and thank you to all the trust's dads, particularly those who worked on Father's Day. It was good to see some of the messages posted on our trust's Facebook and Twitter accounts honouring our dads, both in and outside of the trust and like myself, to remember those dads no longer with us.

Reserves Day 24 June

NWAS has always enjoyed close links with all of the UK's Armed Forces, and we are proud that many of our staff are either Reservists or Cadet Force Adult Volunteers. Reservists give up their spare time to serve in the Reserve Forces, balancing their civilian life with a military career to ensure that should their country need them, they would be ready to serve as part of the military. They make up approximately one sixth of our Armed Forces personnel and as such are integral to protecting the nation's security at home and overseas, particularly providing capability in specialist areas such as medical and cyber.

I would like to thank each and every one of our reservist colleagues or cadet force adult volunteers here at NWAS, for their important contribution to the armed forces but also for the unique mix of skills and experience they bring to their roles with us.

We are extraordinarily proud of all our Reservists here at NWAS and marked the day on social media where we asked all our Reservists or Cadet Force Adult Volunteer to share their stories via a video clip or photos

Celebrate the NHS 72nd anniversary with the nation on Sunday 5 July

2020 has been the most challenging year in NHS history and one which could not have been done without the skills and expertise of our people or the support from countless individuals and organisations around the country. This year's anniversary was all about saying thank you to everybody who played a part in helping support and protect the NHS over the last six months in response to the pandemic; NHS staff, key workers, bus drivers, refuse collectors, care givers, shop workers, grannies and grandads who self-isolated, families who stayed at home, people who helped their workers and many more. The whole country stepped up in response and the NHS is grateful for every effort – no matter how big or small.

Over the anniversary weekend, the nation joined in celebrations and thanked those people who have really helped them over the last four months.

Staff were encouraged to:

- download the special thank you messages which could be customised and displayed in windows for people to see.
- display a light in their window on the evening of Saturday 4 July to remember those we have lost.
- join the nation in 'one last clap' at 5pm on Sunday 5 July and then raise a glass, mug or cuppa at 5:05pm and stay outside with neighbours (socially distanced) to let them know they are appreciated.

4 GENERAL

New voluntary role with AACE

I am incredibly proud to have recently been appointed to the role as Chair of AACE (the Association of Ambulance Chief Executives). I am already a Director of AACE and this additional role will commence on 1 August for a three year term, and I will be carrying out this role alongside my duties at NWAS.

I am delighted to have been chosen by the other CEO's to lead AACE to continue the significant contribution that the outgoing Chair Professor Anthony Marsh has achieved over the past 8 years in the role. He has made sure that the ambulance sector is seen as a key player within health and social care and that AACE is a powerful national body that can develop our prominence in the health and social care system. I will be continuing that mission, ensuring that we have a strong voice that can lobby national organisations to recognise that the ambulance sector is not only about 999 emergency services but plays a key role in planned and integrated urgent and emergency care. I want to show how the nation's ambulance services can provide genuine solutions to system wide challenges.

When I joined the NHS aged 17, and the Ambulance Sector aged 19 as a Patient Transport Service Ambulance Care Assistant, little did I know that I would become the most Senior Paramedic in the UK and be given this unique privilege to lead and represent the views and the voice of the Ambulance Service Nationally.

Q&A session with our Patient and Public Panel

Our Chairman, Peter White and I had the pleasure of hosting a Q&A session with nine of our Patient and Public Panel (PPP) members on our response to COVID-19 as a trust. This was a first for us but all went well and feedback has been very positive so it is likely we will replicate this format for other types of patient and public engagement events going forward. The session included an overview of our current priorities during the height of the pandemic, as well as what the trust will look like when we head into our recovery plans with the aim to return to business as usual. PPP members were then given the opportunity to ask us any questions in relation to our handling of the pandemic, current situation and future priorities.

We had some challenging but interesting questions which mainly focussed on our learning as a trust and new priorities as well as PPE, test and trace and questions around our staff health and wellbeing. They were also keen to understand how they might help us and to share feedback and experiences from their respective networks and communities. Peter and I absolutely appreciate the support of the newly established PPP and look forward to holding more sessions with them in the future. They offer many useful insights to help influence our service development and ultimately improve our patients' experience.

Panel members both on and off the call have been extremely supportive of our response to the pandemic and recognise the additional challenges placed on staff during this very testing time together with the way they have responded.

Death of a staff member – Malcolm McKune

It was with great sadness that I had to report the death of our friend and colleague, Ambulance Care Assistant, Malcolm McKune who passed away on 25 June 2020. Malcolm commenced his service with the trust in September 2003. During his service he worked at Huyton, St Helens and Whiston ambulance stations and was highly respected by his colleagues and was passionate about delivery high quality care to patients. Our sincere condolences go to Malcolm's family and friends at this sad time.

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.

WRES briefing for boards and COVID-19 EPRR membership in the NHS

19 June 2020 Version 1

Representation in decision-making

The NHS is at its best when it has diversity of representation and thought at its heart, across its workforce, leadership and processes of decision-making.

This is as important in the day-to-day running of an organisation as it is at times of emergency.

There has been no other time in recent history when ensuring diversity in decision-making was more pertinent than in the responses to COVID-19. A growing body of evidence shows disproportionate morbidity among black, Asian and minority ethnic (BAME) communities, including those of our NHS staff who have contracted COVID-19.

Naturally, when trusts establish emergency preparedness, resilience and response (EPRR) structures, the primary aim is speed, for the very good reason of delivering care to patients. However, it is vital that diversity in leadership structures is not reduced as a consequence of this speed.

As we continue to learn more about the impact of COVID-19 on our BAME communities and staff, our immediate focus should continue to be on ensuring safety. Tackling the disproportionate rates of infection and morbidity from COVID-19 among BAME groups is as much a safety issue as it is an equality matter.

Some key areas where boards and COVID-19 EPRR structures would benefit from the diversity of thought include:

- understanding the concerns and anxieties of staff, patients and service users
 - 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 (PPE).

Diversity in representation will also aid the understanding of any potentially disproportionate impacts on staff, service users and patients, as well as the indirect impact of COVID-19 aftercare and the relevant support that may be required when making changes to services understanding.

Ensuring diversity and inclusion at all levels is essential for NHS organisations because it enables access to a wider range of skills, lived experience, knowledge and talents. It is essential for patients and service users, because diversity in decision-making can help to meet the needs of our diverse communities; and it is essential for staff wellbeing that staff feel cared for, listened to and valued.

How can NHS boards and COVID-19 EPRR structures improve on representation in decision-making?

For the reasons above, trusts should act now to ensure diversity in their EPRR decision-making processes.

Where those structures are already in place, they should be reviewed to ensure that the diversity of the organisation at large, and across specialisms, is reflected in the EPRR composition.

The following steps can help to make these changes:

- When selecting EPRR members for each level of command (gold, silver and bronze), be explicit in seeking members from minority groups to ensure the total membership reflects the entire workforce or local population.
- EPRR should be open to involving talent without prior experience in response structures – this can include requesting support through the various diversity leadership networks (BAME, women’s, disability, faith, etc).
- Establish a diversity advisory group to provide strategic and operational input into key decisions (see case study 1.1).

- Ensure equality impacts emerging from decisions are assessed (see case study 1.2).
- Engage with your BAME staff and staff network – refer to published guidance in supporting existing networks or establishing networks where they do not exist.
- Use the network of Workforce Race Equality Standard (WRES) experts ([cohort one](#) and [cohort two](#)) that exist across the NHS (nb – clinical matters should be referred to clinically trained staff).
- Work towards increasing BAME representation at senior and board level within the organisation – the [WRES Model Employer Strategy](#) will provide guidance.
- Ensure that you are reviewing the composition of your EPRR structures as you would with leadership in the course of regular business. The checklist and calculator at Annex A can assist with reviewing your current EPRR structure.
- Act quickly and reassure staff when evidence of potential inequalities is identified. Be open to having honest and difficult conversations.
- Share replicable good practice. As we renew our approach to making decisions as part of recovery and renewal of the NHS, we must make sure we do this in a way that is inclusive. In each of our regions and ICSs, there are good examples of how this is being done. London’s new People Board, for example, matches the diversity of the capital’s NHS workforce, with over 40% of its places taken by BAME colleagues, and over 70% by women.

Further information on the WRES can be found on [our website](#).

Case study 1: Establishing a BAME advisory group to support COVID-19 decision-making

The Northern Care Alliance NHS Group

Purpose

The BAME Leadership Council is an important consultative forum, established to support the safety and wellbeing of BAME staff working in the Northern Care Alliance NHS Group (NCA). In particular, the group sought to consider and tackle the disproportionate impact COVID-19 has on BAME individuals.

The council will review, discuss and recommend responses to safety and wellbeing issues for BAME staff, that will in turn inform decisions to be made by the executive team and the NCA board.

Over the next 12 months, it is anticipated the group's main focus could move from solely issues of staff safety and wellbeing to address other issues faced by BAME staff in the organisation.

Responsibilities

The council will act in an advisory capacity to the executive team. It aims to make demonstrable difference to the safety and wellbeing of BAME staff by developing recommendations for action. It will do this by:

- tapping into the different perspectives and experiences of BAME staff
- reviewing all approaches to staff policies and processes, as well as staff engagement, to ensure the organisation can communicate clearly with staff regarding the impact of national and local guidance
- analysing data on risk and outcomes for BAME staff safety and wellbeing
- assessing the latest evidence and research to inform recommendation.

Membership

- Chief executive (chair)
- Chief financial officer (co-chair)
- Medical director
- Nursing director
- Operational director
- HR business partner
- Nursing BAME staff member
- Medical BAME staff member
- AHP BAME staff member
- Healthcare BAME student
- Healthcare scientist BAME staff member (diagnostics and pharmacy)
- Estates and facilities BAME staff member
- Corporate BAME staff member
- Occupational health representative
- Organisational development representative
- Co-chair from each BAME staff network
- Associate director for inclusion
- Freedom to speak up guardian (or BAME specific guardian)
- Staff-side representative
- Staff governors.

Reporting

The chair is responsible for escalating issues for consideration by the executive team, including those which require further discussion, decisions to be taken, and/or those of which the council feel the board should be made aware.

Case study 2: Evidencing due regard in COVID-19 decision-making

The Northern Care Alliance NHS Group

Background

As an impact of the COVID-19 outbreak, all NHS organisations have moved into emergency response mode, including regarding decision-making and planning. Often, decisions have had to be made relatively quickly as organisations adapt their services and workplace environments.

Large, complex, public-sector organisations responding to these circumstances will be faced with the challenge of ensuring they can meet the duties set out in the Equality Act 2010, and ensuring due regard for equality.

It has also become apparent that COVID-19 is disproportionately impacting people with particular protected characteristics.

The Equality Act 2010 requires all public sector organisations to be able to show that, in the development of any changes or decisions that impact on people, they have shown 'due regard' for how any changes may impact on people, compared with the status quo, based on their protected characteristics.

In practice, organisations work towards achieving this by undertaking an Equality Impact Assessment (EQIA). Organisations often use this process within their policy development or when undertaking service transformation in order to manage this risk effectively.

The challenge

Due to the ongoing emergency and the necessity to respond rapidly to fast evolving circumstances, decision makers have not always been clear on the extent to which they should record and demonstrate due regard for protected characteristics, or complete an EQIA.

Key questions that persist include:

- How much time needs to be given to urgent or emergency decisions being made in response to COVID-19?
- How much do we have to record?
- How do we secure an effective approach to manage risk in this area without incurring additional, inappropriate delays to a decision that needs to be implemented quickly?

Proposed solution

The NCA's solution to the current challenge is to provide a clear pathway for the recording of discussions and considerations when urgent decisions are being made by committees and groups, without adding any unnecessary delay to their implementation – see Figure 1 and Table 1 below:

Figure 1: NCA decision-making flowchart on demonstrating due regard for equality



Table 1: NCA Form for demonstrating due regard to equality on urgent decisions

Decision-making body	
Chair of decision-making body	

Lead for decision

Date decision made

List what potential negative impacts to status quo for protected characteristics were identified as needing to be avoided or considered when making this decision?

Outline how any impacts to the status quo for protected characteristics have been avoided or mitigated within the decision being made

What impacts were discussed in regard to any protected characteristics at the meeting where this decision was agreed?

Deadline required to start implementation

Equality team review

Name

Date

Chair's action

Name

Date

Case study 3: Involvement of BAME networks in COVID-19 decision-making

West Yorkshire and Harrogate Health and Care Partnership

The West Yorkshire and Harrogate Health and Care Partnership (also known as an Integrated Care System: ICS) five-year strategy sets an ambition to increase diversity in leadership across partner organisations, specifically for the BAME workforce. A paper setting out specific proposals on how the partnership could make this ambition a reality was approved at the ICS Partnership Board in March 2020.

These recommendations were co-produced with BAME staff network, which is made up of chairs and leaders from across the partnership, as well as colleagues with an active interest in this agenda.

The partnership recognised that to truly transform leadership and improve the outcomes for our people, we must ensure that the ambition is not seen as the responsibility of the network or our BAME staff, but that everyone in West Yorkshire and Harrogate recognises that they have a role in making this a success.

The disproportionate deaths of BAME health and care staff during the COVID-19 pandemic brought this agenda into sharp focus and, in the view of both the partnership and the staff network, called for immediate action.

The West Yorkshire and Harrogate BAME network has been working hard to support the system-wide response as well as the response within their own organisations and focused its activity into several key areas including involvement in decision-making.

The BAME networks across the partnerships supported and were equal partners with the West Yorkshire and Harrogate Association of Acute Trusts (WYAAT) to develop a consistent approach to COVID-19 risk assessments to ensure diverse expertise in decision-making and the ability to flex interventions to meet local need. The BAME networks also shared some top tips and additional guidance with WYAAT organisations and the Mental Health, Learning Disabilities and Autism Collaborative to support the conversations.

This approach has now been implemented across all acute and mental health organisations across the West Yorkshire and Harrogate Health and Care Partnership.

You can find out more here on the [partnership's website](#).

Case study 4: A system-led COVID-19 BAME disparity advisory group

South East Region

The South East regional BAME disparity advisory group was established in response to the emerging evidence of the disproportionate impact of COVID-19 on BAME staff. The group is co-chaired by the Regional Director (Anne Eden) and the Director of ICS Assurance (Scott Durairaj) and involves BAME leaders from across the region to ensure its decisions are BAME led.

The group's purpose is to identify, develop and spread opportunities to minimise the disparity of impact from COVID-19 on the BAME workforce and communities across the region.

Delivery is led through five working groups with each meeting starting with a personal story to remind members about the urgency and importance of this work.

The working groups are:

1. Addressing population disparity

This workstream is designed to support prevention of COVID-19 in BAME communities and has piloted a variety of responses and clinical interventions in Slough. Working across the Frimley health system, with colleagues from primary care and Public Health England, exploration is upon the introduction of contact tracing for targeted groups within BAME communities, working with BAME community leaders to co-design support for local communities.

An example of the community approach underway in Slough can be found as case study 4.1.

2. Addressing workforce disparity

Building on national guidance, the team produced a 'gold standard' risk assessment to support organisations in the region to undertake meaningful assessments. The tool was made available on mobile phones and was supported by guidance for managers which included a board checklist, health and wellbeing guide and advice for line managers on how to manage the risk assessment conversation. Metrics and a dashboard were also created to help executive teams understand and interrogate progress within their organisation.

An example of an organisational approach at Surrey and Sussex Healthcare NHS Trust can be found as case study 4.2.

3. Corporate NHS England NHS Improvement BAME workforce

The group recognised that the needs of BAME staff employed in the regional team may be different to those of frontline NHS facing roles. Senior leaders in the region have

demonstrated their commitment to this work and established two-way communication to ensure that the disproportionate impact of COVID-19 can be discussed openly. Network leads have ensured that the BAME staff network is able to co-design solutions in partnership with both HR and health and wellbeing teams.

4. Communications and engagement

The group's purpose and determination to make a positive difference is at the heart of all communication, helping to create a sense of shared endeavour among leaders in the region. Communication is informed by insight from a range of engagement networks across the South East region in ensuring they are both meaningful and impactful.

Open and transparent communication is an important part of the BAME advisory group's culture, with all meeting papers and action notes being made available to staff via a website.

5. System implementation and dissemination

While maintaining regional oversight of this work, an important aspect is that decisions are co-led by the six healthcare systems in the region.

The Regional Director has engaged directly with systems leaders to ask each system to submit an action plan to respond to the community and workforce disparity during COVID-19. Plans are reviewed, feedback is given, and recommendations shared.

An example of a whole system approach at Sussex Health and Care Partnership ICS can be found as case study 4.3.

Case study 4.1: Diverse representation in decision-making – a community approach to protection from COVID-19

Frimley Healthcare System

Background

Increased rates of COVID-19 are impacting communities with high numbers of BAME residents. Over half (54%) of Slough's population fall within this category and 27% do not speak English as a first language.

Other factors that make this community vulnerable include high deprivation, high population density neighbourhoods and multigenerational, larger households.

Aim and approach

An inclusive partnership has been created in the area to pilot a multi-agency approach which can identify and promote effective interventions. This is supporting individuals and communities to:

- protect themselves and their families by taking preventative steps
- benefit from GP and community services that are easy to access
- reduce their morbidity and mortality risk
- tackle health inequalities.

The partnership brings together Frimley Health and Care ICS, Slough Borough Council and Public Health and community, faith and voluntary sectors. The pilot has the following areas of work:

- improving information – development of a risk profile, enhanced ethnicity recording and sharing of NHS England and NHS Improvement data and BAME health impact assessments
- community awareness and engagement: social marketing, multilingual communications, and engagement with faith and cultural leaders to help build community resilience
- prevention and harm reduction, including frailty detection and management and mental ill health prevention
- clinical management
- enhanced community swabbing for hard-to-reach symptomatic patients in the community
- preventive GP practice outreach work by proactively managing patients in the community for blood pressure, diabetes and weight management

- proactive remote pulse oximetry home monitoring for patients with suspected COVID-19/positive COVID-19
- workforce: undertaking risk assessments with health and care staff and volunteers and understanding and capturing staff experiences.

Case example

I have approximately 5,000 patients of which 90% are from a BAME background. When COVID-19 started in our area, I recognised that many of my patients lived in large, multigenerational households and this could potentially impact the spread of infection within a single household. To protect both the patients, staff and wider community, Kumar Medical Centre (KMC) decided to review any suspected COVID-19 patients in their own homes. Home visits are carried out with full PPE and has enabled the GP practice to keep COVID-free.

Furthermore, by visiting the patient at home, I could assess the other family members and discuss the importance of self-isolation within the household. All COVID-positive patients were coded on our system and as we knew who lived with them, an alert was placed on other members within the household in case another family member became ill.

As a result of this approach, we have now implemented the 'hot car' service in Slough, which visits any suspected COVID-19 patient at home for all GP practices. We are hoping to expand this service with additional swabbing facilities and remote pulse oximetry home monitoring.

A local voluntary group - One Slough - has also been a great source of help with communicating to families and supporting vulnerable members within the community. They have helped with providing food, medical supplies and will be part of our wider support in accessing these hard to reach communities.

It has been an emotional period where our practice has lost patients and a staff member. Our own families are at risk too, but I know our patients appreciate the care we are taking, and as each day passes, we are learning how to help the next patient.

We are now embarking on a proactive approach, introducing preventative measures, as identified above, and are beginning to look at evidence and understand the virus and its effect on our BAME community.

Dr Priya Kumar
Kumar Medical Centre, Slough
GP and Primary Care Lead for Slough

Case study 4.2: Diverse representation in decision-making – an organisational approach to protection from COVID-19:

Surrey and Sussex Healthcare NHS Trust (SASH)

Background

To help reduce transmission of COVID-19, trust leaders wanted to ensure all 5,000 staff, including those in support service roles, felt safe.

It was committed to ensuring all colleagues understood the emerging evidence that COVID-19 was having a disproportionate impact on BAME communities and what the trust could do proactively to protect them.

SASH established a BAME staff network in 2018 to listen to their BAME colleagues and offer advice and guidance to trust leaders. This network has been integral to the approach described below.

Approach taken by SASH

- Early risk assessment of vulnerable staff. This included talking to all staff with higher risk factors and offering the opportunity to work in a lower risk area or from home. This early intervention has helped to minimise COVID-19 sickness absence and mortality rates and offers an example of good practice as described in the South East regional risk assessment tool.
- Hosting socially distanced peer to peer drop-in sessions for BAME staff to discuss concerns and talk to experts face to face, including members of the BAME staff network, clinicians, senior leaders, infection control, workforce, wellbeing, communications and chaplaincy teams. This has reassured staff.
- Feedback is collated from the drop-in sessions and is being used to keep all staff updated and involved, ensuring a high level of ongoing support for BAME staff in particular.
- Offering tailored support and communications channels to different communities and for staff who do not speak English as a first language, including:
 - a dedicated WhatsApp group to keep those informed of support on offer
 - a dedicated app for staff to access individual peer to peer support
 - new COVID-19 action cards for staff specifically for facilities teams, porters and housekeepers, with step-by-step infographics to help them understand proper application and removal of PPE and working in COVID-19 areas.

Staff say that they clearly understand how to keep themselves and their colleagues safe at work and were enthusiastic about having the opportunity to talk to the media recently about the positive work the trust has been doing.

'I'm happier now I know that I'm following the guidelines and I'm well supported and have the PPE.' Priscilla, Clinical Support Nurse

Case study 4.3: Diverse representation in decision-making – a whole system approach and response plan

Sussex Health and Care Partnership ICS

Background

The Sussex BAME COVID-19 Response Programme has set out a framework for action across Sussex, which draws on work already being carried out by partner organisations in the system to mitigate the risk to the BAME workforce and local community; and the additional support put in place to save lives through measures to protect staff via health and social risk assessments, testing at scale, provision of PPE and monitoring data.

The plan also includes a strategy for full engagement with BAME staff and BAME communities and stakeholders in Sussex.

The programme will act as a single focal point for coordinating the Sussex response and will co-ordinate, track and report on all actions being undertaken by health and care partners in Sussex. The system programme is being led by one of our BAME executives: Executive Managing Director at Brighton and Hove Clinical Commissioning Group, alongside the ICS SRO as co-lead.

Framework of the Plan

The Sussex BAME COVID-19 Response Plan is underpinned by three key domains:

1. Safeguarding our workforce

The first includes both the health and social care workforce across Sussex and covers:

- Training and compliance on appropriate use of PPE, guidance on re-fit tests, support of use of PPE
- Staff testing
- Risk assessment
- Prehospital care (eg telephone follow up of staff who are ill)
- Recovery (eg review of the quality, access and cultural appropriateness of the current health and wellbeing along with mental health offer for BAME communities).

2. Safeguarding our population (clinical)

We need to mitigate risk in the community and ensure our BAME communities with long term conditions (eg diabetes, hypertension, cardiovascular disease) are reviewed. A locally commissioned service has been put together to use the relationship that already exists with general practice to help us do that more quickly.

3. Engagement and communication

A key element here is to bring together and work effectively with our BAME workforce and resident population. It includes engaging and establishing conversations with existing BAME, faith and other staff networks; improving COVID-19 meaningful communication amongst BAME community groups; ensuring culturally appropriate awareness and support in the workplace for BAME staff; increasing BAME representation in communications and on the media.

In addition to the three key domains, a governance structure has been created to sustain the action plan in the long term.

Key achievements to date

A key achievement regarding all the actions and plans that have been delivered is the very short timeframe in which all the activities below have happened.

1. Safeguarding staff

- Sussex BAME staff engagement event, Friday 5 June - over 300 people participated.
- Primary care communication on guidance and standard operating procedures issued to general practice.
- All partners in the Sussex Health and Care Partnership are developing appropriate risk assessments for staff.

2. Safeguarding our community

- Medical leads: Chief Medical Officer, Chief Clinical Information Officer, Senior Information Risk Owner, Sussex Clinical Commissioning Groups; Deputy Medical Director – Sussex Community Foundation Trust, have been appointed.
- A COVID-19 emergency locally commissioned service (LCS) has been compiled and signed off, which will offer extended health services to local BAME communities.
- Meetings with senior public health researchers at Brighton Medical School have taken place to discuss collaborative work to support this programme. The University has funding for research to support domiciliary care and care homes.
- The Director of Public Health for East Sussex has been appointed the public health lead for the population workstream.
- Working groups have been set up with Sussex Departments of Public Health to agree a strategic approach to collating data in Sussex to support this programme.

3. Communication and engagement

- A Sussex BAME health and care staff engagement event took place in early June 2020, with over 300 people attending.
- Creating partner events with the Voluntary and Community Sector (VCS) to engage with health and care workers in the Third Sector, working with BAME network leads.
- External communications and engagement plans have been developed to support the workforce and population workstreams.
- A key stakeholder engagement advisory group has been established and the first meeting has taken place.
- VCS partnerships have been commissioned to undertake targeted engagement in key hard to reach localities.
- Establishing groups and links with local linguists and community leaders to support the programme.

Annex A: EPRR diversity tools

The WRES team has developed simple tools to assist users in reviewing the diversity of their EPRR structures.

EPRR checklist

In reviewing the diversity of EPRR structures, you should maintain a log of lessons learned, and ensure you ask yourself the following questions:

- How often is EPRR membership reviewed?
- How often does EPRR meet?
- Who is included in EPRR membership?
- Is EPRR membership multi-disciplinary?
- Is EPRR membership representative of the workforce/local population with regards to protected characteristics?
- What mechanisms does EPRR have to listen to the voices of staff and underrepresented groups?



REPORT

Date:	29 July 2020									
Subject:	Northern Ambulance Alliance (NAA) programme update									
Presented by:	Daren Mochrie									
Purpose of Paper:	For Discussion									
Executive Summary:	<p>The paper provides the Trust Boards of the Northern Ambulance Alliance (NAA) with an overview of key work stream progress.</p> <p>The NAA consists of 4 Trusts: East Midlands Ambulance Service Trust; North East Ambulance Service NHS Foundation Trust; North West Ambulance Trust; and, Yorkshire Ambulance Service NHS Trust.</p>									
Recommendations, decisions or actions sought:	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.									
Link to Strategic Goals:	Right Care	<input checked="" type="checkbox"/>	Right Time	<input checked="" type="checkbox"/>						
	Right Place	<input checked="" type="checkbox"/>	Every Time	<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 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"/>
Are there any Equality Related Impacts:	No									
Previously Submitted to:	N/A									
Date:	N/A									
Outcome:	N/A									

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1. PURPOSE

The paper provides the Trust Boards of the Northern Ambulance Alliance (NAA) with an overview of key work stream progress.

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

2. BACKGROUND

2.1 NAA Board

The NAA Board meets bi-monthly and met on 16.07.20. The Board received an update on the NAA work stream progress, which have recently been impacted by the need to focus resources on the covid-19 response since March 2020. Work streams have been re-started in June/July 2020 with the benefit of Microsoft teams aiding efficient collaboration (see summary updates below).

The Board received a presentation on the findings from stakeholder engagement undertaken by Carol Weir, Managing Director, who commenced a six month secondment, until 30.11.20. Engaging with stakeholders to:

- understand the NAA from their perspective;
- identify what's working well, improvements/gaps, and opportunities;
- review work streams, with appropriate support and challenge;
- develop a programme 'health check' and roadmap to provide a high level overview of the programmes' key milestones;
- provide an update with assurance and recommendations to the NAA Board on each work stream. Highlight reports now being received monthly and PMOs re-engaged;
- develop a MD work plan based on stakeholder engagement and work stream progress.

The Board received the MD work plan, i.e next steps, which included actions around three key themes (see below).

2.2 NAA Staff

In addition to the Managing Director position, the NAA staff includes:

Jane Condon, Head of Programme Management Office, 24 month secondment until 13.10.21.

Andrew Ormerod, Clinical Programme Lead, 12 month secondment until 31.01.21 to lead the avoidable conveyance and telecare decision support tool work.

Graham Norton, Digital Transformation Lead, in post from the 11.03.20 (permanent contract), supporting the CAD work initially, until a CAD Project Manager is in post (interviews 31.07.20 – fixed term until 31.03.21).

Each work stream has a CEO sponsor, with Executive Leads for each of the work areas agreed as Year 1 priorities for the NAA. The PMOs in each Trust have

agreed to support the work, as required, using a standardised governance process. Highlight reports are now being received monthly for each area and all PMOs re-engaged to support monitoring and accountability. Risks for each work stream are currently managed without need for escalation.

2.3 NAA Work stream Updates – Key achievements and progress

2.3.1 Avoidable Conveyance/Telecare: Lead CE: Helen Ray, Lead Executive: Mick Forrest / Mark Newton (NWA) (Author: Andrew Ormerod, Clinical Programme Lead, NAA)

The Avoidable Conveyance Working Group has not met since February 2020. The group had focused on the Telecare Decision Support Programme and input into the strategic outline case (SOC).

Key leads for the work have been re-engaged and have supported the development of a draft work plan for both telecare and wider avoidable conveyance. The working group re-started on 16.07.2020 to support and challenge the clinical governance, engagement and implementation of the work in each Trust and benefits realisation. The SOC has been updated as a result of review and was approved at NAA Board.

2.3.2 Digital - Computer Aided Dispatch (CAD): Lead CE: Richard Henderson, Lead Executive: Will Legge (EMAS) (Author: Graham Norton, Chief Information Officer, NAA)

Computer Aided Dispatch (CAD)

Following NAA Board agreement to accept the recommendations of the Feasibility Study, and proceed with the development of a Strategic Outline Case (SOC) on 14.05.20, work on the Common CAD Project has now recommenced. A start-up meeting (25.06.20) endorsed the scope of the work to be undertaken, its outputs and the Terms of Reference for the Common CAD Project Board.

Masons Advisory have agreed to focus on the requirements development, and will also contribute to the Commercial and Benefits elements work required to support the SOC. User Working Groups have now been set up and will conduct a series of Requirements Capture Meetings during July. The Project Board will meet to review the work in late July, with the current timetable envisaging the SOC being presented to the NAA Board for approval in September 2020.

The SOC will consider and present the benefits that the CAD project can enable. The NAA Board will be required to agree the benefits sought from this work and therefore processes required to deliver these benefits e.g. opportunity to work with NAA partners to reduce the number of fall-back operation centres through common processes for call handling, dispatch, etc.

Recruitment is progressing for a Project Manager (until March 2021), interviews 31.07.20.

Digital

Support is continuing to be provided to the TRANMAN and Unified Communications

projects. Initial discussions are underway with the Ambulance Radio Programme, regarding a proposal for the NAA to provide a single focus for all 4 Trusts for the vehicle hardware programme that will, in due course, be a key underpinning capability for ambulance digital transformation.

2.3.3 Quality Improvement (QI) Virtual Academy: Lead CE: Helen Ray, Lead Executive: Steve Page (YAS) (Author: Steve Page, Executive Director of Quality, Governance and Performance Assurance and Deputy Chief Executive, YAS)

NAA Board approved a plan (January 2020), with a formal launch in September 2020. The four Director leads met in March and agreed actions. A further meeting of the Director leads was held on 05.06.20, recognising that with the response to covid-19 the initial timetable for development was no longer viable. The key points agreed were:

- The Leadership Council would be established with 3 members per Trust and meetings scheduled for the rest of the year.
- Ideas for external stakeholders to be invited to the Advisory Board would be shared to enable the group to reach a consensus on the final proposed list.
- A launch event would be planned for Spring 2021.
- The Leadership Council would be the vehicle for development and delivery of the implementation plan, through the 3 work streams in the original proposal:
 1. staff engagement;
 2. QI training, and;
 3. a Breakthrough Series Collaborative.
- It was recognised that learning and adaptation from the covid-19 experience would be necessary as part of the next phase of development.

2.3.4 Quality Improvement (QI) Handover Delays: Lead CE Helen Ray, Lead Executive: Maxine Power (NWAS) (Author: Maxine Power, Executive Director for Quality, Innovation and Improvement, NWAS)

The QI hospital handover work was suspended during covid-19. The NAA work stream is about taking the NWAS work and offering it to other NAA partners as an opportunity for shared learning. Coordination is required by NWAS, and NWAS are reviewing this. There is a need to review the NAA work programme (feasibility, timelines etc.) based on the outcomes of the NWAS work plan review.

2.3.5 Sustainable Fleet: Lead CE Daren Mochrie, Lead Executive: Neil Maher (NWAS) (Author: Mark James, Project Manager NWAS)

Tranman

The project board has been re-started (25.06.20) and will continue to meet monthly. Progress with Civica has been positive, acknowledging that the Tranman project has experienced challenges and issues. Phase one core specification changes are on track and will be completed in July. Weekly conference calls with Civica are ongoing. Civica will begin phase two, with the work plan drafted week commencing 06.07.20. The finance interface is planned as the next step.

The Tranman project board has reviewed the original PID, project benefits, risks and terms of reference. The PID is to be refreshed and presented at the next project board meeting.

NEAS had raised concerns in May 2020. A decision point was agreed for 01.07.20 (deadline for NEAS to decide upon remaining with and progressing with the rollout of Tranman rel9 or exploring other procurement options). Assurances have been provided to NEAS that phase 1 issues are resolved and progress is positive, therefore NEAS have agreed to progress with plans to rollout Tranman rel9.

Note: no wider fleet work stream work at this time.

2.3.6. Corporate Services: Lead CE: Rod Barnes, Executive Leads: Human Resources/Robotic Process Automation-Christine Brereton (YAS); Education-Kerry Gulliver (EMAS); Legal, Governance and Risk-Angela Wetton (NWS)

After joint discussions in early July on the current position it was agreed that the HR Directors will meet to agree next steps (20.08.20). Update will be provided for the next NAA Board meeting (10.09.20).

Angela Wetton (NWS) has agreed to contact colleagues in each Trust to update the Legal Services paper for the next NAA Board meeting (10.09.20).

2.4 NEXT STEPS

Continue to monitor and progress the work streams as outlined above and address the findings of the stakeholder engagement, below.

Theme 1: Vision and Engagement - the NAA offers opportunity and potential but there is a generally agreed lack of clarity amongst senior internal stakeholders on achievements and plans.

Action: Increase stakeholder awareness of NAA vision, aims, work streams and achievements. Increasing visibility through regular communication, to include: use of NAA brand architecture; website; twitter, annual report, updates at Trust Board; sharing of benefits and learning; and, robust stakeholder input into developing the NAA work plan.

Theme 2: Facilitation and Support – the NAA offers an opportunity to share good/best practice, however, this is not always robustly implemented.

Action: Explore the potential need to offer more structure to support best practice ideas into implementation of products.

Theme 3: Governance and Accountability – work stream relevance is sometimes unclear with respect to alignment with local priorities and/or competing priorities. Progress on some work programmes has been slow. This is potentially related to relevance and prioritisation, as well as issues of governance and accountability.

Action: Work stream review to be undertaken to understand alignment with national drivers, benefits, prioritisation, resource requirements, and, current position, to enable the NAA Board to agree to continue/pause/redefine/end some of the work streams using a defined process and rationale. This will enable prioritisation, and an opportunity to focus on a small number of priority areas, with appropriate

resource and support/challenge. These priority work stream will have alignment and benefits clearly articulated, with robust performance management, reporting, governance and accountability to ensure full benefit realisation.

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 to progress the NAA work programme.

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REPORT

Board of Directors	
Date:	Wednesday 29 July 2020
Subject:	Board Assurance Framework 2020/21 Opening Position & Q1 Review & Corporate Risk Register
Presented by:	Ms Angela Wetton, Director of Corporate Affairs
Purpose of Paper:	For Decision
Executive Summary:	<p>The Board of Directors have been provided with the 2020/21 Opening Position and Q1 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 Senior Risk and Assurance Manager 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 Appendix 1. The proposed 2020/21 Opening Position and Q1 position for the BAF risks with associated CRR risks scored ≥ 15 can be viewed in Appendix 2. The BAF Heat Maps for 2020/21 year to date can be viewed in Appendix 3.</p> <p>Following a full review of both controls and assurances across the BAF, there has been the following changes proposed:</p> <ul style="list-style-type: none"> • SR01 Opening Risk Score of 15 • SR02 Opening Risk Score of 25 • SR03 Opening Risk Score of 25 • SR04 Opening Risk Score of 16 • SR05 Opening Risk Score of 12 • SR06 Opening Risk Score of 8 • SR07 Opening Risk Score of 12 • SR08 Opening Risk Score of 15 • SR09 Opening Risk Score of 12 • SR11 Opening Risk Score of 20

	<p>As part of the Q1 review, the proposed changes have been identified;</p> <ul style="list-style-type: none"> SR11 has decreased in risk score from 20 to 15 <p>In addition, a review of the SR10 has identified a proposal for a revised articulation of SR06 to incorporate the impact on the Trust's reputation. The proposed revised articulation of SR06 can be viewed in s5.</p>										
Recommendations, decisions or actions sought:	<p>The Board of Directors are requested to:</p> <ul style="list-style-type: none"> Agree the 2020/21 Opening Position of the Board Assurance Framework Agree the Q1 position of the Board Assurance Framework Agree the decrease in risk score for SR11 from 20 to 15 Agree the revised articulation of SR06 to reflect the reputational impact Agree the closure of SR10 pertaining to Trust Perception 										
Link to Strategic Goals:	Right Care			<input checked="" type="checkbox"/>	Right Time			<input checked="" type="checkbox"/>			
	Right Place			<input checked="" type="checkbox"/>	Every Time			<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 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"/>	
Are there any Equality Related Impacts:				None Identified							
Previously Submitted to:				Assurance Committees, ELC and Audit Committee							
Date:				Throughout Q1							
Outcome:				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 2020/21 Opening Position and Q1 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 Senior Risk and Assurance Manager, as part of the risk profiling work completed, this work has informed discussions with Directors and Senior Managers 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 2020/21 Opening Position and Q1 review of the BAF, the Senior Risk and Assurance Manager 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 Q1

The quarterly review process provided an opportunity for the Director Lead to meet with the Senior Risk and Assurance Manager, to discuss the update 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 2020/21 Opening Position and Q1 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:

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.

- Change in Opening Risk Score from the 2019/20 Q4 Risk Score

Opening Score 01.04.2019	2019/20 Q4 Risk Score	Opening Score 01.04.2020	Exec Lead
16 4x4 CxL	16 4x4 CxL	15 5x3 CxL	Prof M Power

This risk has a differing risk score from the 2019/20 Q4 Risk Score to the 2020/21 Opening Risk Score following review, with the following rationale applied by the Executive Lead or relevant Senior Manager:

1. Should the Trust not deliver appropriate safe, effective and patient-centred potentially has a catastrophic consequence which may result in multiple breaches in our statutory duties and subsequent prosecution from one or more regulatory bodies.

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

- Change in the Opening Risk Score from the 2019/20 Q4 Risk Score

Opening Score 01.04.2019	2019/20 Q4 Risk Score	Opening Score 01.04.2020	Exec Lead
20 5x4 CxL	15 5x3 CxL	25 5x5 CxL	Ms C Wood

This risk has an increased risk score from the 2019/20 Q4 Risk Score to the 2020/21 Opening Risk Score following review, with the following rationale applied by the Executive Lead:

1. The Trust does not have an approved financial plan and the absence of an agreed contract for Paramedic Emergency Services (PES).
2. The Trust had a recurrent shortfall in CIP brought forward in 2020/21 to deliver within the current financial year.
3. Operational planning and contract negotiations are suspended nationally due to the COVID-19 pandemic; this is impacting all NHS organisations nationally.

4. The Trust has devised a draft plan, identifying a significant CIP larger than 2019/20 with no means of delivery
5. Emergency budgets are in place to assist NHS organisations to deal with the COVID-19 pandemic.

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.

- Change in Opening Risk Score from the 2019/20 Q4 Risk Score

Opening Score 01.04.2019	2019/20 Q4 Risk Score	Opening Score 01.04.2020	Exec Lead
15 5x3 CxL	20 5x4 CxL	25 5x5 CxL	Mr G Blezard

This risk has an increased risk score from the 2019/20 Q4 Risk Score to the 2020/21 Opening Risk Score following review, with the following rationale applied by the Executive Lead:

1. The Trust was not achieving performance across all standard due to the COVID-19 Pandemic.
2. In response to the COVID-19 Pandemic; a COVID-19 Plan was devised which included an Organisational Command Structure to facilitate a coordinated and responsive approach.

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.

- Change in Opening Risk Score from 2019/20 Q4 Risk Score
- Amendment to the Exec Lead to Director of People to reflect the recent changes in the Executive Team Structure

Opening Score 01.04.2019	2019/20 Q4 Risk Score	Opening Score 01.04.2020	Exec Lead
12 4x3 CxL	8 4x2 CxL	16 4x4 CxL	Ms L Ward

This risk has an increased risk score from the 2019/20 Risk Score to the 2020/21 Opening Risk Score following review, with the following rationale applied by the Executive Lead:

1. The impact COVID-19 has had on the organisation which has therefore resulted in a number of key workforce objectives being paused.
2. The Trust has undertaken a number of mitigations to assist with the impact of COVID-19 which has included the increase in capacity in Contact Centres, completion of risk assessments, homeworking arrangements and annual leave buy-back schemes.

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

- Change in Opening Risk Score from 2019/20 Q4 Risk Score

Opening Score 01.04.2019	2019/20 Q4 Risk Score	Opening Score 01.04.2020	Exec Lead
20 4x5 CxL	16 4x4 CxL	12 4x3 CxL	Prof M Power

This risk has a decreased risk score from the 2019/20 Q4 Risk Score to the 2020/21 Opening Risk Score following review, with the following rationale applied by the Executive Lead or relevant Senior Manager:

1. There has been significant progress with cyber security with a completed detailed review of cyber risk and a programme of replacing unsupported hardware.
2. Further assurances are scheduled to be reported to the Resources Cttee; this will be the first Committee following the decision to ‘stand down’ governance meetings to reduce the burden.

SR08: 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 Trust’s ability to complete and gain business and commercial opportunities that will generate income and protect our core services

- A new Strategic Risk for 2020/21 with a proposed opening score of 15

Opening Score 01.04.2019	2019/20 Q4 Risk Score	Opening Score 01.04.2020	Exec Lead
N/A	N/A	15 5x3 CxL	Mr M Forrest

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.

- A new Strategic Risk for 2020/21 with a proposed opening score of 20.
- A Q1 Risk Score of 15.

Opening Score 01.04.2020	Q1 Score	2020/21 Target	Final Target	Exec Lead
20 5x4 CxL	15 5x3 CxL	10 5x2 CxL	5 5x1 CxL	Mr M Forrest

The risk has a decreased risk score from the 2020/21 Opening Position to the Q1 Position following review, with the following rationale applied by the Executive Lead:

1. Primary focus remains on the operational response to sustain the level of resources to the end of the financial year.
2. The Trust continues to remain compliant with associated regulation and legislative requirements with assurance being provided.
3. The Trust has been responsive in providing PPE, supplies and vehicles.
4. Face Fit Testing has been progressing throughout Q1, to achieve 100% compliance across our workforce.
5. The Trust is preparing for responses to potential localised lockdowns, the relaxing of social distancing, testing, track and trace and continues to be responsive to the latest government guidance.

5. REVIEW OF STRATEGIC RISK SR10: TRUST PERCEPTION

As part of the quarterly review, the Director of Strategy and Planning discussed with the Senior Risk and Assurance Manager regarding the articulation of the Strategic Risk and the similarities with SR06.

As part of the review, it is proposed for the following changes to be made:

- Incorporate the risk of reputation into SR06
- Revise the articulation of SR06 to reflect the reputational impact

BAF Risk	Risk Description at 01.04.20	Proposed Risk Description at Q1
SR06	If we do not build and strengthen stakeholder relationships across systems, localities and neighbourhoods, this may impact on the Trusts' ability to achieve our vision to be the best ambulance service in the UK	If we do not build and strengthen stakeholder relationships across systems, localities and neighbourhoods, this may impact on the Trusts' <i>reputation and</i> ability to achieve our vision to be the best ambulance service in the UK

- Propose closure of SR10; specific Strategic Risk pertaining to Trust perception

3. 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 meetings its statutory duties.

4. RECOMMENDATIONS

The Board of Directors are requested to:

- Agree the 2020/21 Opening Position of the Board Assurance Framework
- Agree the Q1 position of the Board Assurance Framework
- Agree the decrease in risk score for SR11 from 20 to 15
- Agree the revised articulation of SR06 to reflect the reputational impact
- Agree the closure of SR10 pertaining to Trust Perception.

Appendix 1: Corporate Risk Register

Board of Directors

Extracted from Datix on 08 July 2020

Corporate Risk Register											
DX ID	Risk Description	Lead(s)	Rating (initial)	Likelihood (current)	Consequence (current)	Rating (current)	Risk Score Journey (Since Last Reported to Board of Directors)	Rating (Target)	Forecast Completion Date	Last reviewed	Date of next review
2765	There is a risk that if a timely decision is not reached on lease arrangements for the Parkway site post-expiry of the current term in December 2023 this could result in significant cost implications and reduced operational capacity.	Carolyn Wood	20	5	4	20	No change in risk score	8	30/12/2022	02/07/2020	10/08/2020
3210	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.	Carolyn Wood	20	4	5	20	Risk Escalated to CRR	5	27/10/2020	02/07/2020	10/08/2020
2262	There is a risk of high clinical advisor vacancy gap in 111 because of recruitment shortages and high turnover which could result in adverse performance and have a quality impact.	Ward, Lisa	20	4	4	16	No change in risk score	8	31/03/2021	23/06/2020	31/07/2020
2504	There is a risk of mandatory training non-compliance in NHS111 due to the operational and organisational pressures which could result in an impact on performance, clinical quality and patient care delivery.	Ged Blezard	16	4	4	16	No change in risk score	4	29/05/2020	08/06/2020	06/07/2020
2920	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 compromised patient care and reputational damage to the Trust.	Ged Blezard	20	4	4	16	Decrease in risk score	4	30/09/2020	09/06/2020	09/07/2020
3026	There is a risk that the Trust will have insufficient driver training instructors as a result of increased demand for driver training combined with national and local driving instructor shortages which could result in an impact on delivery of front-line emergency driver training and compliance with regulatory framework	Lisa Ward	20	4	4	16	No change in risk score	8	31/07/2020	30/04/2020	30/06/2020
3216	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.	Ged Blezard	20	4	4	16	Risk Escalated to CRR	4	01/06/2020	08/06/2020	06/07/2020

3318	There is a risk that the current situation will impact on the timescales for commencing the paramedic apprenticeship which will impact on longer term paramedic supply	Lisa Ward	16	4	4	16	Risk Escalated to CRR	8	31/12/2020	22/05/2020	14/08/2020
3328	There is a risk that supply chain for vehicle manufacturing will be disrupted because of the COVID-19 outbreak and production facilities being in lockdown resulting in conversion delays with further vehicle retentions and increased vehicle downtime and cost which may impact on performance	Carolyn Wood	16	4	4	16	Risk Escalated to CRR	4	31/12/2020	17/06/2020	10/08/2020
3337	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	Carolyn Wood	16	4	4	16	Risk Escalated to CRR	4	31/12/2020	17/06/2020	30/07/2020
3338	There is a risk that the heavy use of agency staff within EOC/ 111 will impact on the ability to deliver apprenticeships, a more robust curriculum and recover education delivery costs through the apprenticeship levy environments resulting in loss of financial income	Lisa Ward	16	4	4	16	Risk Escalated to CRR	8	31/12/2020	22/05/2020	12/06/2020
3345	There is a risk of the Trust having a backlog of confirmed positive COVID-19 staff that have not been assessed against the Trust's COVID-19 RIDDOR Regulations framework, leading to potential HSE action, which may impact on our compliance with legislative requirements.	Maxine Power	16	4	4	16	Risk Escalated to CRR	4	31/07/2020	08/06/2020	08/07/2020
3062	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.	Ged Blezard	15	3	5	15	Risk Escalated to CRR	5	30/06/2020	09/06/2020	09/07/2020
3187	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).	Carolyn Wood	25	3	5	15	Risk Escalated to CRR	5	31/03/2021	02/07/2020	10/08/2020
3326	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	Lisa Ward	20	3	5	15	Risk Escalated to CRR	10	31/12/2020	22/05/2020	12/06/2020
3333	There is a risk that industries and members of the public outside the NHS Supply Chain are donating/ making PPE for NWS employees due to the limited supply of PPE nationally because of the COVID-19 outbreak which may impact on compliance with legislation	Maxine Power	15	3	5	15	Risk Escalated to CRR	5	31/12/2020	18/06/2020	02/07/2020
3335	There is a risk that the Trust will be unable to recover National Clinical Quality Audit Data because of the suspensions of the data collection during the COVID-19 outbreak which will result in a nil return being displayed for the Trust's national audit activity data, for the months affected	Maxine Power	15	3	5	15	Risk Escalated to CRR	15	31/12/2020	14/05/2020	12/06/2020

3336	There is a risk that the absence of a Senior Compliance Manager (who will also provide additional senior Health & Safety management capacity) within the Trust due to staff leaving the organisation may result in a gap in senior management and specialised subject knowledge	Maxine Power	20	3	5	15	Risk Escalated to CRR	5	31/10/2020	30/06/2020	31/07/2020
3339	There is a risk that COVID 19 may have a more detrimental impact on staff from BME communities leading to staff harm or death	Lisa Ward	15	3	5	15	Risk Escalated to CRR	5	31/12/2020	22/05/2020	12/06/2020
1181	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.	Maxine Power	20	3	5	15	No change in risk score	5	02/11/2020	04/06/2020	09/07/2020

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Appendix 2

Board Assurance Framework 2020/21

**Board of Directors
Wednesday 29 July 2020**

Data Extracted from Datix: 27 June 2020

Q1 2020/21 Reporting Timescales:

Quality & Performance Cttee:	20/07/2020
Resources Cttee:	24/07/2020
Executive Leadership Cttee:	15/07/2020
Audit Cttee:	10/07/2020
Board of Directors:	29/07/2020

BOARD ASSURANCE FRAMEWORK KEY

Risk Rating Matrix (Likelihood x Consequence)

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

Director Lead:

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

Board Assurance Framework Legend

Strategic Priorities	The 2018/2023 strategic priority that the BAF risk has been aligned to				
BAF Risk	The title of the strategic risk that threatens the achievement of the aligned strategic priority				
Rationale for Current Risk Score	This narrative is updated on a quarterly basis and provides a summary of the information that has supported the assessment of the BAF risk				
Operational Risk Exposure	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				
Controls	The measures in place to reduce the risk likelihood or risk consequence and assist secure delivery of the strategic priority /				
Assurances	The measures in place to provide confirmation that the controls are working effectively in supporting the mitigation of the risk				
Evidence	This is the platform that reports the assurance				
Gaps in Controls	Areas that require attention to ensure that systems and processes are in place to mitigate the BAF risk				
Gaps in Assurance	Areas where there is limited or no assurance that processes and procedures are in place to support the mitigation of the BAF risk				
Required Action	Actions required to close the gap in control(s)/ assurance(s)				
Lead	The person responsible for completing the required action				
Target Completion	Deadline for completing the required action				
Monitoring	The forum that will monitor completion of the required action				
Progress	A RAG rated assessment of how much progress has been made on the completion of the required action	Incomplete/ Overdue	In Progress	Completed	Not Commenced

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
SR01: 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	Quality & Performance	DoQII	15 5x3 CxL					10 5x2 CxL	5 5x1 CxL
SR02: If we do not have effective financial management, this may impact on the Trusts' financial position	Resources	DoF	25 5x5 CxL					15 5x3 CxL	10 5x2 CxL
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	Quality & Performance	DoOps	25 5x5 CxL					15 5x3 CxL	5 5x1 CxL
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 Trusts' objectives	Resources	DoP	16 4x4 CxL					12 4x3 CxL	8 4x2 CxL
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 Trusts' infrastructure and achieving environmental efficiencies	Resources	DoF	12 3x4 CxL					9 3x3 CxL	3 3x1 CxL
SR06: If we do not build and strengthen stakeholder relationships across systems, localities and neighbourhoods, this may impact on the Trusts' reputation ability to achieve our vision to be the best ambulance service in the UK	Board of Directors	DoSP	8 4x2 CxL					8 4x2 CxL	4 4x1 CxL
SR07: If we do not improve and maintain our digital systems, this may impact on the delivery of secure IT systems and digital transformation	Resources	DoQII	12 4x3 CxL					12 4x3 CxL	8 4x2 CxL
SR08: 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 services	Resources	DCEO	15 5x3 CxL					10 5x2 CxL	5 5x1 CxL
SR09: 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	Board of Directors	CEO	12 4x3 CxL					8 4x2 CxL	4 4x1 CxL
SR10: If the organisation does not establish and maintain effective relationships with internal and external stakeholders, this may impact on perception of the Trust and our ability to be the best ambulance service in the UK	Board of Directors	DoSP							
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	Board of Directors	CEO/ DCEO	20 5x4 CxL	15 5x3 CxL				10 5x2 CxL	5 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

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
- Adherence to Health & Safety Legislation
- IPC Regulations
- Management of Complaints

RISK SCORE:

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

RATIONALE FOR CURRENT RISK SCORE:

The opening position of this BAF Risk at 01 April 2020 has been scored at a 15 due to the Trust not delivering appropriate, safe, effective and patient-centred care for the Trust is potentially catastrophic as this would lead to multiple breaches in our statutory duties and subsequent prosecution from one or more of our regulatory bodies. The likelihood of this occurring is possible, as the Trust moves from a position of prioritising services to respond safely and effectively to a global pandemic to a more stabilised restoration position.

CONTROLS	ASSURANCES	EVIDENCE
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Incident Reporting		
Level 4 & 5 Incident Scrutiny & Review at ROSE	Level 2: Reportable Events Report	Reported to BoD (BOD/2021/26)
Incident Reviews & Management	Level 3: MIAA Audit Incident Reporting and Learning (2017/18)	Reported to Audit Cttee
Serious Incidents		
NHSE Serious Incident Framework	Level 2: Serious Incident Annual Report 2019/20	Reported to Q&P Cttee (Q&PC/2021/36)
Review & Scrutiny at ROSE to Determine Identification of SI	Level 3: MIAA Audit Serious Incidents (2018/19)	Reported to Audit Cttee
Complaints		
Complaint Management	Level 2: Complaints Annual Report 2019/20 Level 3: MIAA Audit Complaints Management (2018/19)	Reported to Q&P Cttee (Q&PC/2021/10) Reported to Audit Cttee
Level 4 & 5 Complaint Scuitiny & Review at ROSE	Level 2: Reportable Events Report	Reported to BoD (BOD/2021/26)
Health, Safety & Security		
Health and Safety Management	Level 2: Health, Safety & Security Annual Report 2019/20	Reported to Q&P Cttee (Q&PC/2021/31)
Safeguarding		
Safeguarding Practices & Processes	Level 2: Safeguarding Annual Report 2019/20 Level 3: MIAA Audit Safeeguarding (2018/19)	Reported to Q&P Cttee (Q&PC/2021/37) Reported to Audit Cttee
Safeguarding Serious Case Reviews	Level 2: Reportable Events Report	Reported to BoD (BOD/2021/26)
Infection, Prevention & Control		
Nwas Internal IPC Audits	Level 2: IPC Annual Report 2019/20	Reported to Q&P Cttee (Q&PC/2021/32)
Medicines Management		
Medicine Administration & Management Practices	Level 3: MIAA Audit Medicines Management (2017/18) Level 3: MIAA Audit Medicine Management – Events (2019/20)	Reported to Audit Cttee

NWAS Internal Medicines Audits	Level 2: Medicines Management & CD Annual Report 2019/20	Reported to Q&P Cttee (Q&PC/2021/34)			
Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Incident Reporting					
Unscored Incidents	Improve the number of unscored incidents across the Trust	Ms A Hansen	November 2020	Q&P Cttee	In Progress
Serious Incidents					
Actions Arising from Serious Incident Investigations	Timely completion of actions arising from SI investigations	Ms A Hansen	September 2020	Q&P Cttee	In Progress
Timely Submission of Reports within 60 days	Increase completion of SI Reports to Commissioners	Ms A Hansen	September 2020	Q&P Cttee	In Progress
Learning from Serious Incidents	Embed learning identified from SIs across the Trust	Ms A Hansen	September 2020	Q&P Cttee	In Progress
Complaints					
Learning from Complaints	Embed learning identified from complaints across the Trust	Ms A Hansen	September 2020	Q&P Cttee	In Progress
Health, Safety & Security					
Provision of appropriate RPE	Distribution & continued supply of RPE	Ms A Hansen	September 2020	Q&P Cttee	In Progress
Premises COVID-19 Risk Assessments	Completion of premises COVID-19 Risk Assessments	Mr N Barnes	September 2020	Q&P Cttee	In Progress
Safeguarding					
Rejections of Safeguarding Concerns	Devise and embed alternative pathways for Mental Health patients	Ms A Hansen	September 2020	Q&P Cttee	In Progress
Engagement with Safeguarding Boards	Representation at Local Safeguarding Board	Ms A Hansen	September 2020	Q&P Cttee	In Progress
Child Protection Information Sharing in 999	Roll out of national Child Protection Information Sharing system	Ms A Hansen	September 2020	Q&P Cttee	In Progress
Infection, Prevention & Control					
IPC Board Assurance Framework	Completion of the NHSI/E IPC BAF	Ms A Hansen	July 2020	Q&P Cttee	In Progress
Compliance with IPC Performance Metrics/ Standards	Improved compliance against performance metrics across the Trust	Ms A Hansen	September 2020	Q&P Cttee	In Progress
Medicines Management					
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 Management	Complete actions identified by MIAA Internal Audit	Ms R Fallon	January 2021	Q&P Cttee	In Progress
Safety/ Compliance					
Quality Assurance Visits	Annual Programme of Quality Assurance Visits Trust-wide	Mr N Barnes	September 2020	Q&P Cttee	In Progress
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
Effectiveness					
Timely Response to Patients to Prevent Harm	Identify quality improvement measures to reduce patient harm due to associated delays	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	Not Commenced
Local Ambulance Clinical Quality Indicators	Development of Localised Quality Improvement Action Plans	Dr C Grant	November 2020	Q&P Cttee	Not Commenced
Just Culture Organisation	Embed a Just Culture Organisation	Dr C Grant Ms L Ward	February 2021	Q&P Cttee	Not Commenced

Risks Scored 15+ Aligned to BAF Risk: SR01

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Target Score
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	15 Significant	15 Significant	5 Moderate
3333	Quality	There is a risk that industries and members of the public outside the NHS Supply Chain are donating/ making PPE for NNAS employees due to the limited supply of PPE nationally because of the COVID-19 outbreak which may impact on compliance with legislation	15 Significant	15 Significant	5 Moderate
3335	Quality	There is a risk that the Trust will be unable to recover the National Clinical Quality Audit Data because of the suspension of the data collection during the COVID-19 outbreak which will result in a nil return being displayed for the Trust's national audit activity data, for the months affected	15 Significant	15 Significant	15 Significant
3336	Quality	There is a risk that the absence of a Senior Compliance Manager (who will also provide additional Senior Health and Safety Management capacity) within the Trust due to staff leaving the organisation may result in a gap in senior management and specialised knowledge	20 Significant	20 Significant	5 Moderate
3345	Quality	There is a risk of the Trust having a backlog of confirmed positive COVID-19 staff that have not been assessed against the Trust's COVID-19 RIDDOR Regulations Framework, leading to potential HSE action, which may impact on our compliance with legislative requirements	16 Significant	16 Significant	4 Moderate

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

Risk Appetite: Moderate

STRATEGIC PRIORITY: ALL

RISK SCORE:

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

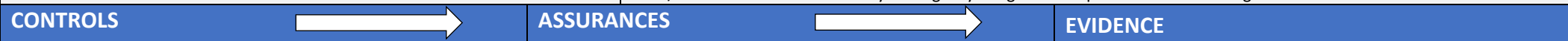
OPERATIONAL RISK EXPOSURE SUMMARY:

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:

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

RATIONALE FOR CURRENT RISK SCORE:

The opening position of this BAF Risk at 01 April 2020 has been scored at a 25 due to the Trust not having an approved financial plan and no agreed contract for PES. The Trust also had a recurrent shortfall in CIP brought forward into 2020/21 to deliver during the current financial year. Operational planning and contract negotiations are suspended nationally due to the COVID-19 pandemic impacting across NHS organisations. The Trust has devised a draft plan, identifying a significant CIP larger than 2019/20 with no means of delivery. Emergency budgets are in place to assist NHS organisations to deal with COVID-19.



Financial Position

Code of Conduct and Accountability	Level 2: Standing Financial Instructions, Standing Orders & Scheme of Delegation	Reported to Audit Cttee & BoD
Financial Plans	Level 2: 2020/21 Financial Plans for Capital Programmes	Reported to BoD
Significant Change Project(s)	Level 2: Business Cases with Financial Impact	Reported to ELC & CPB
Financial Systems Key Controls	Level 3: MIAA Audit Financial Systems Key Controls (2019/20)	Reported to Audit Cttee
Charitable Funds	Level 3: MIAA Audit Charitable Funds (2019/20)	Reported to Audit Cttee
General Ledger	Level 3: MIAA Audit General Ledger (2018/19)	Reported to Audit Cttee
Accounts Receivable	Level 3: MIAA Audit Accounts Receivable (2018/19)	Reported to Audit Cttee
Treasury Management	Level 3: MIAA Audit Treasury Management (2018/19)	Reported to Audit Cttee
Budgetary Control	Level 3: MIAA Audit Budgetary Control (2018/19)	Reported to Audit Cttee
Accounts Payable	Level 3: MIAA Audit Accounts Payable (2018/19)	Reported to Audit Cttee

Agency Expenditure

Internal Monitoring of Agency Costs against 2019/20 NHSI Ceiling	Level 2: Financial Performance Report	Reported to Resources Cttee
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Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
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2020/21 Financial Operating Plans	Awaiting Guidance from NHSI	Ms C Wood	July 2020	Resources Cttee	In Progress
2020/21 Cost Improvement Programmes	Awaiting Guidance from NHSI	Ms C Wood	July 2020	Resources Cttee	In Progress

Risks Scored 15+ Aligned to BAF Risk: SR02

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 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

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

RISK SCORE:

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

RATIONALE FOR CURRENT RISK SCORE:

The opening position of this BAF Risk at 01 April 2020 has been scored at a 25 due to the Trust not achieving performance across all standards due to the COVID-19 Pandemic. The Trust responded to the COVID-19 Pandemic with a COVID-19 Plan which included an Organisational Command Structure to facilitate a coordinated and responsive approach to management of COVID-19.

CONTROLS	ASSURANCES	EVIDENCE
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Performance		
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Increased Call Taking Capacity	Level 2: Q&P Cttee Integrated Performance Report	Reported to Q&P Cttee (Q&PC/ 2021/19)
BT National Changes to Call Answering	Level 2: Q&P Cttee Integrated Performance Report	Reported to Q&P Cttee (Q&PC/ 2021/19)
Re-Direction of Low Acuity Calls & COVID to NHS Online	Level 2: Q&P Cttee Integrated Performance Report	Reported to Q&P Cttee (Q&PC/ 2021/19)
Review of Call Flow Scripts in NWS Contact Centres	Level 2: Q&P Cttee Integrated Performance Report	Reported to Q&P Cttee (Q&PC/ 2021/19)

Activity		
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Civil Contingencies	Level 3: NARU HART Compliance & Quality Assurance Standards	Reported to Q&P Cttee & BoD
Trained Commanders	Level 2: Emergency Planning Preparedness Report	Reported to Q&P Cttee & BoD
Contingency Planning	Level 2: 2020/21 Heat Wave Plan	Reported to Q&P Cttee & BoD

Resources		
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Increased Operational Resources	Level 2: Q&P Cttee Integrated Performance Report	Reported to Q&P Cttee (Q&PC/ 2021/19)
Utilisation of Third Party 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
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Organisational Meal Break Policy	Increase compliance with Meal Break Policy	Mr G Blezard	October 2020	Q&P Cttee	In Progress
Opitma Review	Completion of Opitma Tools on Resourcing	Mr G Blezard	October 2020	Q&P Cttee	In Progress
Independent Review of Resources	ORH Modelling to establish Required Resources	Mr G Blezard	October 2020	Q&P Cttee	In Progress
Commissioner Engagement	Engagement with Commissioners surrounding Capacity Review	Mr G Blezard	November 2020	Q&P Cttee	In Progress

Risks Scored 15+ Aligned to BAF Risk: SR03

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Target Score
2262	People	There is a risk of high clinical advisor vacancy gap in 111 because of recruitment shortages and high turnover which could result in adverse performance and have a quality impact	20 Significant	16 Significant	8 High
2504	People	There is a risk of mandatory training non-compliance in NHS 111 due to the operational and organisational pressures which could result in an impact on performance, clinical quality and patient care delivery	16 Significant	16 Significant	4 Moderate
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 comprised patient care and reputational damage to the Trust	20 Significant	16 Significant	4 Moderate
3216	Service Delivery	There is a risk that NWS 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

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

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:

- NHS 111 Clinical Advisor Vacancy Gap
- Mandatory Training & Appraisal Compliance
- Increased demand for Driver Training
- Paramedic Apprenticeship
- COVID-19

RISK SCORE:

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

RATIONALE FOR CURRENT RISK SCORE:

The opening position of this BAF Risk at 01 April 2020 has been scored at a 16 due to the significant impact COVID-19 has had on the organisation which has resulted a number of key workforce objectives being paused, this has included student placements, paramedic apprenticeship programme, mandatory training, appraisals and business as usual activities. Learners on an apprenticeship programme have received a break in learning. However, the Trust has undertaken a number of mitigations such as increasing capacity in contact centres, undertaking risk assessments, homeworking arrangements and annual leave buy-back schemes. The Trust has introduced additional health and wellbeing initiatives; including mental health and finance.



Strategic		
Workforce Strategy	Level 2: 3 Year Implementation Plan/ Bi-Annual Progress Report	Reported to BoD & Resources Cttee
COVID-19 Recovery	Level 2: Recovery Plan	Reported to BoD
Recruitment and Retention		
Recruitment Inc. Criminal Records & Clinical Registration	Level 3: MIAA Audit Recruitment (2018/19) Level 3: MIAA Audit Staff Responders (2019/20)	Reported to Audit Cttee & Resources Cttee
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
Developing Potential		
Mandatory Training & Appraisals	Level 2: Workforce Indicators Report Level 2: Integrated Performance Report	Reported to Resources Cttee & BoD
Perceptorships	Level 3: MIAA Audit Newly Qualified Paramedics (2019/20)	Reported to Audit Cttee & Resources Cttee
Apprenticeships	Level 3: OFSTED Inspection Level 3: Accepted on Register of Apprenticeship Training Providers Level 3: Future Quals Accreditation	Reported to Resources Cttee & BoD
Wellbeing		
Absence Management	Level 2: Workforce Indicators Report & Quarterly Sickness Audits Level 3: NHSI Action Plan Level 3: MIAA Audit Absence Management (2018/19)	Reported to Resources Cttee & Audit Cttee
Overtime Management	Level 3: MIAA Audit Management of Overtime (2018/19)	Reported to Audit Cttee
Staff Survey Action Plan	Level 2: Localised Engagement Plan Level 3: 2019/20 Staff Survey Results	Reported to Resources Cttee & BoD
Health & Wellbeing Initiatives	Level 2: Workforce Update Report	Reported to BoD (BoD/2021/27)

NHSI Health & Wellbeing Diagnostic Tool	Level 2: Completed Diagnostic Self-Assessment	Reported to Resources Cttee/ NHSI				
Zeal Outstanding Culture Surveys						
Inclusion						
WRES & WDES Measures	Level 2: Annual WRES & WDES Reports & Action Plans Level 2: EDI Annual Report	Reported to Resources Cttee & BoD				
Gender Pay Gap	Level 2: Monitoring & Reporting of Action Plan Level 3: NW HPMA Award for 'We Look After Our Talent'	Reported to Resources Cttee & BoD				
Equality & Diversity System Assessment 2	Level 2: Completed Self-Assessment & Level 2: Annual Equality & Diversity Plan	Reported to Resources Cttee & BoD				
Reservists	Level 3: Gold Standard Accreditation Recognition	Reported to Resources Cttee & BoD				
Leadership						
Board Succession Planning	Level 2: Shadow Board Development Plan	Reported to Resources Cttee				
Talent Management Tool	Level 3: NW HPMA Award for 'We Look After Our Talent'	Reported to Resources Cttee & BoD				
Leadership Framework Inc. Recruitment & Induction	Level 2: Leadership Assurance Paper Level 3: CMI Accredited Centre	Reported to Resources Cttee & BoD				
Organisational Values Project	Level 3: External Organisation Leading on Project	Board Development Session				
Improvement and Innovation						
Policy Framework	Level 3: Partnership Agreement Review with ACAS	Reported to Resources Cttee & BoD				
Projects & Programmes Inc. Rota Review & Rotational Working	Level 2: Project Progress Reports	Reported to CPB				
HR & Financial Systems	Level 3: MIAA Audit ESR (HR/ Payroll Interface) (2018/19)	Reported to Audit Cttee				
Gaps in Controls/ Assurances		Required Action	Action Lead	Target Completion	Monitoring	Progress
Recovery of Appraisals	Agreement of recovery trajectory and revised targets for appraisals	Ms L Ward		Resources Cttee	In Progress	
Zeal Outstanding Culture	Delivery of Zeal Outstanding Culture Project	Ms L Ward		Resources Cttee	In Progress	
Organisational Values Refresh	Completion of Vales Refresh	Ms L Ward		Resources Cttee	In Progress	
NQP Audit	Delivery of Recommended Actions in NQP Audit	Ms L Ward		Resources Cttee	In Progress	
ACAS Partnership Review	Completion of Partnership Review with ACAS	Ms L Ward		Resources Cttee	In Progress	

Risks Scored 15+ Aligned to BAF Risk: SR04

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Target Score
2262	People	There is a risk of high clinical advisor vacancy gap in 111 because of recruitment shortages and high turnover which could result in adverse performance and have a quality impact	20 Significant	16 Significant	8 High
2504	Service Delivery	There is a risk that mandatory training compliance in NHS 111 due to the operational and organisational pressures which could result in an impact on performance, clinical quality and patient care delivery	16 Significant	16 Significant	4 Moderate
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
3026	People	There is a risk that the Trust will have insufficient driver training instructors as a result of increased demand for driver training combined with national and local driving instructor shortages which could result in an impact on delivery of front-line emergency driver training and compliance with regulatory framework	20 Significant	16 Significant	8 High
3318	People	There is a risk that COVID-19 will impact on the timescales for commencing the paramedic apprenticeship which will 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
3338	People	There is a risk that heavy use of agency staff within EOC/ NHS 111 will impact on the ability to deliver apprenticeships, a more robust curriculum and recover education delivery costs through the apprenticeship levy environments resulting in loss of financial income	16 Significant	16 Significant	8 High
3339	People	There is a risk that COVID-19 may have a more detrimental impact on staff from BME communities leading to staff harm or death	15 Significant	15 Significant	5 Moderate

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

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:

- Terms of Lease Breaks
- 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					9	3
3x4					3x3	3x1
CxL					CxL	CxL

RATIONALE FOR CURRENT RISK SCORE:

The opening position of this BAF Risk at 01 April 2020 has been scored at a 12 due to the completion of the Facet Surveys, the report is to be finalised and will enable the delivery of a detailed ongoing maintenance plan. The focus for 2020/21 is the commencement of the Blackpool hub and significant progress with the Preston hub. Replacement RRV vehicles will be electric vehicles and the Trust is currently working towards the new National Ambulance specification.

CONTROLS	ASSURANCES	EVIDENCE
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Strategic

Estate & Fleet Strategies	Level 2: Strategy Progress Assurance Report	Reported to Resources Cttee & BoD
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Estates

Estate Maintenance	Level 2: Estate Assurance Report Level 3: Drivers Jonas completed 6-Facet Surveys (2019)	Reported to Resources Cttee
Estate Performance Measurement & Benchmarking	Level 3: DHSC Annual Estates Returns Information Collection (ERIC)	Reported to Resources Cttee
Green Plan	Level 2: Delivering NHS Carbon Reduction Strategy Assurance Report	Reported to Resources Cttee & BoD
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
Detailed Plan for Ongoing Estate Maintenance	Creation of a Backlog Maintenance Improvement Plan for Exisiting Estate Based on Facet Survey Report (2019)	Ms C Wood	November 2020	Resources Cttee	Not Commenced
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	Not Commenced
Utilisation of Model Ambulance	NWAS Contribution to NHSI Working Measures to Deliver Model Ambulance	Ms C Wood	January 2021	Resources Cttee	Not Commenced

Risks Scored 15+ Aligned to BAF Risk: SR05

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Target Score
2765	Finance	There is a risk that if a timely decision is not reached on lease arrangements for the Parkway site post-expiry of the current term in December 2023 which could result in significant cost implications and reduced operational capacity	20 Significant	20 Significant	8 High
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	25 Significant	15 Significant	5 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	20 Significant	20 Significant	5 Moderate
3328	Finance	There is a risk that supply chain for vehicle manufacturing will be disrupted because of the COVID-19 outbreak and production facilities being in lockdown resulting in conversion delays with further vehicle retentions and increased vehicle downtime and cost which may impact on performance	16 Significant	16 Significant	4 Moderate

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

Risk Appetite: Moderate

STRATEGIC PRIORITY: Stakeholder Relationships

RISK SCORE:

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

RATIONALE FOR CURRENT RISK SCORE:

The opening position of this BAF Risk at 01 April 2020 has been scored at a 8 due to Command and Control structure in place due to COVID-19, the working relationships with STPs/ ICSs and in/out of hospital cells, wider NHS engagement has been positive. The majority of external meetings are utilising Digital Infrastructure which has contributed to engaging with the wider NHS. STPs/ ICSs are at differing stages across the NW, work continues across the STPs/ ICSs to ensure that continuation of effective engagement. Mechanisms are in place to work more proactively moving forwards. ELC have approved a new structure and will enable mechanisms to ensure effective dialogue, discussions and decision making across the NHS Partners as well as Trust areas, are put in place. The structure may be envisaged the structure will be in place around Q3/ Q4 of 2020/21 and as such is planned that the risk will be mitigated further as progression into the new financial year (2021/22).

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

Reputation					
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Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Service Development Team	Implementation of agreed Structure	Mr S Desai	December 2020	Resources Cttee	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

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:

- Securing Agreed Additional Capacity for Projects within Timescales
- 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

RISK SCORE:

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

RATIONALE FOR CURRENT RISK SCORE:

The opening position of this BAF Risk at 01 April 2020 has been 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. Critical Telephony System requires replacement & the Unified Communications Programme is progressing, despite delays due to COVID-19, 3rd party suppliers & lack of technical training space. Additional resources are required in IT. Asset Ownership is progressing but training for Information Asset Owners is still required, along with a digital asset register, engagement & review with asset owners, IT & IG which will enable a clear risk & renewal roadmap. System resilience measures are being monitored frequently, further work is required to ensure all hardware & software is supported. 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. Implementation of a data consumption monitoring tool which will enable policy development.

CONTROLS	ASSURANCES	EVIDENCE
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Leadership & Governance

Interdependancies and Prioritisation	Level 2: Interdependancies Review of Large Scale Digital Programmes	Reported to Corporate Programme Board
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Digital First Culture/ Solving Everyday Problems

Secure & Joined Up Systems

Prioritisation of Unsupported Critical Systems	Level 2: Critical Systems Recovery Plan	Reported to Resources Cttee
Supported Environment	Level 2: Agreed Microsoft Email Licensing	Reported to Board of Directors
Remote Access & Management to Nwas Digital Systems	Level 3: MIAA Audit 3 rd Party Remote Access & Mngmt (2019/20)	Reported to Audit Cttee
Data Security and Protection Toolkit	Level 3: MIAA Audit Data Security and Protection Toolkit (2019/20)	Reported to Audit Cttee
Mobile Computing	Level 3: MIAA Audit Mobile Computing (2018/19)	Reported to Audit Cttee
External Penetration Testing and Social Engineering	Level 3: External Audit Report	Reported to IG Management Group

Critical System Transformation

Smarter Decisions

Digital Pioneers

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
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Leadership & Governance

Digital Strategy Review	Undertake a review of the Digital Strategy and addition of measures	Ms A Harrison	May 2020	Resources Cttee	Overdue
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Vacant Roles in Leadership Structure	Recruitment to the CTO and Head of Digital Intelligence Posts	Ms A Harrison	September 2020	Resources Cttee	In Progress
Digital First Culture/ Solving Everyday Problems					
Measurement of Digital Culture and Confidence	Establish a baseline	Ms A Harrison	September 2020	Resources Cttee	Not Commenced
GETAC Support	Review, Test and Establish a GETAC ongoing support model	Ms A Harrison	September 2020	Resources Cttee	In Progress
Secure & Joined Up Systems					
Digital Asset Register	Creation of a Digital Asset Register	Ms A Harrison	September 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	In Progress
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	Ms A Harrison	December 2020	Resources Cttee	In Progress
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	Not Commenced
Quarterly System Resilience and Failover Tests	Plan to be developed and implemented	Ms A Harrison	March 2021	Resources Cttee	Not Commenced
Critical System Transformation					
Lack of Protected Project Resource	Recruitment to new roles	Ms A Harrison	August 2020	Resources Cttee	In Progress
Alignment of Large Scale Projects and ICT Infrastructure Work	Establishment of PMO role	Ms A Harrison	August 2020	Resources Cttee	In Progress
Smarter Decisions					
Strategy for Interoperability	Establish baseline for percentage of staff accessing patient data. Develop combined plan under EPR Programme Board.	Ms A Harrison	August 2020	Resources Cttee	Not Commenced
Lack of Data Quality Function	Review requirements for Data Quality Create proposal and secure funding	Ms A Harrison	March 2021	Resources Cttee	Not Commenced
Digital Pioneers					
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	Not Commenced
Development Team	Recruitment to roles and set up team & Secure funding for 2021/22	Ms A Harrison	November 2020	Resources Cttee	Not Commenced
Digital Maturity Assessment & Benchmarking	Work with NAA to agree approach	Ms A Harrison	March 2021	Resources Cttee	Not Commenced

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

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

STRATEGIC PRIORITY: Workforce

RISK SCORE:

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

- Substantive Executive Director Vacancy
- Executive Development Programme
- Independent Well-Led Review

RATIONALE FOR CURRENT RISK SCORE:

The opening position of this BAF Risk at 01 April 2020 has been scored at a 12 due to the substantive post for a Director of People vacancy which may result in potential changes to the Board of Directors and Executive Team. Following the Deloitte Well-Led Review, a number of actions outstanding that require completion and assurance reporting to the Board of Directors. The Board of Directors requires further development and in order to mitigate this a programme of development sessions are planned to be undertaken for Executive Directors, Non-Executive Directors and the Board collectively. There is also a need for further BME representation as part of the Trust Board.

CONTROLS	ASSURANCES	EVIDENCE			
Fit and Proper Persons	Level 3: MIAA Audit Fit & Proper Persons (2019/20)	Reported to Audit Cttee			
Board Development	Level 2: 2020/21 Board Development Programme	Reported to BoD			
Independent Well-Led Review	Level 3: 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	In Progress
Executive Induction Programme	Devise an Executive Induction Programme for new Executives	Mr M Forrest	September 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

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:

- Compliance with Regulation and Legislation
- Recovery of COVID-19 Monies
- Operational Performance; PES, 111, EOC and CHUB
- Workforce Capacity Inc. Health and Wellbeing
- Vehicle Manufacturing

RISK SCORE:

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

RATIONALE FOR CURRENT RISK SCORE:

The Q1 score has decreased in risk score from a 20 to a 15 due to response provided by the Trust in terms of the COVID-19 Pandemic. The Trust has responded 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 Q&P Cttee. The Trust has been responsive in providing PPE, supplies and vehicles. Face Fit Testing has been progressing through Q1 to achieve 100% compliance across our workforce. 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.

CONTROLS

ASSURANCES

EVIDENCE

Regulatory Compliance/ Safety

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

Patient Safety/ Clinical

Single Regional Trauma Cell & Dispatch Senior Clinician Role	Level 2: Trauma Cell Reconfiguration & Dispatch Paper	Reported to ELC (ELC/ 2021/12)
Self Care Pathways used by Pathfinder Qualified EMT1s	Level 2: EMT1 SCP Use Paper	Reported to ELC (ELC/ 2021/13)
Implementation of Early Recognition of Futile Resuscitation in EOCs	Level 2: Early Recognition of Futile Resuscitation Paper	Reported to ELC (ELC/ 2021/14)
Move to JRCALC Clinical Guidelines for Cardiac Arrests	Level 2: JRCALC Resuscitation Guidelines Paper	Reported to ELC (ELC/ 2021/15)
Closure of Uncontacted 'Elective Testing' COVID-19 Incidents	Level 2: COVID-19 Testing/ Swabbing Calls in ADAstra Paper	Reported to ELC (ELC/ 2021/16)
Temporary Stand Down of GoodSAM Responders	Level 2: GoodSAM Temporary Stand Down within the NW Paper	Reported to ELC (ELC/ 2021/17)
Purchase Mechanical CPR Devices	Level 2: Mechanical CPR Devices Paper	Reported to ELC (ELC/ 2021/18)
Unchanged Auto-Allocation & PDA Process for 999 calls	Level 2: Auto Allocation and PDA Paper	Reported to ELC (ELC/ 2021/19)
Implementation of Card 36 Protocol	Level 2: 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	Level 2: PPE and Safety Equipment Paper Level 2: Supply and Installation of Plastic Screens Paper	Reported to ELC 9ELC/ 2021/79c) Reported to ELC (ELC/ 2021/75e)
Emergency Budget	Level 2: 2020/21 Emergency Financial Plan	Reported to BoD (BoD/ 2021/28)
Recovery of M1 COVID-19 Costs	Level 2: Month 1 Financial Position Paper	Reported to BoD (BoD/ 2021/27)
PTS Vehicle Conversions	Level 2: COVID-19 PTS Vehicle Conversions Assurance Paper	Reported to ELC (ELC/ 2021/114e)
Mobile Cleaning Contractors at selected ED Sites across the region		
Increased Capacity for Additional Call Takers	Level 2: Estate Reconfiguration Paper	Reported to ELC (ELC/ 2021/ 88)
Working Safely During COVID-19	Level 2: COVID-19 Premise Planning Recovery Paper	Reported to ELC (ELC/ 2021/ 161f)
Operations		
Increased Operational Resources (Inc. Emergency Ambulances)	Level 2: Weekly Performance Reports (ELC)	Reported to ELC (ELC/ 2021/04a)
Increased Call Taking Capacity in Contact Centres	Level 2: COVID-19 Workforce & Wellbeing Update	Reported to ELC (ELC/ 2021/04b)
PTS supporting PES Operations	Level 2: PTS Assisting Emergency Service Paper	Reported to BoD (BoD/ 2021/15)
Increased Utilisation of Third Party Providers & Taxi Providers	Level 2: Operational Response Paper	Reported to ELC (ELC/ 2021/75a)
Workforce & Wellbeing		
Increased Workforce Capacity Inc. Returners	Level 2: Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
Utilisation of University Students & Associated Training	Level 2: Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
Introduction of Family Liaison Officers & Action Cards	Level 2: Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
Upskilling Training Programmes	Level 2: Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
Staff Risk Assessments Inc. BME	Level 2: Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
Homeworking Arrangements Inc. Clinical and Corporate Staff	Level 2: Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
National Agreement on Terms and Conditions	Level 2: Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
Q1 Annual Leave Buy Back Scheme	Level 2: Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
Break in Learning for Apprenticeships	Level 2: Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
Health and Wellbeing Initiatives Inc. Mental Health & Financial	Level 2: Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
Trade Union Engagements	Level 2: Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
National Social Partnership Forum Agreement: Ceasing Hearings & Investigations	Level 2: Workforce Update Assurance Report	Reported to BoD (BoD/ 2021/27)
Communications & Engagement		

COVID-19 Communications Inc. Engagement with Stakeholders	Level 2: COVID-19 Communciations Plan	Reported to ELC (ELC/ 2021/037h)			
Digital					
Review of Projects	Level 2: Project Prioritisation During COVID-19 Activity Report	Reported to ELC (ELC/ 2020/50)			
BCP/ Restoration of Normality					
NWAS COVID-19 Recovery Briefing Document	Level 2: Restoration Plan Framework	Reported to BoD (BoD/2021/13)			
Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Recovery					
Testing, Track and Trace	Devise Test, Track and Trace Strategy Inc. Financial and Workforce Impact		September 2020	Q&P Cttee	Not Commenced
Localised Lockdowns	Devise a plan to manage any localised lockdowns in the NW		September 2020	Q&P Cttee	Not Commenced
Relaxing Social Distancing	Assess potential impact on the organisation for COVID-19 Phase 2		September 2020	Q&P Cttee	Not Commenced
Government Guidance	Respond effectively and efficiently to ad hoc government guidance		September 2020	Q&P Cttee	Not Commenced

Risks Scored 15+ Aligned to BAF Risk: SR11

RISK ID	Directorate	Risk Description	Initial Score	Current Score	Target Score
3324	Service Delivery	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	16 Significant	16 Significant	4 Moderate
3325	Service Delivery	There is a risk that service interruption in PES because of the number of workforce self-isolating and/ or on sickness related absence due to being symptomatic of COVID-19 which may impact on performance	15 Significant	15 Significant	5 Moderate
3326	People	There is a risk that our workforce may contract COVID-19 because of their exposure to the virus leading to self-isolation, sickness and/or death which may impact on performance	20 Significant	20 Significant	10 High
3328	Finance	There is a risk that supply chain for vehicle manufacturing will be disrupted because of the COVID-19 outbreak and production facilities being in lockdown resulting in conversion delays with further vehicle retentions, increased vehicle downtime and cost which may impact on performance	16 Significant	16 Significant	4 Moderate
3331	Quality	There is a risk that we will not have sufficient Digital Team capacity, because of competing priorities and sickness, resulting in an inability to deliver required work to support COVID-19 Infrastructure, systems, reporting and BAU	15 Significant	15 Significant	3 Low
3332	Quality	There is a risk that staff are purchasing and/or sourcing their own personal protective equipment due to the limited supply of PPE available because of the COVID-19 outbreak which may impact on compliance with legislative requirements	15 Significant	15 Significant	5 Moderate
3333	Quality	There is a risk that industries and members of the public outside the NHS Supply Chain are donating/ making PPE for NWAS employees due to the limited supply of PPE nationally because of the COVID-19 outbreak which may impact on compliance with legislation	15 Significant	15 Significant	5 Moderate
3334	Quality	There is a risk that the organisation will suffer a cyber-attack because of increased threats to cyber security during COVID-19 which may result in critical system failure	15 Significant	15 Significant	3 Low
3335	Quality	There is a risk that the Trust will be unable to recover National Clinical Quality Audit Data because of the suspensions of the data collection during the COVID-19 outbreak which will result in a nil return being displayed for the Trust's national audit activity data, for the months affected	15 Significant	15 Significant	15 Significant
3336	Quality	There is a risk that the absence of a Senior Compliance Manager (who will also provide additional senior Health & Safety management capacity) within the Trust due to staff leaving the organisation may result in a gap in senior management and specialised subject knowledge	15 Significant	15 Significant	5 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
3339	People	There is a risk that COVID-19 may have a more detrimental impact on staff from BME communities leading to staff harm or death	15 Significant	15 Significant	5 Moderate

Appendix 3:
Board Assurance Framework (BAF) 2020/21 Heat Maps
Quarter 1 Position



2020/21 Opening 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: 02 July 2020	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	
Likelihood						

Q1 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: 02 July 2020	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	
Likelihood						

Q2 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						

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	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						

Final Target 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: 02 July 2020	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	
Likelihood						

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REPORT

Board of Directors	
Date:	Wednesday 29 July 2020
Subject:	Freedom to Speak Up Guardian Report Q1 2020/21
Presented by:	Ms Angela Wetton, Director of Corporate Affairs
Purpose of Paper:	For Assurance
Executive Summary:	<p>2020/21 FTSU NGO statistics show the cases raised for the year under the 5 categories monitored:</p> <ul style="list-style-type: none"> • Number of Cases • Raised Anonymously • Patient Safety • Unacceptable Behaviours • Staff Detriment <p>The Guardian received eighty four concerns during Quarter 1 2020/21:</p> <ul style="list-style-type: none"> • Patient Safety : 6 • Working Practices : 24 • HR Matter : 6 • Data/Confidentiality Breach : 2 • B&H Allegation : 7 • Attitudes and Behaviours :18 • COVID 19 PPE : 9 • Fraud : 3 • Other : 9 <p>The updated Action Plan can be seen at Appendix 1</p>
Recommendations, decisions or actions sought:	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the work of the Guardian • Continue to support the development of the Trust's Freedom to Speak Up strategy • Actively promote and robustly support the Freedom to Speak Up principles • Support the development of a Freedom to Speak Up training plan that is aligned to the NGO's recommendations when it becomes available • Support the revision of the Freedom to Speak Up Policy in line with NHSEI once it has been published

		<ul style="list-style-type: none"> Support 'embedding any learning from concerns being raised across the Trust' <p>Consider any risks and further actions for the Trust</p>								
Link to Strategic Goals:		Right Care	<input checked="" type="checkbox"/>	Right Time	<input checked="" type="checkbox"/>					
		Right Place	<input checked="" type="checkbox"/>	Every Time	<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"/>
Are there any Equality Related Impacts:										
Previously Submitted to:		The Action Plan was seen at Resources Committee								
Date:		24 th July 2020								
Outcome:										

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1 PURPOSE

This report provides the Board with an overview of the Freedom to Speak Up activity during Quarter 1, 2020-21.

The Freedom to Speak Up Guardian (FTSUG) role aims at developing cultures where safety concerns are identified and addressed at an early stage. Freedom to Speak Up (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. This report provides assurance to members of the Board that concerns are robustly and sensitively managed in line with current best practice. The report also provides benchmark information against other Ambulance trusts. Finally, the report includes information about the number of cases received, shared learning, key themes and actions taken to improve.

2 BACKGROUND

Sir Robert Francis QC has urged NHS Boards and managers to welcome staff raising concerns, in the same way as staff are encouraged to report incidents. North West Ambulance Service Freedom to Speak Up Policy is in line with the NHSEI National Integrated Policy. The Freedom To Speak Up Guardian role is not a replacement for traditional practices which are already in existence for staff to raise concerns; it is an additional resource for staff to access should they feel that their concerns have not been dealt with appropriately, or indeed if their concern is of a more serious nature. 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 Freedom to Speak Up process can expect to be thanked for speaking up and receive support and advice from the Trust's Freedom to Speak Up Guardian and Champions.

3 CONCERNS RAISED

Freedom to Speak Up 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 Q1 2020/21 and provides further detailed breakdown.

It is the responsibility of the FTSU Guardian to record and monitor all concerns raised and report them to the Trust's Board of Directors and the National Guardian's Office on a quarterly basis.

The table below provides a summary of information provided by North West Ambulance Service to the National Guardian's Office, year to date.

Quarter 1 2020/21 Activity

The Freedom To Speak Up Guardian received eighty four (84) concerns during Q1, a significant increase on the same reporting period of the previous year which by comparison, recorded thirty two (32) concerns raised. As previously reported in Q4 Board report, the awareness and visibility of FTSU has increased significantly in the last year. There has been continuous promotion of FTSU engagement in a variety of forums or via social media and Regional Bulletins. This has helped to raise awareness of this function which the Guardian believes accounts for some of the increase in concerns being raised.

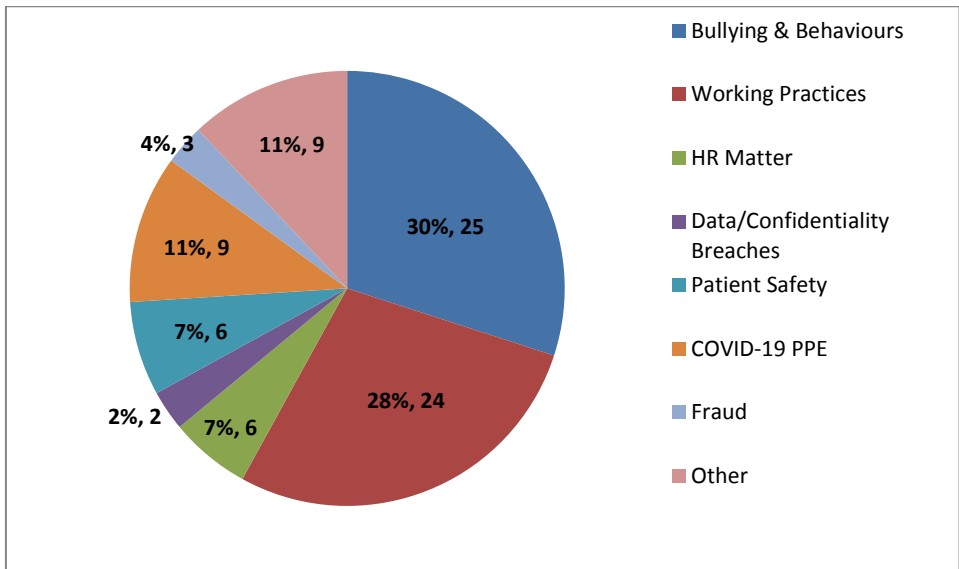
Of the eighty four cases raised during Q1, seven (7) cases relate to bullying and harassment, whilst eighteen (18) cases relate to attitudes and behaviours. Of these twenty five (25) cases relating to bullying and attitudes and behaviours, nineteen (19) are in relation to the behaviour of staff that are in a position of authority, primarily at the junior management level and some examples of these concerns are:

- Senior manager shouting at a member of staff during a telephone conversation
- Manager singling certain staff out and issuing appendix B's (they are concerned it is not in line with policy and procedure)
- Some SPTLs targeting a certain member of staff and treating them unfairly and different from others
- Inappropriate behaviour (shared on social media) whilst individual off work sick during Covid-19 crisis

During Q1, FTSU continued to see concerns being raised in relation to the Covid-19 crisis. Concerns included:

- Inadequate PPE equipment
- Insufficient supplies of PPE
- Delay in Perspex screens being fitted in EOC
- Social distancing regulations not observed
- IPC
- Delay in receiving fit testing
- Issues relating to recruitment process
- Lack of training
- Delay in receiving SWOB testing
- Delay carrying out risk assessments

These figures have not yet been requested by the National Guardian's Office

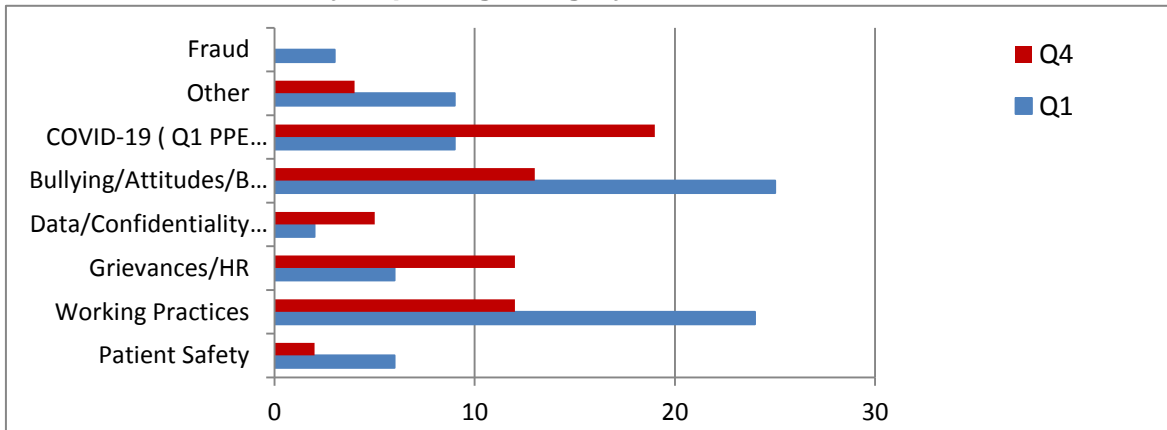


The category 'Other' includes:

- Several concerns were raised around inappropriate posts relating to Covid-19 being put on social media and shared amongst colleagues
- Crew involved in a near miss RTC due to a dangerous drive, requesting CCTV
- Alleged conduct of staff member when working outside of NWAS
- Friend (non-NWAS) concerned about the wellbeing of one of our colleagues
- Visibility concerns with new Perspex screens

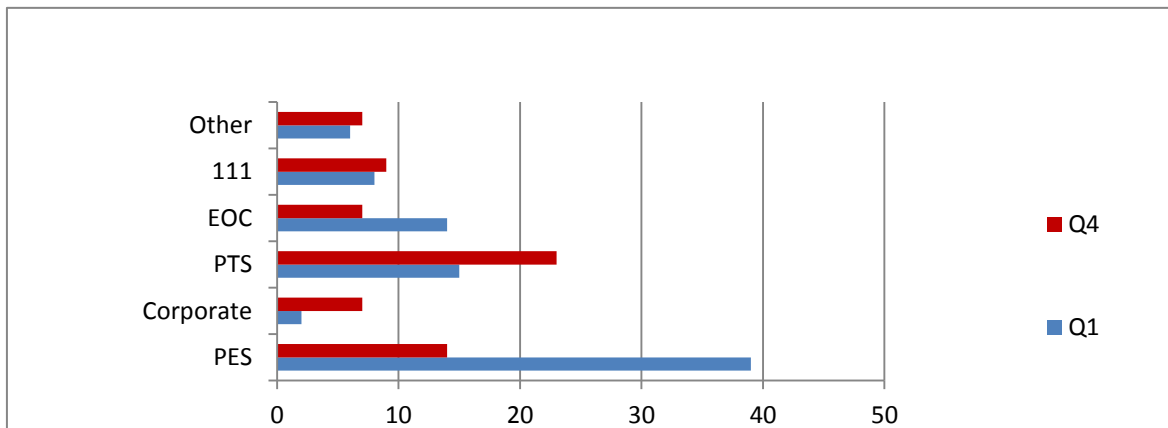
Details of Concerns

Q1 2020-21 Concerns by Reporting Category



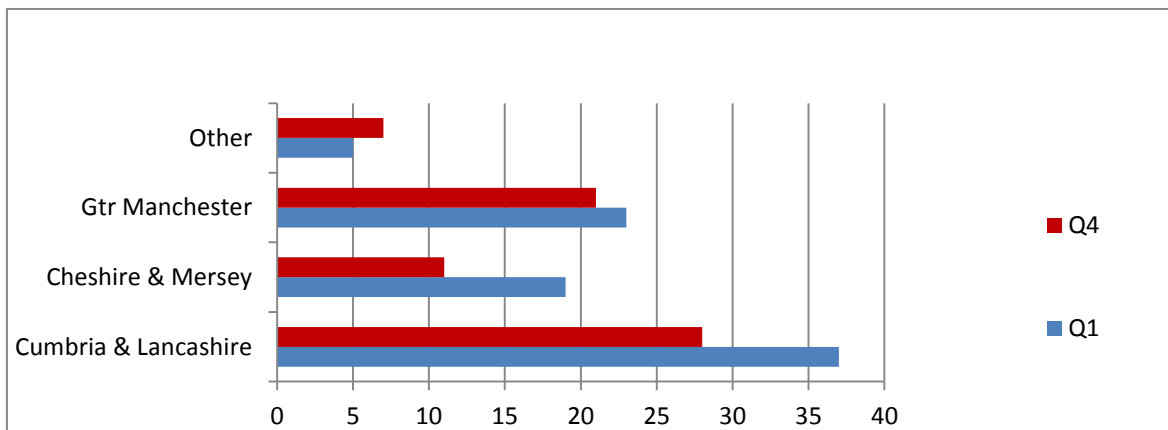
Other – Includes concerns raised by ex-employees, private providers and unknown

Q1 2020-21 Concerns By Service Line:



*Other – Includes concerns raised by ex-employees, private providers and unknown
 NB – Revised figures for Q4 PTS*

Q4 2019-20 Concerns by Area:



Please note - the activity as detailed above reflects only cases reported via FTSU. Concerns raised with local managers and HR are not included in these figures.

National Data is collected by the National Guardians Office. In comparison of the number of concerns raised against Trusts of similar employee size, NWS are receiving a higher than average number of concerns being raised. Comparative data to the end of Q4 2020-21 for the whole Ambulance sector has not yet been published by the National Guardians Office. Q1 figures have not yet been requested by the National Guardian’s Office (as at 17/07/20).

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 Urgent and Emergency care.

During the reporting period, there have been three (3) truly anonymous concerns raised with the Guardian and forty two (50%) concern raisers requested the Guardian and/or Champion protect their anonymity. The reason given for this was fear of suffering reprisal as a result of speaking up. The Guardian and Champions continue to work with staff speaking up, to empower them to raise their concerns in confidence and openly.

The Guardian believes that the feedback obtained from the culture review being carried out by ZEAL “Moving Towards an Outstanding Culture” and the subsequent work that will follow will

continue to assist in addressing this.

The National Guardian Office requires every FTSU Guardian to report against whether staff speaking up feel they have suffered detriment as a direct result of speaking up. During the reporting period, one (1) colleague has reported having suffered 'perceived detriment' as a result of raising a concern. This matter is currently being considered by HR. NWAS policies make it clear that such behaviour is not tolerated. Examples of detriment can be noted as less favourable working conditions, excluded, singled out and less opportunities to develop.

The HR team are still in the process of implementing a clear process for handling these concerns. This work also involves understanding what detriment might look or feel like and how managers can help prevent it from occurring. The Guardian regularly confirms with the concern raiser, both during the period the case is open and after the case has been closed that they do not consider themselves to be suffering detriment. This is in line with recommendations from the National Guardian's Office.

During Q1, the Guardian has received a number of concerns being raised by concerned family members, friends and colleagues in relation to the wellbeing of some of our staff.

There have been two concerns raised during this reporting period whereby the Guardian has identified safeguarding concerns. The Guardian has ensured appropriate escalation of these cases. These matters are still under investigation; however the Guardian is assured that regular welfare checks are being carried out on these individuals.

During this quarter, the Guardian has seen a decrease in the number of feedback responses received, despite staff now being able to provide feedback verbally (instead of just in writing). The feedback received, demonstrates that the colleagues giving the feedback 'would speak up again given their experience of doing so'. The Guardian also takes this opportunity, whilst obtaining verbal feedback to capture the demographics of the person raising the concern where possible. The Guardian will be sharing this information captured with relevant senior managers in the organisation for Workforce Race Equality Standards (WRES) Data. The FTSU Guardian will further ensure actions to be noted through the organisation's Equality, Diversity & Inclusion agenda.

To try and increase the number of feedback responses, the Guardian has contacted other Guardians to discuss what works well for them. Survey Monkey has proved popular. Colleagues, who have raised concerns, are given assurance of their anonymity whilst completing the survey. This allows for honest and constructive feedback to be given. The purpose of using these surveys enables us to continually evaluate the service and embed ways to improve where necessary. The feedback obtained can then be used to demonstrate the impact of this service in reports, bulletins, and service marketing. Survey Monkey will now be used in NWAS to obtain feedback relating to FTSU concerns.

The Guardian can report that 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.

The Guardian continues to work closely together with other teams including HR, and the Risk Management team to enable information to be correlated and triangulated so that common themes and 'hot spots' can be identified. This activity is still in its infancy and COVID-19 has

had an impact on the progress of this work due to the current demand on these services. It is anticipated a proactive response can be taken to prevent incidents from happening in the first place which may help to reduce risk and harm to both staff and patients

Common Themes Identified

There have been a number of themes identified during Q1, the five main themes are:

- Feedback – The absence of feedback following the raising of concerns can deter people from raising concerns, trigger unnecessary escalation internally or externally and raises the likelihood of individuals becoming aggrieved. It can also mean that the hard work in building staff trust and confidence in the speaking up arrangements is lost because it appears that nothing is done when a concern is raised. Feedback must be provided in response to a concern having been raised in a timely manner, irrespective of the reporting method (i.e. Datix). This includes feedback on who is investigating the concern, where possible, the timescales and ultimately the outcome of the investigation.
- Handling of concerns – although again there has been some improvement, unfortunately there are still some discrepancies in the level of investigation warranted (proportionate to the concern). This has created some issues with staff having the confidence to come forward and formally raise a concern, along with timeliness of investigations into the concerns and the independence of the investigator.
- Issues around leadership at departmental level specifically where staff have spoken up to their Line Manager and no action has been taken.
- Managers attitudes and behaviours and lack of trust in them – The Guardian expects the 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 is currently running a number of projects such as the “Treat me right campaign” which again the Guardian believes will help to address this matter.

More staff are approaching the FTSU Guardian with concerns, but then lack a sense of confidence in taking the concerns forward. Staff are fearful of 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.

Trust Actions in Response to Key Themes

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 to improve the flow of information between the Freedom to Speak Up Guardian and HR teams.

Unfortunately it should be noted that the issue of timeliness of feedback has been impacted directly by the COVID pandemic. In addition to the pressures of the response itself, there was

an agreement reached with the national Social Partnership Forum which paused employee relations activity, including HR casework, between 1st April and 30th June. Although outside of Q4, this did mean that investigations, grievances and other HR related processes were paused. The agreement has been revised for the current three month period and this is allowing us to restart most arrangements but there is a backlog and this will affect the conclusion of cases which were open at 1st April and also any arising in the intervening period.

It does also mean that key pieces of work to improve the visibility of HR casework data and measures of timeliness, along with the work to improve and enhance our investigations have been delayed. However there are a number of actions which have been taken which contribute to improving the issues of timeliness and proportionality:

- FTSU proforma – each case now has a documented audit trail accompanying it, which at the start of the process gives clarity on how the issue will be investigated, under which procedure and the terms of reference. This should enable any concerns regarding process to be raised early on and also that the expectations of staff can be managed appropriately from the start.
- Investigations toolkits – although investigations training for managers is currently paused (the programme was 75% complete at pause), work has recommenced on the supporting toolkits which should provide a comprehensive guide to ensuring a best practice approach to investigations and will support the improvement of quality. These should be in place by the end of August. This will cover both patient safety and workforce related investigations.
- Independence of investigators – the Trust has now drafted a clear statement on the independence of investigators, based closely on the ACAS Code of Practice in relation to workplace investigations. This will provide a series of key questions to be asked when an Investigating Officer is appointed to ensure appropriate independence and once finalised with the Trade Unions will provide a framework for addressing the issues of independence.

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. In addition, the People Directorate is working with individual management teams where triangulated data, including FTSU, is identifying clusters or hotspots where specific team interventions and development plans are required.

Outstanding Cases

Q1 2019-20 Currently three cases remain open from Q1:

- Three cases relate to workplace bullying and conflicts which have been investigated by an independent external investigator. Feedback has been provided to the individuals concerned and further updates are expected during Q2. These cases are expected to be concluded and closed during Q2 2020.

Q2 2019-20 Currently five open cases from Q2:

- Five cases relate to allegations of bullying, poor management, management behaviours

and lack of support. These cases have been investigated by an independent investigator external to the Trust. Feedback has been provided to the individuals concerned and further updates are expected during Q2. These five cases relate to two of the cases currently open from Q1. These are expected to be concluded and closed during Q2 2020.

Q3 2019-20

Currently four open cases from Q3 :

- Two cases are still open relating to historic Violence and Aggression incidents which are currently being investigated. The investigating officer (IO) has recently returned to work following a long period of sickness absence and is treating this investigation as a matter of priority.
- Two cases relate to allegations of bullying. These cases have been investigated by an independent investigator external to the Trust. Feedback has been provided to the individuals concerned and further updates are expected during Q2. These two cases relate to cases currently open from Q1 and Q2. These are expected to be concluded and closed during Q2 2020.

Q4 2019-20

Currently thirteen open cases from Q4 :

- A bullying allegation made against a senior manager in the Trust. This matter has been investigated and the outcome report is currently being managed by HR. The Guardian continues to liaise with the HR team to try and expedite these matters to allow for the case to be closed.
- Witness of a distressed colleague following a meeting with senior management. This matter has been investigated and the outcome report is currently being managed by HR. The Guardian continues to liaise with the HR team to try and expedite feedback to provide to the concern raiser and to allow for the case to be closed.
- A serious bullying and dignity at work issue is currently being investigated and the Guardian is receiving regular feedback in relation to the progress of the case. The delay in concluding the investigation is due to the investigating officer currently self-isolating during the Covid-19 pandemic. Other staff involved have also been self-isolating, off sick or on annual leave, causing a significant delay in the development of the case.
- An allegation of a data breach has been investigated and the Guardian is currently awaiting an outcome report which is currently being managed by HR. The Guardian continues to liaise with the HR team to try and expedite feedback to provide to the concern raiser and to allow for the case to be closed .
- 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 has agreed to appoint an independent investigator external to the Trust. This process was put on hold until after the 30th June 2020 due to the current pandemic.
- The handling of a disciplinary matter and the appeal process. HR management have agreed to hear the appeal. The hearing has been put on hold until after the 30th June 2020.
- An allegation of a data breach whereby a member of staff has allegedly used another

member of staff's log in details to access confidential and sensitive information – due process was not followed. This matter is being raised in a hearing, scheduled after the 30th June 2020.

- An allegation of bullying and harassment by a manager is currently being investigated and is due to be concluded during Q2. The Guardian is receiving regular updates from the investigating officer and keeping the concern raiser updated on the progress of the investigation.
- An allegation of unfair recruitment practices and an allegation of fraud having been committed. HR is currently investigating this matter and the Guardian has made numerous attempts to obtain feedback on the progress of the investigation. The Guardian has also queried the Trust's obligation to inform the counter fraud team specialist in line with Trust policy.
- The handling of a Grievance. The concern raiser didn't feel that their concern had been dealt with and in line with policy. Allegedly no feedback was received. The Guardian has made numerous attempts to obtain feedback on this case from HR.
- An alleged data breach. The delay in the handling of the case was due to the appointed investigator not feeling competent in carrying out the investigation. An alternate investigating officer was appointed. The case is expected to be concluded during Q2.
- Relating to the volume of calls during the onset of Covid-19 and the number of calls awaiting allocation. The Guardian has made numerous attempts to obtain feedback on the progress of the investigation with no success. The matter has been escalated to the Director of Operations.
- Relating to concerns around the pressures faced in the EOC. The high volume of calls, calls waiting in the stack, number of procedures in place and staff asking for extra nutritional breaks. The Guardian has made numerous attempts to obtain feedback on the progress of the investigation with no success. The matter has been escalated to the Director of Operations.

Q1 2020-21

Currently twenty six cases remain open from Q1.

LESSONS IDENTIFIED

There have been a number of lessons identified since the launch of FTSU, the main three being:

1. Investigations must be conducted by someone trained and suitably independent, in addition no conflicts of interest, including loyalties, should exist.
2. Feedback must be provided on investigation/outcomes to the concern raiser. This includes feedback on who is investigating, possible timescales and the outcome of the investigation. Feedback is essential to avoid misunderstandings, unnecessary stress and anxiety and helps create a positive culture of speaking up.
3. The final lesson is to ensure that support is given to staff involved in speaking up, this applies to both the concern raiser and the person who has had the concern raised about them. A simple thank you when staff speak up is key, as is empathy and understanding of the stresses involved in speaking up. There are health and wellbeing resources

available in the Trust to support all staff involved in a concern.

Lessons Learned During Q1

- Crew to be offered the opportunity to visit the 111 call centre when this is deemed appropriate and observe the triage/call handling processes engaged.
- COVID-19 guidance on PPE is changing daily. NWAS are adhering to PHE guidance. Daily distribution of guidance across the Trust.
- Action plan in place following recommendations made in investigation report. Learning for an individual. General message cascaded to local teams/departments.
- Fit testing kit limited to what we are sent through from push stocks. However significant work underway to try and 'swap' PPE between Trusts – particularly in relation to FFP3 masks.
- More regular random vehicle checks for private provider vehicles including checks to ensure that no Urgent Care vehicles have blue lights.
- The speed with which changes have been made during the pandemic may have meant that not all members of the team have been informed as they could have been. Review communications mechanisms.
- Actions have been taken by the Trust to maximise the availability of social distancing within the EOCs and other actions as follows :
 - Installation of screens between desks in all the EOCs
 - Floor markings to remind the staff of the 2 metre distance
 - Provision of face masks (should staff wish to wear them)
 - Provision of hand gel on desks to be used as required since beginning of the pandemic
 - Signage to remind staff of the requirement to socially distance since beginning of the pandemic
 - Extra areas for working enabled – e.g. Training room, previous 111 desks, CHUB desks, this allows for a larger spread of staff to assist with 2 metre distancing whilst at desks.
- Consider implementing a return to work (RTW) catch-up pack to be delivered at RTW to reduce need to review emails offline.
- Staff in a department reminded of the audit feedback procedure and the information that is shared and with whom. Staff reminded that this is data that should only be shared with the designated people within the procedure.
- Individual learning for staff member - Staff member made aware that the behaviour in which they have displayed is not in keeping with the Trust's set of values.
- Member of staff spoken to by a senior manager, so that they understand the negative impact of their behaviour and the impact that this could have on a team.
- Put in place, a generic COVID-19 Risk Assessment for all premises/station. Local Risk Assessments are now being or have been completed for all sites.
- Action plan and support in place for an individual

Engagement Activity / Raising Awareness

To date during Q1 the FTSU Guardian undertook the following activities to raise the profile and to promote speaking and listening up:

- Regular promotion of FTSU in Regional Bulletin

- 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
- Contributed to a National Guardians Office case study “The impact of COVID-19 on BAME workers: Supporting vulnerable colleagues to Speak Up” available here:

[HTTPS://WWW.NATIONALGUARDIAN.ORG.UK/NEWS/THE-IMPACT-OF-COVID-19-ON-BAME-WORKERS-SUPPORTING-VULNERABLE-COLLEAGUES-TO-SPEAK-UP/](https://www.nationalguardian.org.uk/news/the-impact-of-covid-19-on-bame-workers-supporting-vulnerable-colleagues-to-speak-up/)

- Virtual attendance and participation at Violence and Aggression Operational Group Forum.
- Virtual attendance and participation Race Equality Forum
- Virtual attendance at the Service Delivery SMT
- Virtual attendance at Board, delivering Q4 and Annual FTSU Assurance Report.
- FTSU input – “Treat me right campaign”
- FTSU input – Outstanding Culture Project Group
- Working collaboratively with other teams as part of the response to recommendations made in the joint letter from the National Guardian and the NHS Workforce Race Equality Standards (WRES) Team- urging leaders in health to assure themselves that all workers feel free to speak up within their organisations, especially given the impact of COVID-19 on BAME workers. Letter available here;
[HTTPS://WWW.NATIONALGUARDIAN.ORG.UK/NEWS/JOINT-LETTER-WITH-THE-WORKFORCE-RACE-EQUALITY-STANDARDS-TEAM/](https://www.nationalguardian.org.uk/news/joint-letter-with-the-workforce-race-equality-standards-team/)
- Currently reviewing the latest NGO Case review (Whittington Health NHS Trust) updating the FTSU action plan as appropriate, the report can be viewed here:
[HTTPS://WWW.NATIONALGUARDIAN.ORG.UK/WP-CONTENT/UPLOADS/2020/06/CASEREVIEWWHITTINGTON.PDF](https://www.nationalguardian.org.uk/wp-content/uploads/2020/06/casereviewwhittington.pdf)
- Working in preparation for the next phases of the pandemic, focussing on FTSU processes to identify opportunities
- Virtual attendance catch up AACE - “Our BME People & Communities – a Conversation”

Supporting Freedom to Speak Up

- Currently revising FTSU Vision and Strategy
- Monthly meetings held between the FTSU Guardian; Chief Executive, FTSU Executive Lead and the Interim Director of Organisational Development 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;

FTSU Service - National and Regional Updates

The NGO is still reviewing the FTSU training for Trusts to adopt and will introduce a standardised approach to Freedom to Speak Up training for staff employed in the health

sector. They have issued guidelines on the types of training that should be provided, including how to speak up (for all staff); how to support people who speak up (for managers) and how to create a culture where people can speak up (for Execs and other senior leaders) <https://www.nationalguardian.org.uk/wp-content/uploads/2019/10/20190812-national-guidelines-on-freedom-to-speak-up-training-in-the-health-sector-in-england.pdf> Further guidance has been delayed due to the COVID-19 pandemic and information will be shared and adopted once it has been disseminated by NHSEI/NGO some time later this year. A national e-learning package available through the national Skills for Health platform has been incorporated into the 2020/21 mandatory training for all staff.

The NGO have carried out a Case Review of Whittington Hospital and their findings have been shared with all FTSUGs and both Secondary and Primary Care facilities. The Guardian is currently reviewing the findings to carry out a GAP analysis of the recommendations made.

The NGO have published their 'regional integration plan' for the North West detailing how they will identify potential FTSU vanguards that can demonstrate a range of models to be applied across the sector and their summary of FTSU arrangements in the NW of England.

NHSEI will be disseminating their newly revised FTSU Policy for Trusts to follow once it is finalised but in the meantime, we have updated our Policy in line with the NGO's case review and guidance.

National Freedom to Speak Up Index

The Freedom to Speak Up Index, first published in 2019, is a key metric for organisations to monitor their speaking up culture. The introduction of Freedom to Speak Up Guardians in 2015 following the Francis Freedom to Speak Up Review has seen an improvement in the speaking up culture nationally

Working with NHS England, the National Guardian's Office (NGO) has brought together four questions from the NHS Staff Survey into a 'Freedom to Speak Up (FTSU) Index'. These questions relate to whether staff feel knowledgeable, secure and encouraged to speak up and whether they would be treated fairly after an incident. The FTSU Index seeks to allow trusts to see how an aspect of their FTSU culture compares with other organisations so learning can be shared, and improvements made. This is the second year in a row that the NGO have published the FTSU Index The NGO has now published its second FTSU Index. NHS England commissioned the National's Guardian Office to develop the index based on four questions from the annual NHS Staff Survey, including whether staff feel secure raising concerns if they see something unsafe.

The survey questions used to make up the FTSU Index are:

- % of staff responded "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly (question 17a)
- % of staff responded "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents (question 17b)
- % of staff responded "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it (question 18a)
- % of staff responded "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice (question 18b)

FTSU Index including CQC Overall and Well Led Ratings – Ambulance Sector

FTSU Index	Name of Trust	CQC Overall	Well Led
76.8%	SCAS		
74.5%	SECAMB		
74.1%	WMAS	Outstanding	Outstanding
73.9%	LAS		
73.8%	NWAS		
73.5%	YAS		
73.2%	SWAS		
72.9%	NEAS		
71.9%	EMAS		
69.5%	EEAS		

- NWAS are currently at 73.8% compared nationally with the highest performing Trust at 87% and the lowest performing Trust at 68%.
- Of the ten lowest scoring Trusts, five of them are Ambulance Services with EastAmb and EMAS at the lowest end

The FTSU Index which is calculated as the mean average of responses to four questions from the 2019 NHS Annual Staff Survey. Where percentage point improvement is recorded, this is based on the overall changes recorded between 2015 and 2020. Nationally the median FTSU score has improved since 2015 (National Guardian Office:2020)

The index once again suggests generally that a positive speaking up culture is associated with higher-performing organisations as rated by the Care Quality Commission (CQC). In other words, trusts with higher index scores are more likely to be rated 'Good' or 'Outstanding' by the CQC. However, this correlation is less apparent with ambulance trusts which tend to perform comparatively less well in the FTSU Index despite most of them receiving 'Good' or 'Outstanding' ratings from the CQC.

MIAA

Following the audit of the Freedom to Speak Up processes, the subsequent corrective actions have been produced and are being overseen by the Audit Committee. An additional report has been reviewed at Resources Committee in July.

Learning and Improvement

The Trust is committed to continuing to learn and improve its systems and processes for raising concerns.

This is done through:

- Meetings held between the freedom to Speak Up Guardian, CEO, Executive Lead, Interim Director of Organisational Development 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.

- You said, We did poster.
- 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.

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 is asked to:

- Note the work of the Guardian
- Note the work of the Trust in response to some of the key themes emerging from cases
- Note the work still to be done to ensure the Guardian and the Trust can evidence learning from cases
- Consider any risks and further actions for the Trust

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Freedom To Speak Up Consolidated Action Plan

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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 3rd March. Guardian to attend Dignity at Work and disciplinary masterclasses.</i>	Director of OD	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 & 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	Develop a FTSU Strategy and Vision <i>A FTSU Vision & Strategy was approved by the Board</i>	Director Corporate	Q2		Internal

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	experience and continuous improvement	during Q3 2018-19; this was due to be refreshed following the outcome of the work with ZEAL which has been delayed due to Covid. Therefore an interim Strategy is being taken to Board Q2 20/21 that can be revisited in 2021 following the outcome of the ZEAL work.	Affairs			
5	FTSU Champions to be aware, understand and support the vision	Communications and training around Vision and Values A review and refresh of the current Champion model is underway and a proposal as to the shape of the model and the support/training required was planned to be presented to Executive Leadership Committee during Q4, however, Covid-19 pressures has pushed this back until BAU is restored during Q3. Expressions of Interest received and comms sent to individuals advising of the delay.	Director Corporate Affairs / FTUSG	Q3		
Area: Meetings						
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	NWAS should ensure that regular meetings take place between the FTSU Guardian/s and the nominated lead NED for FTSU. Meeting dates for 2020/21 planned in until end July 2020.	FTSUG and NED	Complete		NGO
Area: Exec Lead access to FTSU Files						
No.	Goal	Action Required	Lead Manager	Target Date	Complete	Plan

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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 Contacted NGO – no response. NHSEI chased NGO, no response. Chased again – Out of Office til 9th March. Response received 12 March: The National Guardian's Office does not agree this is a joint activity. The FTSU Guardian to draft a protocol for approval during Q2 and this will be communicated to staff so they are aware that in very specific circumstances their files may be accessed by the exec lead but only following written request/authorisation by the Chief Executive and the Non-Executive Lead</p>	Director Corporate Affairs	Q2		NGO
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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"> Review internally in line with NGO guidance Internal Audit <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	Quarterly reporting of all FTSU complaints received and progress being made	FTSU Guardian	Complete		Internal

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		Quarterly reporting to Board has been in place since 2017, however, the report continues to be refined in 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 This was due to take place in Q4 19/20 but was paused due to Covid. Given the number of surveys currently being sent to staff around a variety of subjects this is being rescheduled for later in the year.	FTSU Guardian	Q4		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"> Identify cases to be reviewed per quarter Review fully and provide report Mersey Internal Audit carried out audit during Q3 – management responses and actions agreed Q4.	FTSU Guardian	Complete		Internal
13	Regular quarterly auditing	Quarterly audit via Datix Datix Cloud IQ due to go live April 2020 – rescheduled Q3 20/21 due to Covid-19	FTSU Guardian	Q4 2020		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

No.	Goal	Action Required	Lead Manager	Target Date	Complete	Plan
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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

Area: Scope of FTSU Guardian

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 OD	Complete		NGO
		NWAS to look for positive ways to promote FTSU <i>The Guardian promotes FTSU via Twitter and is working</i>	Director Corporate	Complete		NGO

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		with the comms team on a programme for 2020/21	Affairs			
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 FTSUG meets quarterly with CQC and attends both national network meetings and ambulance sector meetings. Local and sector buddying arrangements in place.	FTSUG	Complete		Internal
Area: Single Policy						
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"> Raising Concerns at Work (Whistle Blowing) Policy and Procedure Freedom to Speak up Policy The policy has been reviewed and refreshed and approved at January Board meeting	Director Corporate Affairs	Complete		NGO
		Revise Freedom to Speak to Policy to reflect the updated national policy The policy has been reviewed and refreshed and the Guardian has had input to ensure national guidance is reflected.	Director Corporate Affairs	Complete		NGO

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		Advise staff of all revisions to policies through communications. <i>Comms January 2020</i>	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"> Progress Executive Walkarounds Engagement interaction Workshops FTSU campaigns Senior Manager briefings 	Director Corporate Affairs	Complete		Internal
22	Encourage staff to speak up	Work with HR to promote the FTSU principles <i>Treat Me Right campaign will reference FTSU as a route to raise concerns at work.</i>	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. <i>The policy has been reviewed and refreshed and includes a reference to thanking all workers and was approved at January Board Meeting.</i>	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. <i>The trust is continuing to train managers in investigation training to address this issue.</i>	Director of OD	Complete		NGO

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		Ensure that details of which policy or procedure is being used is communicated at the outset	Director of OD	Complete		NGO
		Give proper scope and clarity to investigators	Director of OD	Complete		NGO
		Review the protocols setting out the working arrangements between FTSU guardian and HR to ensure principles are embedded Improved processes implemented to ensure clarity on planned approach to resolving HR related FTSU queries, along with closer working arrangements. This will be used to review protocols.	Director of OD	September 2020		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 Investigating Officers issued	Director of OD	January 2020 – revised FTSU policy Completed Disciplinary policy review – Sept 2020 (delayed due to COVID 19) Already covered in investigations		NGO

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Area: Mediation

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. <i>Revised guidance available on Green Room, issued to managers and HR teams. Will be more widely distributed as part of Treat Me Right campaign</i>	Director of OD	Complete		NGO

Area: Clarity around FTSU Champions / Advocacy

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 <i>FTSU Policy reviewed and refreshed. Approved by Board of Directors January 2020.</i>	Director of OD	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 confusion to the works they support e.g. peer supporter role <i>A review and refresh of the current Champion model is underway and a proposal as to the shape of the model</i>	Director Corporate Affairs / Director of OD / FTSUG	Q3		NGO

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		and the support/training required was planned to be presented to Executive Leadership Committee during Q4, however, Covid-19 pressures has pushed this back until BAU is restored. Expressions of Interest received and comms sent to individuals advising of the delay.				
		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	Director Corporate Affairs	Complete		NGO
		Gain guidance and support from NGO in ensuring this is met going forward Awaiting further NGO Guidance Nationally	FTSUG	Ongoing		NGO

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REPORT

Board of Directors

Date:	29 July 2020									
Subject:	Annual Audit Letter 2019/20									
Presented by:	Carolyn Wood, Director of Finance									
Purpose of Paper:	For Assurance									
Executive Summary:	<p>The Annual Audit Letter 2019/20 summarises the key issues arising from the external audit work carried out by KPMG at the Trust.</p> <p>In line with the National Audit Office's Code of Audit Practice the report covers the Financial Statements including the regularity opinion and Governance Statement and also the Value for Money arrangements.</p> <p>There are no high risk recommendations arising from the 2019/20 audit work.</p>									
Recommendations, decisions or actions sought:	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> Note the content of the letter. 									
Link to Strategic Goals:	Right Care	<input type="checkbox"/>		Right Time	<input type="checkbox"/>					
	Right Place	<input type="checkbox"/>		Every Time	<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"/>
Are there any Equality Related Impacts:	No									
Previously Submitted to:	N/A									
Date:										
Outcome:										

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Annual Audit Letter 2019-20

North West Ambulance Service NHS Trust

22nd July 2020

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A. Summary of our reports issued	

This report is addressed to NHS Trust and has been prepared for the sole use of the Trust. We take no responsibility to any member of staff acting in their individual capacities, or to third parties.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

Introduction

Background

This Annual Audit Letter (the letter) summarises the key issues arising from our 2019-20 audit at North West Ambulance Service NHS Trust (the Trust). Although this letter is addressed to the Directors of the Trust, it is also intended to communicate these issues to external stakeholders, such as members of the public. It is the responsibility of the Trust to publish this letter on the Trust's website. In the letter we highlight areas of good performance and also provide recommendations to help the Trust improve performance where appropriate. We have reported all the issues in this letter to the Trust during the year and we have provided a list of our reports in Appendix B.

Scope of our audit

The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. Our main responsibility is to carry out an audit that meets the requirements of the National Audit Office's Code of Audit Practice (the Code) which requires us to report on:

Financial Statements including the regularity opinion and Governance Statement	We provide an opinion on the Trust's accounts. That is whether we believe the accounts give a true and fair view of the financial affairs of the Trust and of the income and expenditure recorded during the year. We confirm that the Trust has complied with the Department of Health and Social Care (DoHSC) requirements in the preparation of its Annual Governance Statement. We also confirm that the balances you have prepared for consolidation into the Whole of Government Accounts (WGA) are not inconsistent with our other work.
Value for Money arrangements	We conclude on the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the Trust's use of resources.

Fees

Our fee for 2019/20 was £71,597 (2018/19: £67,260) excluding VAT. This fee was in line with the fee agreed at the start of the year with the Trust's Audit Committee.

We have also charged an additional £2,500 for our work to date on the new IFRS16 lease standard and a further £4,160 in relation to the additional work required over the non-pay expenditure and valuation of land and buildings.

Non-audit fees received in the year 19/20 was Nil (2018/19 £1,817).

Acknowledgement

We would like to take this opportunity to thank the officers of the Trust for their continued support throughout the year.

This section summarises the key messages from our work during 2019-20.

<p>Financial Statements audit opinion</p>	<p>We issued an unqualified opinion on the Trust's accounts on 24 June 2020. This means that we believe the accounts give a true and fair view of the financial affairs of the Trust and of the income and expenditure recorded during the year.</p> <p>There are no unadjusted audit differences that were identified as part of the audit but one adjusted audit difference of trivial limit. There were no significant matters which we were required to report to those charged with governance.</p> <p>At the time of issuing our audit opinion we were unable to formally conclude the audit and issue an audit certificate until we had issued our EARP return on 1 September 2020 to the National Audit Office in respect of the Trust's financial statements. However the NAO updated their guidance and we issued our certificate on the 30th June 2020.</p>
<p>Financial statements audit work undertaken</p>	<p>We are required to apply the concept of materiality in planning and performing our audit. We are required to plan our audit to determine with reasonable confidence whether or not the financial statements are free from material misstatement. An omission or misstatement is regarded as material if it would reasonably influence the user of financial statements. Our materiality for the audit was £6.5M (2018/19: £6m).</p> <p>We identified the following risks of material misstatement in the financial statements as part of our External Audit Plan 2019/20:</p> <ul style="list-style-type: none"> - Valuation of land and buildings - Valuations are inherently judgemental. There is a risk that the methodology, assumptions and underlying data, are not appropriate or correctly applied. The Trust undertook a full revaluation of its land and buildings in year. This included valuing the new Estuary Point asset which has come into operational use during the financial year. The full valuation was also undertaken at the 31st March 2020, balance sheet date, therefore removing the estimation uncertainty in relation to how property valuations may have moved since the date of the valuation that had arisen in previous years. <ul style="list-style-type: none"> - We assessed the competence, capability, objectivity and independence of the Trust's external valuer and considered the information provided to the Trust in 2019/20 for consistency with the requirements of the NHS Group Accounting Manual; - We critically assessed the Trust's formal consideration of indications of impairment and surplus assets within its estate, including the process undertaken; We have rolled forward our prior year recommendation that the Trust should ensure that there are formal impairment reviews undertaken each year. - We agreed movements in asset valuation per the Trust's Fixed Asset Register to the reports provided by the valuer; - We engaged KPMG specialists to critically assess and challenge the assumptions used in preparing the valuation for a sample of the Trust's land and buildings to ensure they were appropriate. That sample included Elm House and the new Estuary Point. For a number of assets it was identified that the judgements made were towards the optimistic end of the range in relation to the £ per square foot valuation considering comparable evidence. We are however satisfied that the assets are not materially misstated; - We have tested the accuracy of the estate base data provided to the valuer to ensure it accurately reflects the Trust's estate, for example the floor areas used in the calculations and the title deeds of the estate. We raised a recommendation to ensure that the Trust works with their valuer to undertake a full remeasurement exercise in relation to the floor areas. - We undertook work to understand the basis upon which any movements in the valuation of land and buildings had been classified and treated in the financial statements and determined whether they had complied with the requirements of the Department of Health and Social Care Group Accounting Manual 2018/19. - We ensured that the disclosures made were in line with the requirements of the DHSC Group Accounting Manual 2019/20, supplemented by additional guidance issued by NHS Improvement in April 2020.

Headlines (cont.)

Financial statements audit work undertaken

- We considered the adequacy of the disclosures about the uncertainty caused by the Covid-19 pandemic on market data used to underpin the valuer's assumptions, and management's consideration of these factors when arriving at the year-end valuation figures. We ensured that the disclosures made were in line with the requirements of the DHSC Group Accounting Manual 2019/20, supplemented by additional guidance issued by NHS Improvement in April 2020. We have no matters to report in respect of this work.

Other than the recommendations referred to above we have not identified any issues to report as a result of this work.

- **Revenue recognition** - Professional standards require us to make a rebuttable presumption that the fraud risk from revenue recognition is a significant risk. We recognise that the incentives in the NHS differ significantly to those in the private sector which have driven the requirement to make a rebuttable presumption that this is a significant risk. These incentives in the NHS include the requirement to meet regulatory and financial covenants. We classified NHS income and receivables as a significant risk to respond to this requirement.
 - We compared the actual income for the Trust's most significant commissioners against the block contracts agreed at the start of the year and checked the validity of any significant variations between the actual income and the contract via agreement to appropriate third party confirmations;
 - We inspected confirmations of balances provided by the Department of Health as part of the AoB exercise and compared the relevant income recorded in the Trust's financial statements to the expenditure balances recorded within the accounts of Commissioners. Where applicable we investigated variances and reviewed relevant correspondence to assess the reasonableness of the Trust's approach to recognizing income from Commissioners;
 - We agreed receipt of Provider Sustainability Fund Monies and confirmed the treatment is in line with guidance from NHSI.
 - We inspected a sample of March and April transactions to identify if there were any income receipts that had been incorrectly accounted for.

The results of our testing were satisfactory. We considered the amount of revenue recognised to be acceptable.

- **Management override of controls** - Professional standards require us to communicate the fraud risk from management override of controls as significant 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. Our procedures, including testing of journal entries, accounting estimates and significant transaction outside the normal course of business, no instances of fraud were identified.

Headlines (cont.)

Financial statements audit work undertaken

- **Expenditure recognition-** In the public sector, auditors also consider the risk that material misstatements due to fraudulent financial reporting may arise from the manipulation of expenditure recognition (for instance by deferring expenditure to a later period). This may arise due to the audited body manipulating expenditure to meet externally set targets. As most public bodies are net spending bodies, then the risk of material misstatement due to fraud related to expenditure recognition may in some cases be greater than the risk of material misstatements due to fraud related to revenue recognition and so the auditor has regard to this when planning and performing audit procedures.
 - We inspected items of expenditure in the April 2020 bank statements to identify if there were any unrecorded liabilities that should have been accounted for in the 2019/20 financial statements;
 - We vouched a sample of individual accruals to supporting documentation to confirm the method of calculation and to confirm inclusion in the correct period;
 - We vouched a sample of transactions posted before and after the year end to supporting documentation to confirm inclusion in the correct period and to critically assess whether any manual adjustments to expenditure were appropriate;
 - We vouched a sample of creditor balances to supporting documentation and post year-end cash payments to agree the correct treatment as a payable at year-end; and
 - We inspected confirmations of balances provided by the Department of Health as part of the AoB exercise and compared the relevant payables recorded in the Trust's financial statements to the receivables balances recorded within the accounts of other providers and other bodies within the AoB boundaries. Where applicable we investigated variances and reviewed relevant correspondence to assess the reasonableness of the Trust's approach to recognising expenditure to other providers and other bodies within the AoB boundaries. There are no relevant mismatches that we are required to report to the NAO.
 - We tested a sample of non-NHS expenditure items from throughout the year to supporting documentation to confirm they existed and were accurately accounted for in the financial statements;
 - We considered the completeness of provisions based on our cumulative knowledge of the Trust, inquiries with Directors, and inspection of legal correspondence. We also considered the appropriateness of releases of provisions made in year by critically assessing the justification for the release against the relevant accounting standards;

We did not identify any misstatements or areas for concern as part of this testing.

As a result of the COVID-19 pandemic the implementation of the new lease accounting standards has been deferred to 1 April 2021 with only limited disclosure requirement for 2019/20. We have no matters to report specifically relating to the impact of the pandemic on the audit of the financial statements.

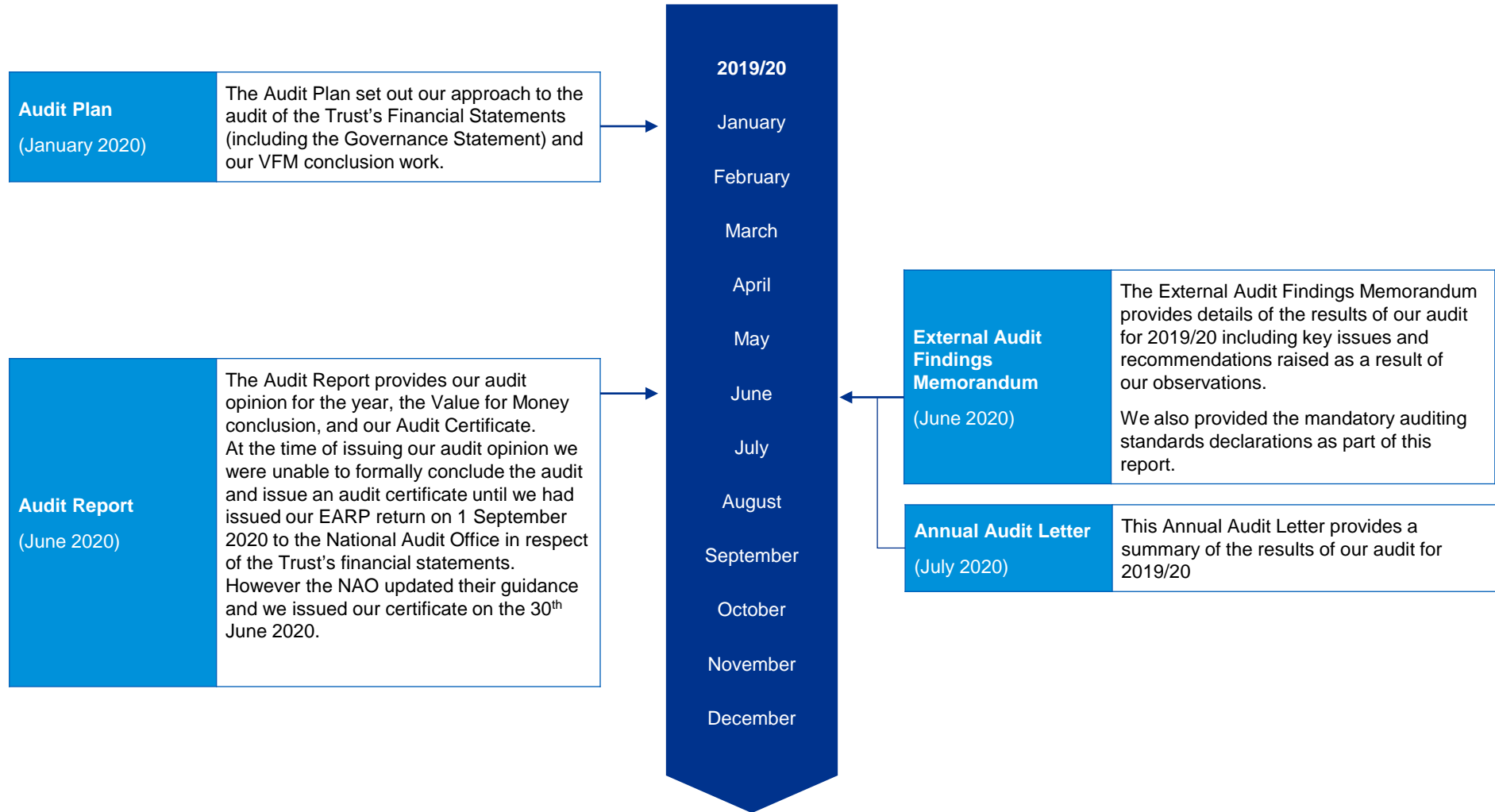
Headlines (cont.)

Governance Statement	We confirmed that the Trust complied with the DHSC requirements in the preparation of the Trust's Annual Governance Statement.
Whole of Government Accounts	We issued an unqualified Auditor Statement on the Consolidation Schedules prepared by the Trust for consolidation into the Whole of Government Accounts with no exceptions.
Value for Money (VFM) conclusion	We are required to report to you if we are not satisfied that the Trust has made proper arrangements to secure economy, efficiency and effectiveness in its use of resources. Based on the findings of our work, we have nothing to report.
VFM conclusion risk areas	<p>We undertook a risk assessment as part of our VFM audit work to identify the key areas impacting on our VFM conclusion and considered the arrangements you have put in place to mitigate these risks. We did not identify any significant risks relating to VFM.</p> <p>We did not included an additional risk relating to the response to COVID19. By way of reminder our value for money responsibilities are focused on understanding the arrangements you have put in place up to the 31 March and to consider the disclosures you have made within your annual governance statement. We had no matters to report specifically relating to the impact of COVID19 on our value for money conclusion.</p>
Recommendations	<p>We are pleased to report that there are no high risk recommendations arising from our 2019/20 audit work.</p> <p>The Trust has been good at implementing agreed audit recommendations from prior years. We have identified only 2 prior year recommendations that still require further action by management.</p>
Public Interest Reporting	<p>We have a responsibility to consider whether there is a need to issue a public interest report or whether there are any issues which require referral to the Secretary of State. We have not identified any such matters.</p>



Appendices

Summary of our reports issued





The information contained herein is of a general nature and is not intended to address the circumstances of any particular individual or entity. Although we endeavour to provide accurate and timely information, there can be no guarantee that such information is accurate as of the date it is received or that it will continue to be accurate in the future. No one should act on such information without appropriate professional advice after a thorough examination of the particular situation.

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Chairs Assurance Report

Name of Committee/Group:	Audit Committee	Report to:	Board of Directors
Date of Meeting:	10th July 2020	Quorate (yes/no):	Yes
Chair:	David Rawsthorn, Non-Executive Director	Executive Lead:	Director of Finance / Director of Corporate Affairs
Members present:	Prof Rod Thomson, Associate Non-Executive Director Dr David Hanley, Non-Executive Director	Key Members not present:	Michael O'Connor, Senior Independent Director
Board Assurance Risks Aligned to Committee:	No specific risks aligned to Audit Committee, however, the Committee is charged with a specific role in relation to oversight of the BAF.		

Key Agenda Items	RAG	Key Points	Action/Decision
Critical and High Risk Recommendations		<ul style="list-style-type: none"> The Committee noted that due to Covid-19 12 high risk recommendations remain outstanding. MIAA have recommended follow-up of recommendations with Executive Leads. 	Noted the moderate assurance due to delay caused by Covid-19 Recommended follow-up would be reported to the next meeting.
Internal Audit Progress Report Q1 2020/21		<ul style="list-style-type: none"> The Committee noted that core audit work had been suspended due to COVID-19. MIAA informed the Committee that COVID-19 checklists and briefings had been issued to assist the Trust assess whether appropriate governance arrangements were in place during the pandemic across a number of areas. The Committee approved the amendments to the Audit Plan as a result of the impact of COVID-19 and noted that reviews would commence as part of the Trust's restoration phase. Assurance was also provided to the Committee that work would be undertaken in order to provide sufficient assurance to support audit opinions for the Annual Governance Statement 2020/21. 	Noted the assurance provided.
Internal Audit Work Follow Up		<ul style="list-style-type: none"> Due to COVID-19, follow up work had not been undertaken. However, ELC had been engaged in 	Noted the moderate 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
		recommencement of follow-up work and it is hoped a significant improvement in the position will be reported to the next meeting.	
Internal Audit KPI Report		<ul style="list-style-type: none"> A summary of the achievement of agreed KPIs was presented to the Committee. 	Noted the assurance provided and that all KPIs had been achieved.
Anti-Fraud Progress Report		<ul style="list-style-type: none"> The Committee received the Q1 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). 	Noted the assurance provided.
External Audit Framework		<ul style="list-style-type: none"> Mazars LLP were welcomed to their first Audit Committee at the Trust and presented the timeframe for completing the 2020/21 external audit. 	Noted the assurance provided.
Board Assurance Framework (BAF)		<ul style="list-style-type: none"> The Committee received the updated BAF prior to submission to the Board of Directors for approval on 29 July 2020. It was noted that the Q1 position was incomplete due to Committee meeting taking place earlier than the normal schedule and required review by the Executive Leadership Committee. Committee members considered the report within the context of their role as Audit Committee. 	Noted the assurance provided.
MIAA Checklist: Risk Management – Adapting and Responding to COVID-19		<ul style="list-style-type: none"> The Committee noted the completed MIAA checklist which provided an assessment framework designed to support NHS organisations in reviewing their Assurance Frameworks and Risk Management processes during COVID-19. Members of the Committee identified an area of escalation to the Board in that deep dives have not been scheduled to assess how risks have been managed during the period to inform a potential second wave or a future pandemic and will be referenced as a gap on the BAF. 	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
Clinical Governance- Quality and Performance Chair's Assurance Reports		<ul style="list-style-type: none"> The Committee received assurance reports relating to Clinical Governance from the meetings held on: 18 May 2020 and 15 June 2020. To ensure compliance with best practice as set out in the NHS audit committee handbook, the chair noted he is seeking to ensure attendance at each committee by the 'relevant director' to provide any required clarification 	Noted the assurance provided within the reports. Attendance by 'relevant director' is being sought
Management of Theft		<ul style="list-style-type: none"> The Committee received a report summarising the approach to theft within the Trust. Members noted that the treatment of theft is dealt with through various organisational policies and documents. The report identified a gap in the current process relating to negligible/minor incidents and that the process would be amended following review. 	Noted the assurance provided in the report.
Legal Services Report 2020/21		<ul style="list-style-type: none"> The Committee noted the Q1 2020/21 update: <ul style="list-style-type: none"> 199 new HM Coroner's inquests 22 Contentious/Potentially contentious 177 are non-contentious 96 inquest hearings requiring an NWS witness attendance have been adjourned as a consequence of Covid-19. No Regulation 28 PFD Report 16 new claims <ul style="list-style-type: none"> 5 are Clinical Negligence claims 8 are Employer's Liability claims 2 are Public Liability 47 Subject Access Requests were processed 	Noted the assurance in the report.
Waiver of Standing Orders Q1 2020/21		<ul style="list-style-type: none"> 9 waivers had been received during Q1. 	Noted the assurance provided. One waiver was drawn to the attention of committee in accordance with waiver rules. The committee noted that this situation would not arise again as the procurement

	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
			position in relation to that particular case had now changed
MIAA Checklists: Gifts and Hospitality during COVID-19		<ul style="list-style-type: none"> The Committee were presented with the MIAA Checklist for Gifts and Hospitality during COVID-19 and noted the assurances provided within the checklist. 	Noted the assurance provided in the report.
Review of meeting effectiveness		<ul style="list-style-type: none"> The meeting was considered to have been effective. Several points were noted that would help future remote meetings. 	

	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

Board of Directors

Date:	29 th July 2020								
Subject:	Integrated Performance Report								
Presented by:	Director of Quality, Innovation and Improvement								
Purpose of Paper:	For Assurance								
Executive Summary:	<p>The Integrated Performance Report for July 2020 shows performance on Quality, Effectiveness, Finance, Operational Performance and Organisational Health during June 2020.</p> <p>The highlights from this report are as follows;</p> <p>Quality</p> <ul style="list-style-type: none"> The Trust is on track with the strategic goal of reducing complaints per 1000 WTE staff. The fiscal year monthly average is currently 14 complaints per 1000 WTE staff, against a strategy goal of 31. 70% of level 1-3 and 9% of level 4-5 complaints have been closed within the SLA standard. This is below the goal of 85% for level 1-3 and 80% for level 1-4. 5 Serious Incidents were reported during June. <p>Effectiveness</p> <ul style="list-style-type: none"> We are demonstrating a reduction in conveyance, from 64.6% to 59.8% over the past 12 months. Hear & Treat Performance for June 2020 was 11% and the number of incidents with no face to face response being 10,053. June See & Treat performance was 29.2%. <table border="1" data-bbox="539 1899 1305 1984"> <thead> <tr> <th>Month</th> <th>H&T</th> <th>S&T</th> <th>S&C</th> </tr> </thead> <tbody> <tr> <td>June</td> <td>11%</td> <td>29%</td> <td>60%</td> </tr> </tbody> </table>	Month	H&T	S&T	S&C	June	11%	29%	60%
Month	H&T	S&T	S&C						
June	11%	29%	60%						

Finance

- The Financial Risk Rating metrics have been removed 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 99.9% in June 2020.
- Average hospital turnaround time for June 2020 was 28 minutes 14 seconds across the North West 6 minutes below the commissioned standard of 34m.

ARP Performance

	Target	Actual
C1 (Mean)	7:00	6:52
C1 (90 th)	15:00	11:27
C2 (Mean)	18:00	17:49
C2 (90 th)	40:00	34:55
C3 (Mean)	1:00:00	51:10
C3 (90 th)	2:00:00	1:55:15
C4 (90 th)	3:00:00	2:29:20

NHS 111

- Calls answered within 60 seconds is at 70% against a target of 95% for the year to date with a monthly performance for June being 75%.
- All metrics are showing normal cause for 111.

PTS

- Activity in June for the trust was 59% below contract baselines, whilst the year to date position (July 2019 – June 2020) is performing at 18% below baseline. This is due to Covid-19.

Organisational Health

- **Sickness:** The overall sickness absence rate for the latest reporting month (May 2020) was 6.30%.
- **Turnover:** The turnover figure for June was 7.63%.
- **Agency:** Despite the impact of Covid-19 agency costs at the trust stand at 0.4% in June.
- **Vacancy:** Positions across the trust are under establishment by 0.07%.
- **Appraisal:** The overall appraisal completion rate for June was 76.23% against a trust target of 76% this is lower than 95% due to the effect of Covid-19.

	<ul style="list-style-type: none"> • Mandatory Training: The trust is 74% compliant against a target of 95%. This is due to the impact of Covid-19 and the addition of new topics for the current years cycle of training. The target of 95% will be met by March 2021, a plan is in place to achieve this.
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Recommendations, decisions or actions sought:	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> • Note the content of the report • Clarify any items for further scrutiny
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Link to Strategic Goals:	Right Care	<input checked="" type="checkbox"/>	Right Time	<input checked="" type="checkbox"/>
	Right Place	<input checked="" type="checkbox"/>	Every Time	<input checked="" type="checkbox"/>

Link to Board Assurance Framework (Strategic Risks):

SR01	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"/>
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	<input type="checkbox"/>

Are there any Equality Related Impacts:	
Previously Submitted to:	Quality and performance (in part)
Date:	20 th July 2020
Outcome:	Assurance

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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 June 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 June 2020, 98 complaints were received, against a 12 month average of 154 per month. 116 compliments were received this month. Both of these are consistent with other months during the Covid-19 pandemic.

A total of 69 complaints were closed in June 2020 (58 cases were risk scored 1-3 and 11 were risk scored 4-5). Overall, 70% of cases risk scored 1-3 were closed within the agreed timescales. 9% of level 4-5 complaints were closed within agreed timescales.

Q2 – Incidents

In June 2020, 1469 incidents were opened this compares to 12 month average of 1173. The increase in incident reports in June is attributable to the reporting of ALL staff with a positive Covid-19 result which is necessary to trigger the investigation required for RIDDOR reporting. This has resulted in an additional 355 reports (within the categories of staff welfare, information and IPC).

Q3 - Serious Incidents (SIs)

5 Serious Incidents (SIs) were reported in June 2020. 3 SI reports were due with the commissioners and 2 out of the three reports were submitted within the 60 day timescale.

Q5 - Safety Alerts and Health and Safety

There have been 6 new alerts in June 2020. The total number of CAS/NHS Improvement alerts received between July 2019 and June 2020 is 41, with no alerts applicable. 38 MHRA Medical Equipment Alerts have been received with no alerts applicable. 56 MHRA Medicine alerts have been received, with no alerts applicable. 2 IPC alerts have been received, with 2 alerts applicable.

One applicable alert was for Measels of which there were 5 cases in February 2020. The staff member was contained and vaccinated in January.

The other applicable covers Coronavirus and is still ongoing with Angela Hansen as LEAD and DiPC and overseen by the Executive Leadership Committee.

Effectiveness

E1 - Patient Experience

The latest published patient experience data has previously been reported. Once national reporting restarts this will be included in the report.

E2 – ACQIs

NHS England have suspended all AQI outcome data reporting from April to June 2020, which means that the last published data was November 2019, this has previously been reported. Reporting on these measures will recommence in the next report.

E3 – H&T, S&T & S&C Outcomes

There is a significant relationship between the Hear & Treat, See & Treat and See & Convey outcomes. During the Covid-19 pandemic See & Convey decreased while Hear & Treat and See & treat both increased. Since the peak of the Covid-19 pandemic we have seen all three outcomes moving towards but not yet at pre Covid-19 levels.

Finance

F1 – Finance

For the four 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 we will add back once the new operating framework is launched after transition from the Covid-19 financial framework.

Operational

PES Activity

OP1 – Call Pick Up

Call pick up performance for June has consistently been high (99.9%). Calls answered in 5 seconds stands above 95% for the third consecutive month. The mean, median and 90th centile have remained at 1 second, which shows the trust is consistently answering nearly all calls within one second.

Calls with pick up

June has continued to see fewer calls than normal. The reduction in call volume can be attributed to two primary factors. Firstly there has been a reduction in initial/primary calls from the public. This appears to indicate public behaviour has changed during the Covid-19 pandemic. This is clear when reviewing NWAS's emergency call volume and the sector as a whole. All ambulance services have seen a reduction in call volume. The second factor reducing call volume is the reduction in secondary/follow up calls known as duplicates. NWAS response times have improved and as a result duplicates have reduced. There is an increase in calls during the last full week in June, This is as a result of the very hot weather during that week.

The high performance for call pick up within 5 seconds can be attributed to the reduction in call volume, the rationale has been previously described and secondly due to increases in workforce. NWAS EOC has recruited an additional 180 call handling staff. This is driving the improvements to call answer times. NWAS EOC are now delivering consistent, sustained call handling performance that is leading the sector.

OP2 – Hospital Turnaround

Performance for the month of June shows a hospital turnaround time of 28 minutes 14 seconds across the North West. Hospital turnaround continues to improve with the average for June seeing a 54 second improvement over May. The improvements have been seen in both the hospital and ambulance elements of the standard. The continued improvement has seen a shift to the better for the mean.

OP3 – ARP Standards

	C1 Mean	C1 90th	C2 Mean	C2 90th	C3 Mean	C3 90th	C4 90th
June 2020	00:06:52	00:11:27	00:17:49	00:34:55	00:51:10	01:55:15	02:29:20
Target	00:07:00	00:15:00	00:18:00	40:00	01:00:00	02:00:00	03:00:00

The trust is has met its target across the North West for each metric as shown above. This is the second month where all standards have been met. Both C1 mean and 90th are showing normal variation. However C2 mean and 90th, C3 mean and 90th and C4 90th are all showing special cause on the last data point. This is due to the very hot weather during that week. Performance has since reverted back to the level of the week directly preceding the week commencing 22 June.

OP4 – 111

Performance for the 111 service line is within normal cause and continues to move towards performance levels pre Covid-19. This from a combination of a reduction of calls since the peak of Covid-19, a focus on a reduction in AHT, improved absence management and further operational efficiencies identified through Audits.

OP5 – PTS Activity

Overall activity during June 2020 was 59% below contract baselines with Lancashire 65% below contract baselines whilst Merseyside is operating at -51% (-12639) Journeys below baseline. For the year to date position (July 2019 - June 2020) PTS is performing at -18% (-291592 journeys) below baseline. Within these overall figures, Cumbria and Lancashire are operating at 23% and 27% below baseline whilst Greater Manchester and Merseyside are operating at 14% and 6% below baseline respectively.

In terms of unplanned activity, cumulative positions within Greater Manchester and Merseyside are 33% (13021 journeys) and -13% (-2876 journeys) above baseline respectively. Cumbria and Lancashire are -36% (-5405 journeys) and -19% (-10805 journeys) below baseline. Aborted activity for planned patients averaged 6% during June 2020 however Cumbria experienced 3%, Greater Manchester operates with 8% whilst Lancashire and Merseyside both experience 5% & 6% aborts respectively. There is a similar trend within EPS (renal and oncology) patients with an Trust average of 3% aborts whereas Cumbria has 1% and Greater Manchester 4% Lancashire and Merseyside both operate with 3%. Unplanned (on the day) activity experiences the largest percentages of aborts with an average 11% (1 in 6 patients) with variances of 10% in Cumbria, 13% in Greater Manchester, 10% in Lancashire and 11% Merseyside.

Workforce

OH1 – Sickness

The overall sickness absence rates for May 2020 was 6.3%, which is displaying a decrease from the previous month. This includes Covid-19 related sickness of 1.14%. Underlying non-Covid sickness was 5.16% which is below the same month last year. The 111 service, has shown good improvements compared with last year, May figures 9.43% in 111 which is a significant reduction against the same time last year. PTS sickness was 7.17%, of which 6.49% was not Covid related. This is lower than average sickness for 2019/20. PES sickness is at 6.45%, of which 5.05% is non-Covid related, in May which demonstrates continuing downward trend. In addition to sickness reported via ESR, Covid-19 self-isolating absences have been captured by GRS.

OH2 – Turnover

Turnover is calculated on a rolling year average and this does lead to some small variations between months. For the month of June 2020 turnover was at 7.63% which shows special cause variation being lower than the lower control limit.

There has been a focus on retention within 111 which is showing some improvements, although turnover positions remains high, comparison from the same period last year shows a 10% reduction in turnover. Front line PES Operations is showing a small decrease in turnover. This is being monitored closely particularly in relation to the GP contract reform, increased turnover has been built into workforce and recruitment plans for 2020.

OH4 – Temporary Staffing

The Trust remains in a reasonable position regarding Agency costs. Additional resources were deployed in response to the Covid-19 pandemic. Work is ongoing with 111, PES and EOC to ensure that we have robust plans in place to meet the additional demands of responding to Covid-19 with a view to reducing Agency costs where possible.

OH5 – Vacancy Gap

The vacancy position is positive. All 2019/20 planned growth is now included in establishments giving a true vacancy position against budgeted resources. The shows an over establishment at the end of June 2020 in EOC at 7.64% and 111 are over established by 17.45% which represents progress towards the additional growth agreed for the commencement of the new contract in October 2020. PTS have been impacted by the transfer of staff to PES during the Covid-19 pandemic and planning is in place to support PTS delivery for the remainder of the year.

OH6 – Appraisals

Appraisal compliance overall has reduced as a result of the impact of Covid-19. Appraisals were paused in March 2020 in line with national guidance and as a result completion rates have decreased to 76% overall with PES rates at 81% and PTS at 69%. 111 have dropped significantly behind trajectory to 51% compliance against target. Additional focus will need to commence to support 111 as part of their recovery plan. Following resumption in June 2020, a revised target as part of recovery planning is 85% for March 2021. Revised streamlined appraisal documentation approved by ELC in June should support completion.

OH7– Mandatory Training

The overall Trust mandatory training compliance position at the end of June 2020 is 74%. This takes into account all online and classroom training. In addition to the impact of Covid overall compliance levels are impacted by the inclusion of new topics in this year's cycle of training.

Mandatory training for frontline staff was paused in March. Classroom training for PTS resumed in May 2020 with reduced capacity. EOC and 111 resumed online training in June 2020. ELC have now approved the resumption of PES mandatory training following the pause as a result of Covid-19. This is with a reduced length of classroom training to 7.5 hours. This has been risk assessed and remains in line with the core skills framework. The training cycle has also been extended from January 2021 to 31 March 2021 as part of the recovery actions. This will bring all mandatory training in line with the same cycle.

The Trust had moved to competence based reporting for mandatory training. The aim has been for staff to complete their classroom based training and their online training before their competence expires, thus maintaining compliance across the year at 95%. The cessation of training has impacted on this and now the 95% target will not be met fully until March 2021. The current position is that PES classroom compliance is at 58% i.e. 58% of staff have received classroom training within the last 12 months and PTS are at 82%.

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.

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1 COMPLAINTS

Figure Q1.1

Complaints Rate (Complaints/Whole Time Equivalent Workforce)

July 2019 - June 2020

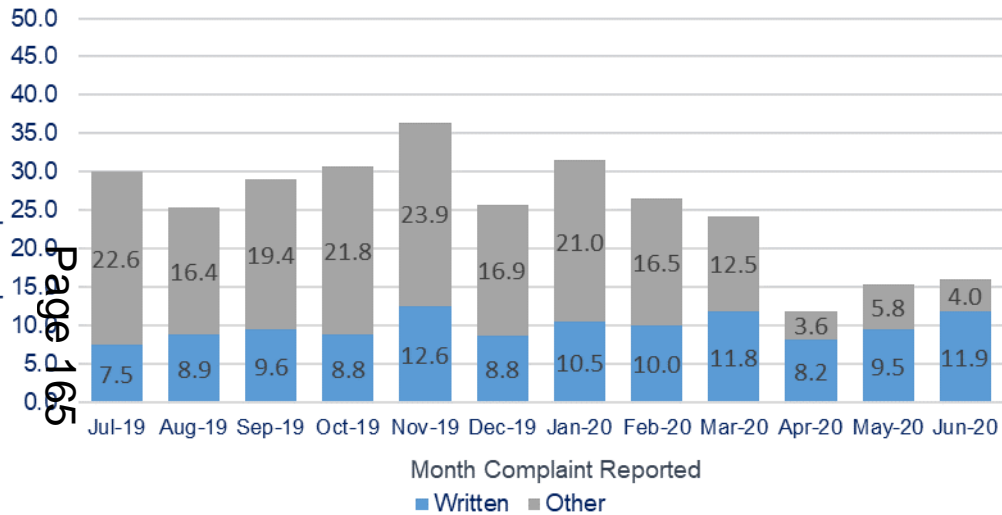


Table Q1.1: Complaints Opened by Month

Severity	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Minimum	17	13	15	10	15	11	13	7	6	9	7	5
Minor	125	109	131	142	159	109	147	123	108	38	61	61
Moderate	26	23	17	16	32	17	19	15	28	13	16	18
Major	10	8	10	15	14	13	15	18	8	7	4	9
Critical	3		2	5	6	8	1	1	2	4	5	5
Total	181	153	175	188	226	158	195	164	152	71	93	98
Compliments	135	112	127	146	123	113	148	76	137	129	108	116

Complaints & Compliments

In June 2020,

- 98 complaints were received, against a 2017/18 average of 154 per month.
- 116 compliments were received this month.
- The rate of complaints in June 2020 is 16 per 1000 WTE, which is below the strategy goal for 2020/21.
- 70% of complaints with a risk score of 1-3 and 80% of complaints with a risk score of 4-5 were closed within the SLA against a goal of 85% and 80% respectively. This is due to the re-deployment of staff to F&E reporting.

The reduction is likely to be due to Covid-19 pandemic resulting in fewer PTS journeys, and the in-sourcing of resources into PES from PTS enabling better performance and improved ARP response times.

Right Care Strategy Goal:

2020/21 target to reduce the overall numbers of complaints per 1000 WTE staff by 20% (8) of the baseline per 1000 WTE .

* baseline is the financial year 2017/18

Figure Q1.2

Complaints Received By Month: Severity 1-3
January 2017- June 2020

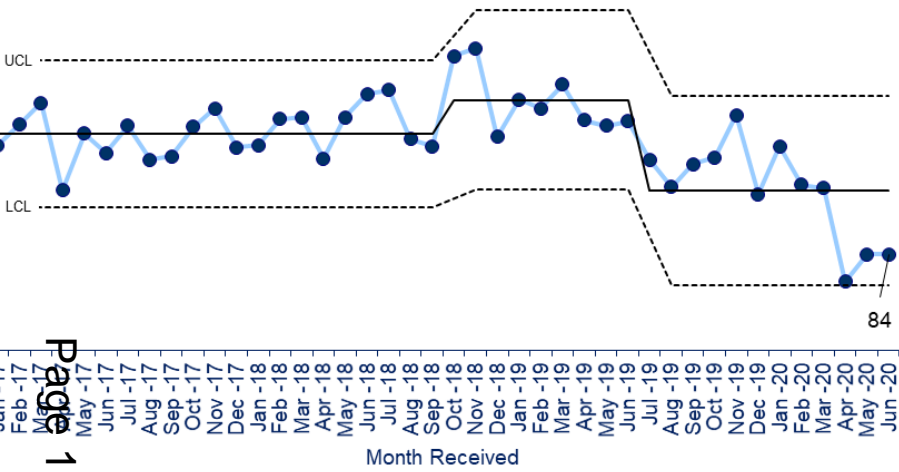


Figure Q1.3

Complaints Received By Month: Severity 4 - 5
January 2017 - June 2020

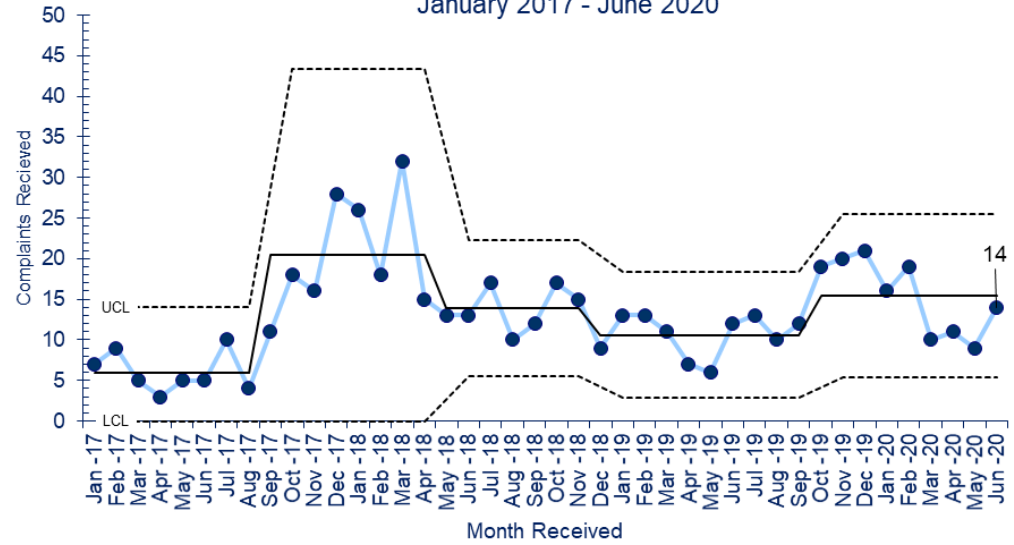


Figure Q1.4

Complaints with Risk Score 1 - 3 Closed
January 2017 - June 2020

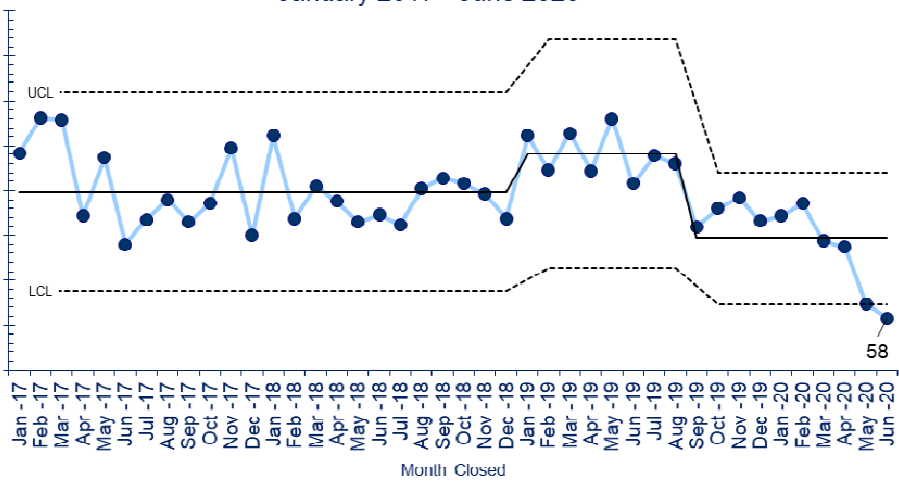


Figure Q1.5

Complaints with Risk Score 4 - 5 Closed
January 2017 - June 2020

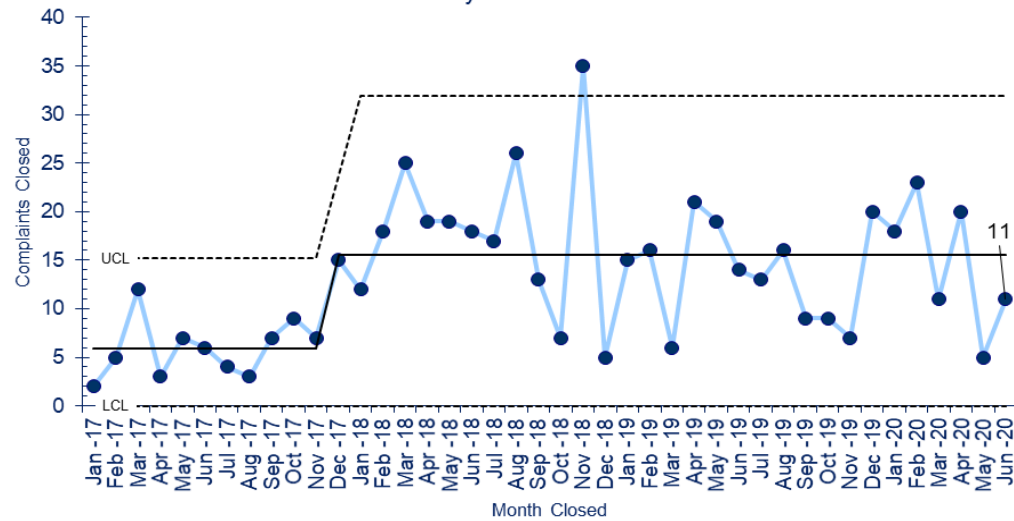
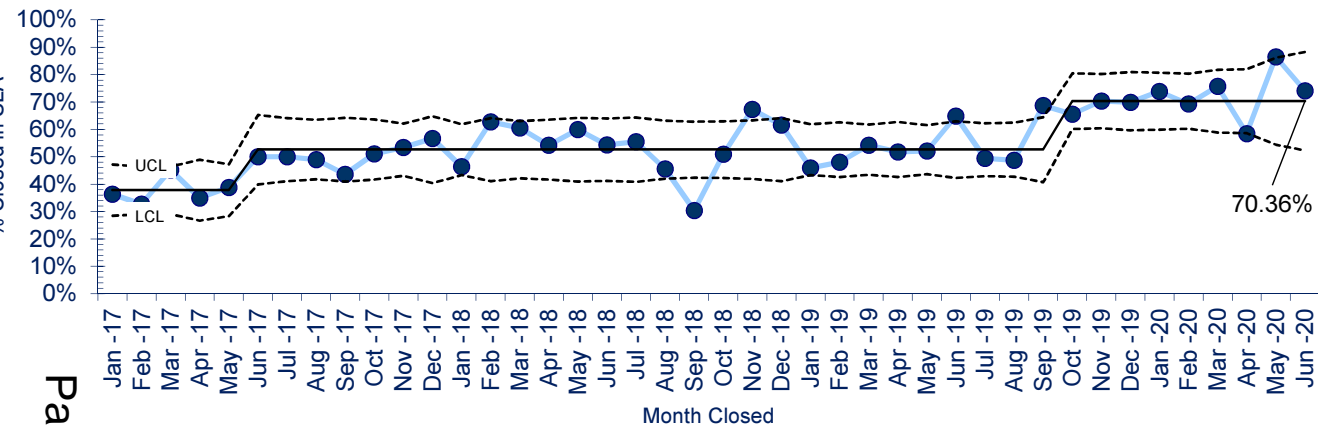


Figure Q1.6

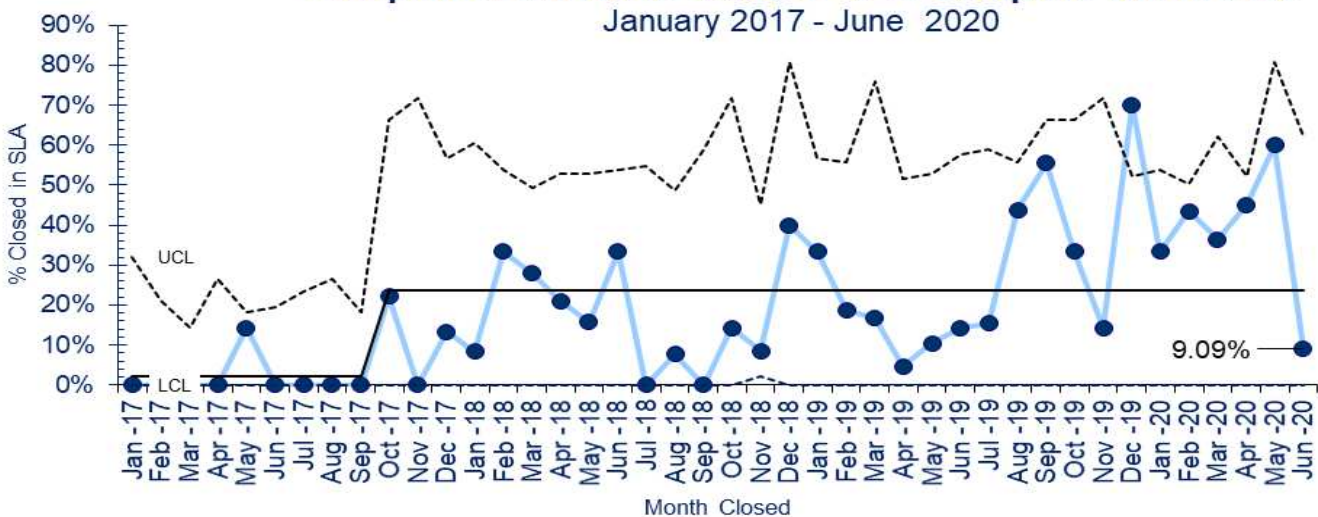
Complaints with Risk Score 1 - 3 % Complete within SLA
January 2017 - June 2020



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Figure Q1.7

Complaints with Risk Score 4 - 5 % Complete within SLA
January 2017 - June 2020



Complaints Closure

A total of 69 complaints were closed in June 2020 (5 were risk scored 1-3 and 11 were risk scored 4-5).

Overall, 70% of cases risk scored 1-3 were closed within agreed timescales. This performance has been highlighted due to the lower number of complaints with a score of 1-3. We are currently trialling a new approvals process to help speed up the number of complaints completed within SLA.

9% of level 4-5 complaints were closed within agreed timescales. This is due to re-deployment of staff to help with reporting.

Right Care Strategy Goals Performance:

1. 75% of complaints with a risk score of 1 to 3 will be closed within agreed timeframes by the end of 2020/21.
2. 75% of complaints with a risk score of 4 to 5 will be closed within agreed timeframes by the end of 2020/21.

BAF Risk: SR01 (Risk ID 2829)

INCIDENTS

Figure Q2.1

Incidents Rate (Incidents/Whole Time Equivalent Workforce)

July 2019 - June 2020

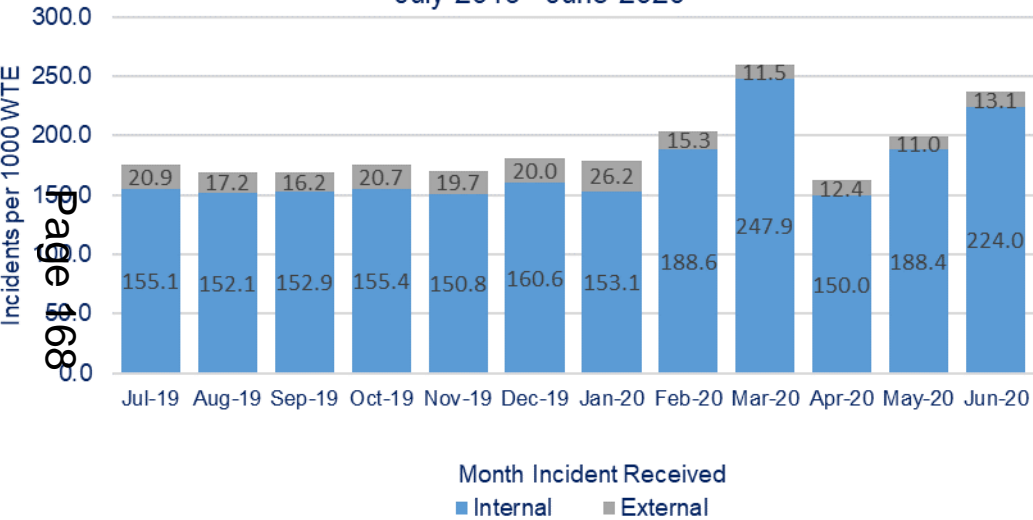


Table Q2.1

Severity	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
1. Insignificant	190	171	187	190	143	157	173	237	258	147	185	234
2. Minor	701	699	630	695	686	681	673	767	1034	526	666	748
3. Moderate	142	132	174	153	175	217	201	213	204	196	233	350
4. Major	11	10	7	9	11	14	9	16	7	16	13	12
5. Catastrophic	1	1	3	5	1	2	2	2	7	8	6	6
Unscored	13	9	20	31	42	42	64	29	116	104	151	119
Total	1058	1022	1021	1083	1058	1113	1122	1264	1626	997	1254	1469
Unscored %	1.23%	0.88%	1.96%	2.86%	3.97%	3.77%	5.70%	2.29%	7.13%	10.43%	12.04%	8.10%

Incidents

In June 2020 1469 internal and external incidents were opened, against a 12-month average of 1173.

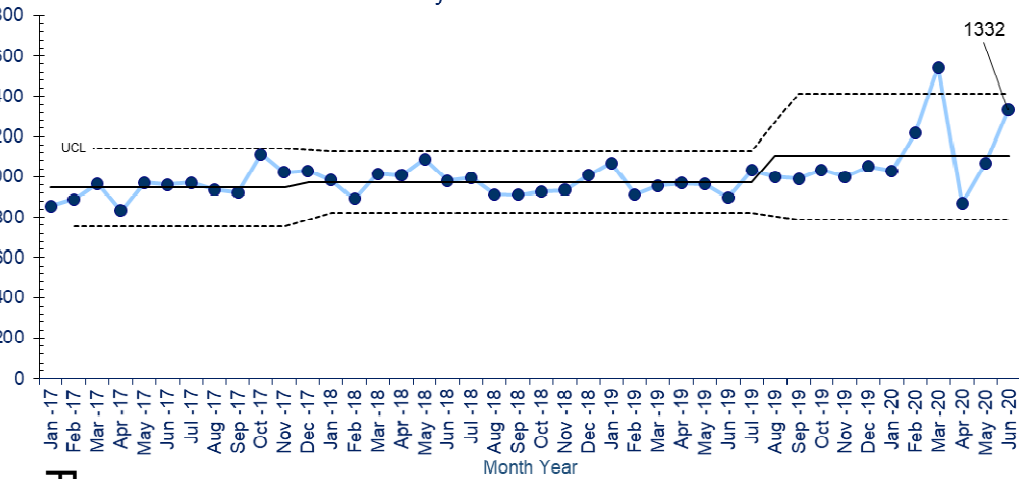
The increase in incident reports in June 2020 is attributable to the reporting of ALL staff with a positive Covid-19 result which is necessary to trigger the investigation required for RIDDOR reporting. This has resulted in an additional 100 reports (within the categories of staff with a positive result and IPC).

Right Care Strategy Goals:

Reduce the reported unscored incidents in June 2020 to 25 unscored incidents in the previous month.

The trust has not met the strategy goal of reducing unscored incidents. In order to address this, the CS Team have started to share unscored incident dashboards highlighting unscored incidents by area with operational teams. These dashboards are being used by investigating managers to review and score incidents. Unscored incident numbers are shared at Area Learning Forums to highlight incidents still awaiting a risk score.

Incidents Opened with Risk Score 1 - 3 January 2017 - June 2020



Incidents Opened with Risk Score 4 - 5 January 2017 - June 2020

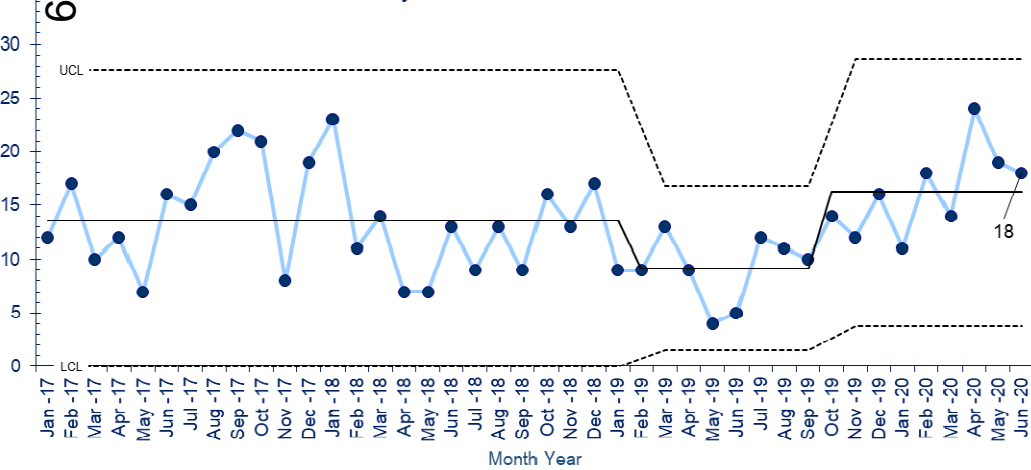
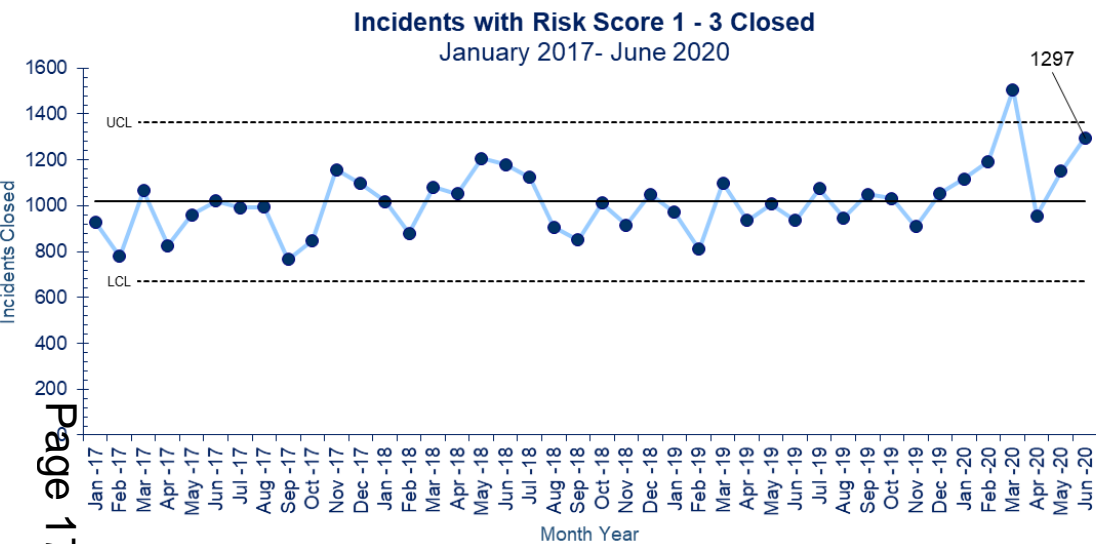


Table Q2.1 – Top 10 Incident Categories Opened in June 2020

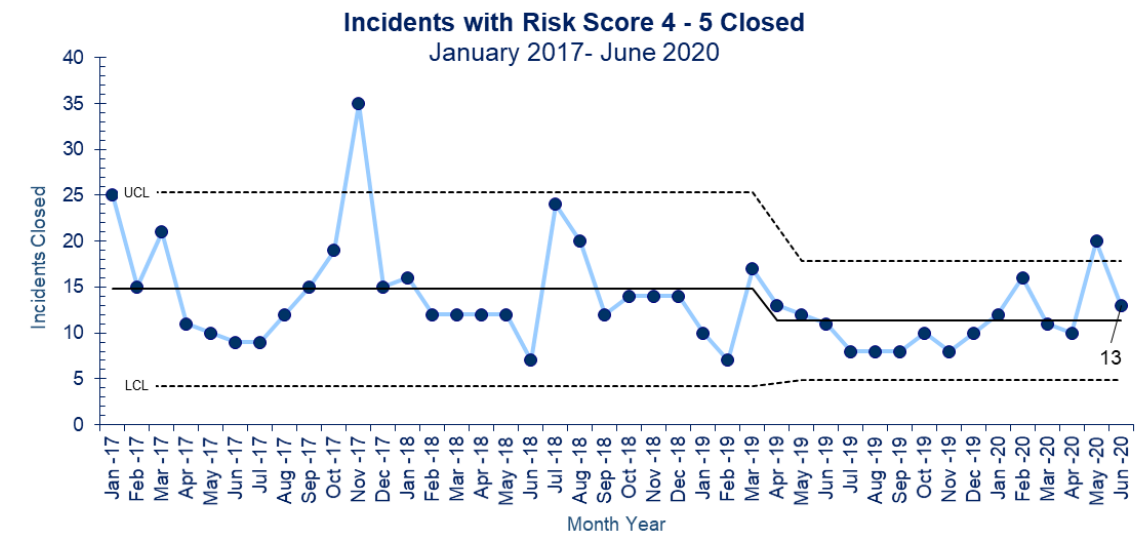
Category	01/06/2020	08/06/2020	15/06/2020	22/06/2020	T
Information	22	23	119	23	
Infection Control	33	31	30	36	
Staff Welfare	20	29	26	19	
Communication	21	16	15	14	
111 Assessment/Advice	16	8	21	13	
Vehicle Issue	10	11	12	19	
Exposure to Harmful Substance	9	17	11	15	
Equipment Missing / Lost	11	14	7	17	
Medicine Management	15	9	11	13	
111 Issue with other service	7	10	12	13	

Figure Q2.5



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Figure Q2.6



Incidents Closure

In total, 1310 incidents (level 1-5) were closed within the agreed timeframe by June 2020. Of these, 85% level 1-3 and 38% level 4-5 incidents were closed within the agreed standard.

Right Care Strategy Goals Performance:

1. Increase closure within agreed timeframe to 85% by 2020/21 for severity 1-3 (**Figure Q2.5**)

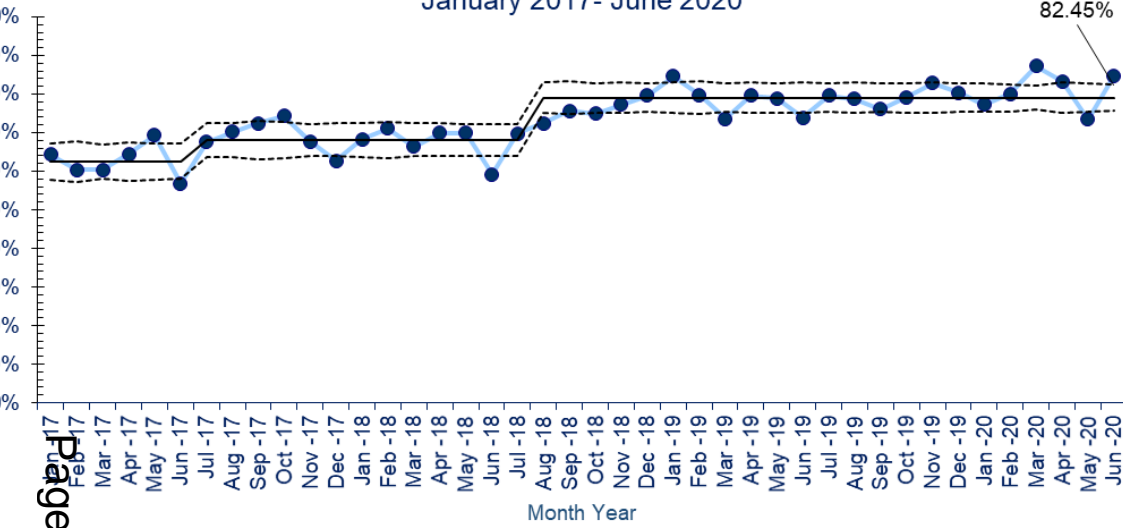
The Trust has been achieving their Strategy Goal (85%) for Risk 1-3 Incident Closures in the agreed timeframe. The CS Team review closure rates on a weekly basis to maintain performance.

2. Increase closure within agreed timeframe to 80% by 2020/21 for severity 4-5 (**Figure Q2.6**)

During June, the Trust has not achieved the Strategy Goal (80%) for risk scored 4-5 incidents within the agreed timeframe for closure. The CS Team are reviewing all high-level incidents and are working with operational teams to ensure they are closed within the agreed SLA.

Figure Q2.7

Incidents with Risk Score 1 - 3 % Complete within SLA
January 2017- June 2020



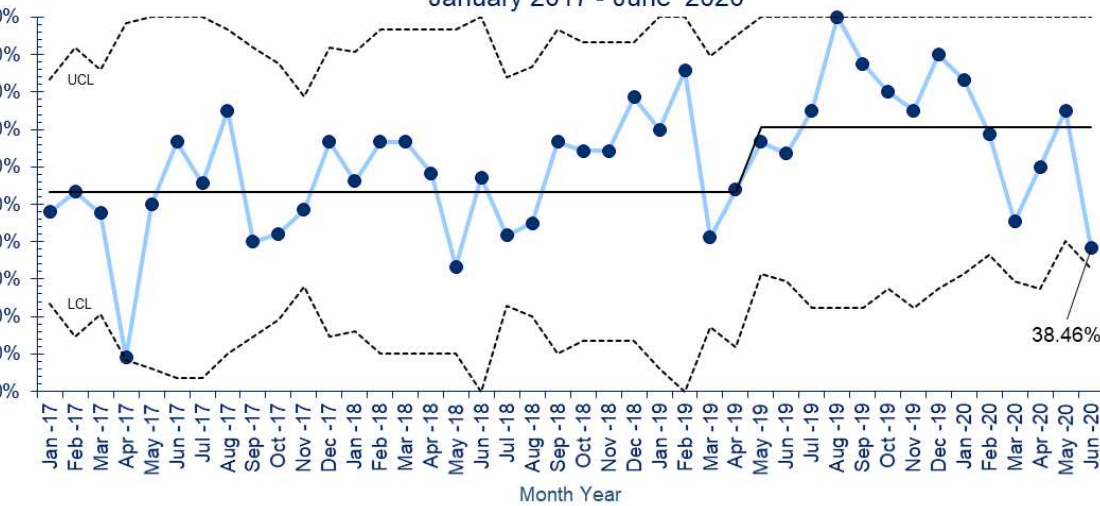
SLAs are calculated using the following measures/ targets.

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

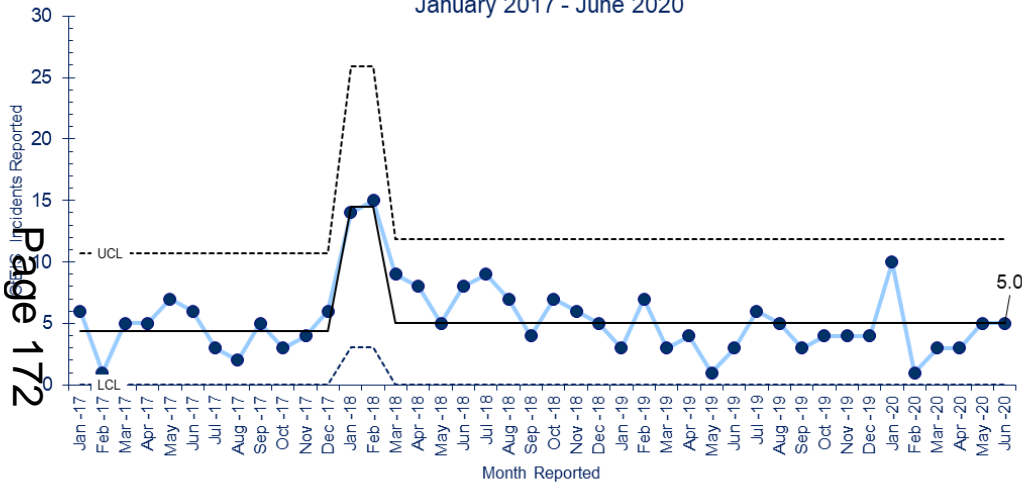
Incidents with Risk Score 4 - 5 % Complete within SLA
January 2017 - June 2020



SERIOUS INCIDENTS

Page Q3.1

StEIS Incidents Reported by Month
January 2017 - June 2020



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Q3.1: StEIS Incidents Opened in June 2020 by Source

Source	SD - Emergency Operations Centre	SD - Emergency Operations Centre	SD - Paramedic Emergency Services Operations (Inc. Urgent Care)	Total
Complaint/Steis	1			1
Complaint/StEIS			1	1
Internal/StEIS			1	1
StEIS		2		2
External/StEIS				
Total	1	2	2	5

Serious Incidents

5 Serious Incidents (SIs) were reported in June 2020.

3 SI reports were due with the commissioner in June 2020. 2 out of the 3 reports were submitted within the 60 day timescale.

Right Care Strategy Goals:

1. Increase the proportion of cases where the notify-to-confirm interval is within agreed timeframes to 85% by 2020/21.
1. The notify to confirm interval is completed within agreed timescales.
2. Increase the proportion of cases where the confirmation to report interval is within agreed 60 day timeframe to 95% by 2020/21.

BAF Risk: SR01.

SAFETY ALERTS

Q5.1:

Alerts	Number of Alerts Received (Jul 19 – Jun 20)	Number of Alerts Applicable (Jul 19 – Jun 20)	Number of Open Alerts
HS Improvement	41	0	0
Medical Equipment	38	0	0
Medicine Alerts	56	0	0
	2	2	0

Alerts Applicable

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: LDonovan (Clinical Safety practioner lead GM) Fran Dreniw (Sector Manager South) Senior management informed and monitoring.

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).

NWAS Response

There have been 6 new alerts in June 2020.

The total number of CA Improvement alerts received between July 2019 and June 2020 is 137, with 2 alerts applicable.

38 MHRA Medical Equipment Alerts have been received with 0 alerts applicable.

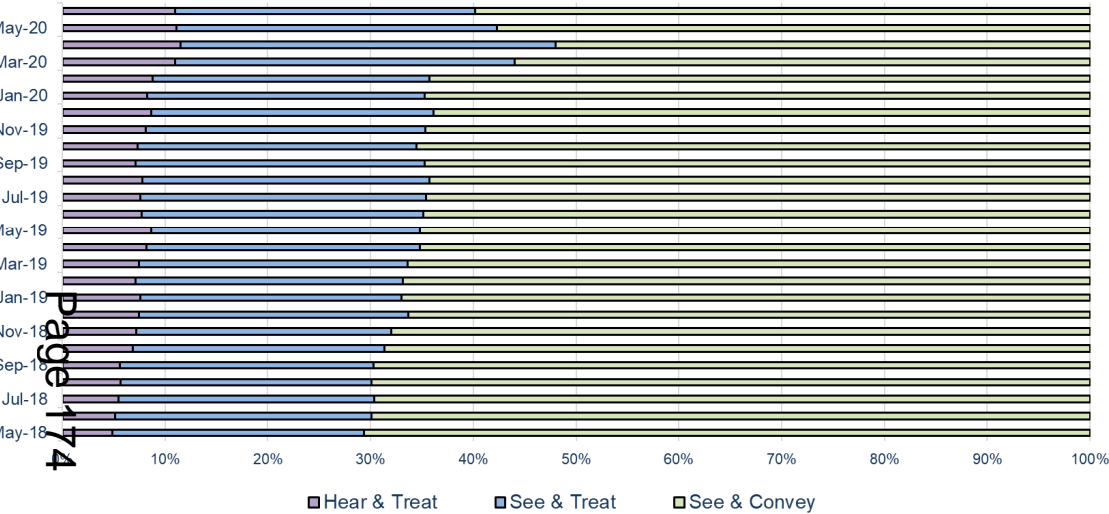
56 MHRA Medicine alerts have been received, with 0 alerts applicable.

2 IPC alerts have been received with 2 alerts applicable.

H&T, S&T, S&C OUTCOMES

E3.1

Outcomes of Incidents
May 2018 - June 2020



E3.1

Yr	Incidents with no face to face response	Hear and Treat %	F2F Incidents with no transport	See & Treat %	F2F Incidents with transport	See & Convey %
9	7,565	7.6%	27,849	27.9%	64,554	64.6%
9	7,640	7.8%	27,280	27.9%	62,729	64.2%
9	6,782	7.1%	26,711	28.1%	61,423	64.7%
9	7,249	7.3%	26,863	27.2%	64,792	65.5%
9	8,101	8.1%	27,031	27.2%	64,357	64.7%
9	9,064	8.6%	28,779	27.5%	66,966	63.9%
0	8,170	8.3%	26,612	27.0%	63,873	64.7%
0	7,867	8.8%	24,033	26.9%	57,381	64.3%
0	10,602	11.0%	31,921	33.1%	54,002	55.9%
0	10,616	11.5%	33,586	36.5%	47,852	52.0%
20	10,216	11.1%	28,587	31.2%	52,933	57.7%
0	10,053	11.0%	26,606	29.2%	54,580	59.8%

Outcomes

There is a significant relationship between Hear & Treat, See & Treat and See & Convey outcomes. During the Covid-19 pandemic, See & Convey decreased while Hear & Treat and See & Treat both increased. Since the peak of the Covid-19 pandemic we have seen all three outcomes moving towards levels yet at pre Covid-19 levels.

Figure E3.4

Hear and Treat % (AQI)
wc 02/04/2018 to wc 22/06/2020

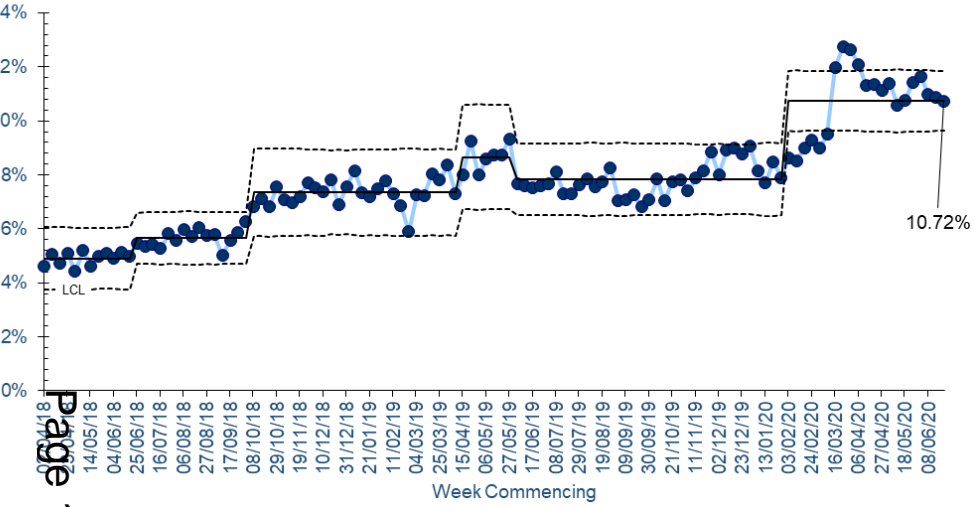


Figure E3.5

See and Treat % (AQI)
wc 02/04/2018 to wc 22/06/2020

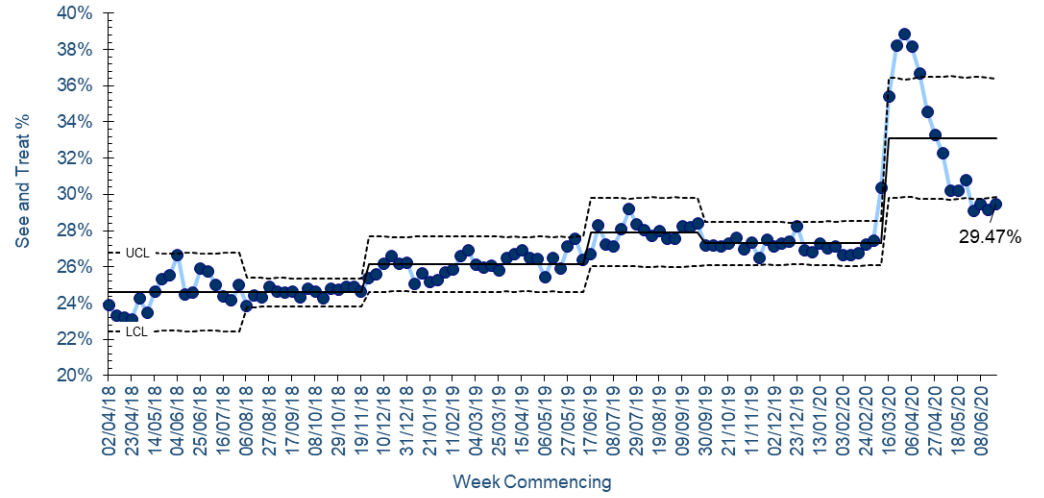
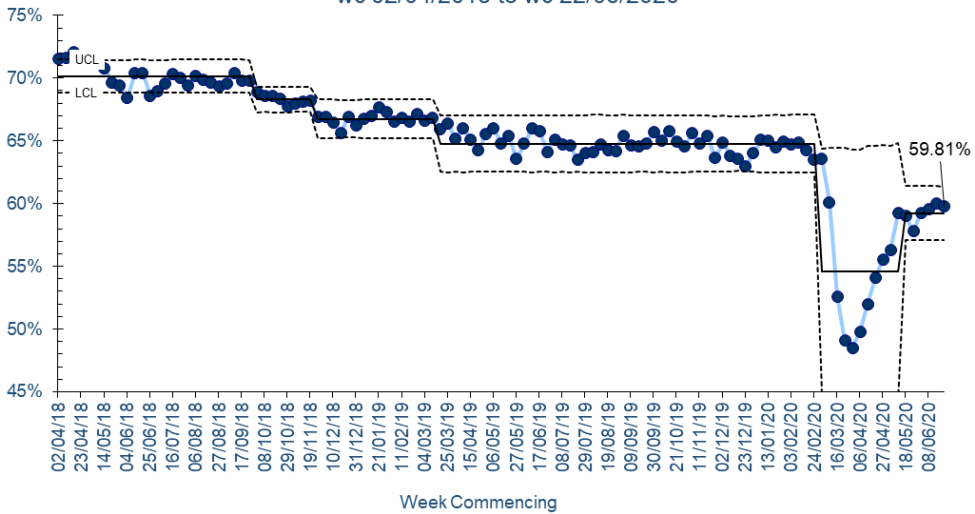


Figure E3.6

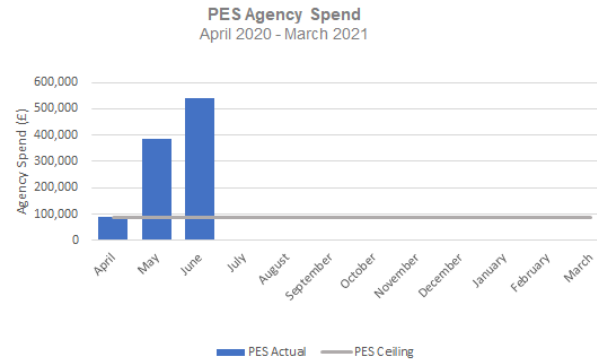
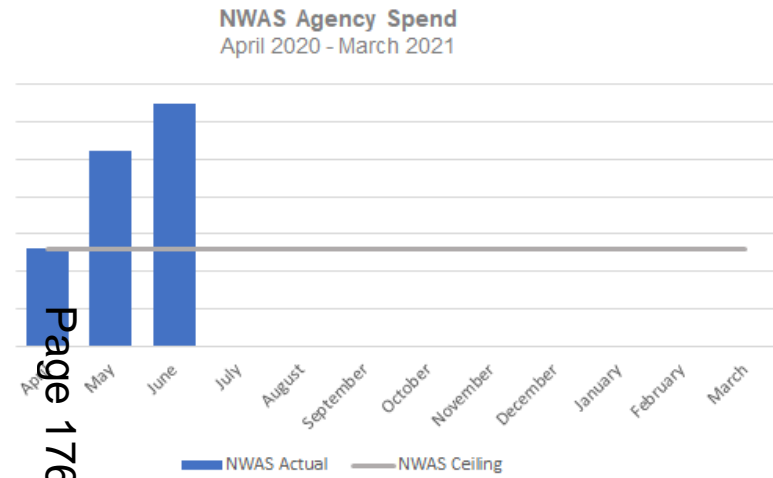
See and Convey % (AQI)
wc 02/04/2018 to wc 22/06/2020



FINANCIAL SCORE

1.1

Figure F1.2



Finance Position – June 2019

Month 01 Finance Position:

Agency Expenditure

The year to date expenditure on agency spend is £1.432m which is £0.655m above the year to date ceiling of £0.777m.

Please Note: The agency ceiling is based on the 2019/20 ceiling figures and will be updated as soon as we have the information.

Risk Rating

For the four months of the Covid-19 framework, the 2020/21 monthly financial returns have been redesigned to collect a minimum of data to reduce the burden on organisations where possible, whilst maintaining a monthly data collection process.

The Financial Risk Rating metrics have been removed and we will add back once the new operating framework is launched after transition from the Covid-19 financial framework.

1.3

Figure F1.4

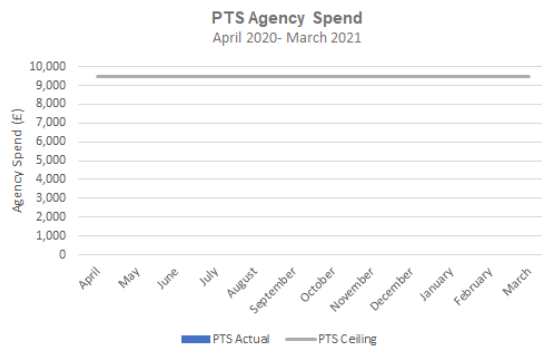
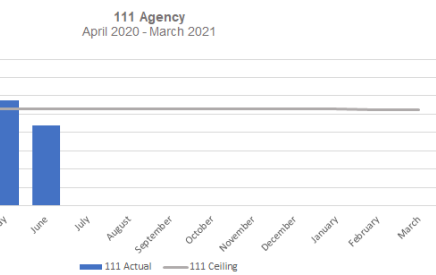
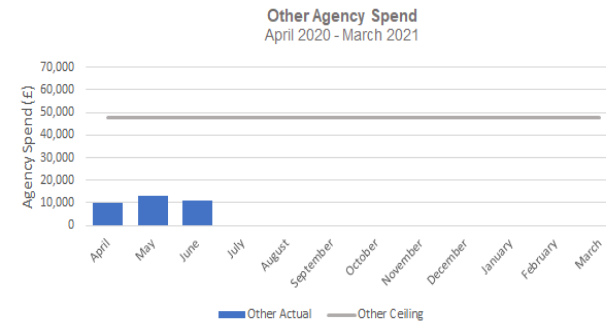
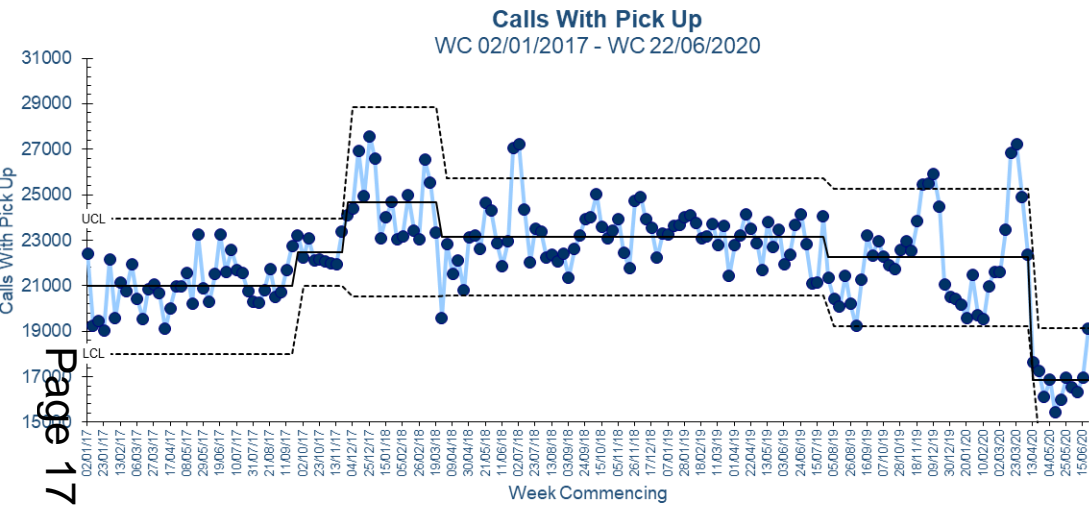


Figure F1.5



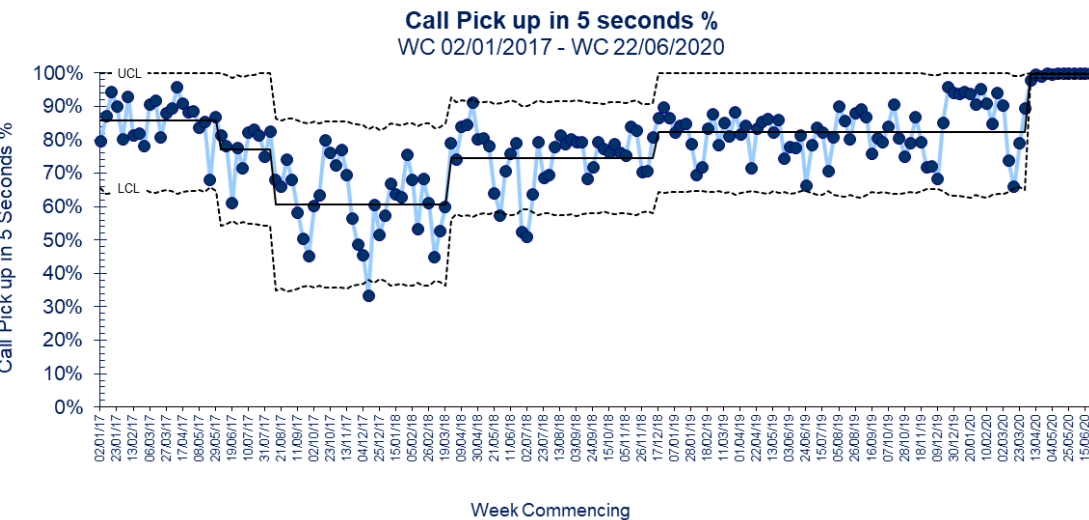
CALL PICK UP

Figure O1.1



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Figure O1.2



Call Pick Up

Definition: The percentage of emergency calls recorded in the CAD and answered with 5 seconds, excluding 111 direct entries. Call pick up is a national standard but is widely used by ambulance trusts to monitor handling performance with a target of 95%.

Performance: For June 2020, call pick up in 5 seconds performance was 99.9%. 71 calls took longer than 5 seconds to pick up. Calls answered within 5 seconds stands above 95% for the third consecutive month. The median and centiles all stand at 1 second for the second consecutive month, with no patients waiting longer than 5 seconds. Figure O1.2 shows that as a result of the actions taken, we have significantly reduced the level of variation to the point where there is very little variation for this measure.

Figure O1.1 demonstrates a marginal increase in the number of calls answered. This is primarily in the final week of the month and driven by weather through the week. Call activity remains relatively low.

Figure O1.3: Source - CAD calls

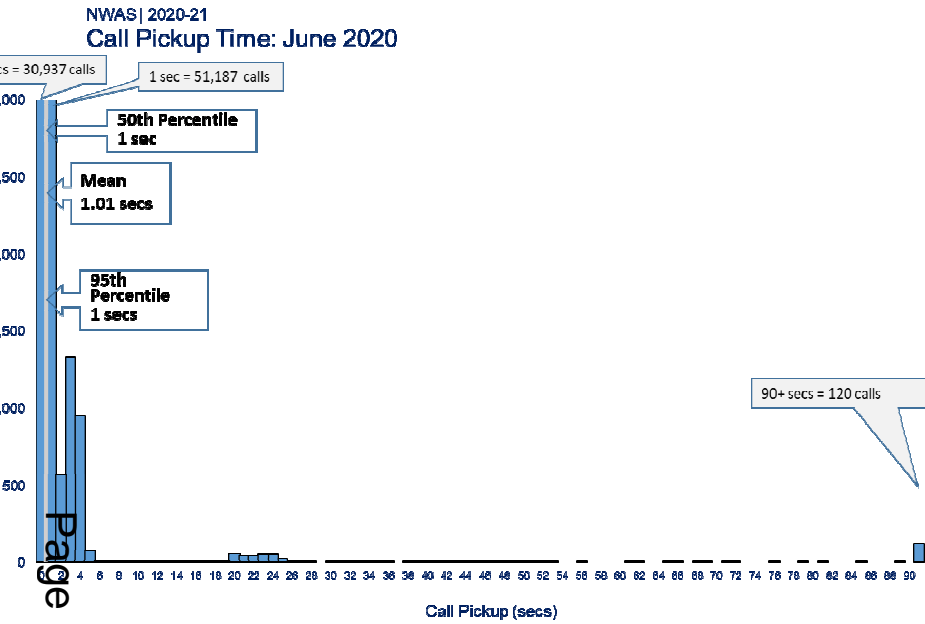


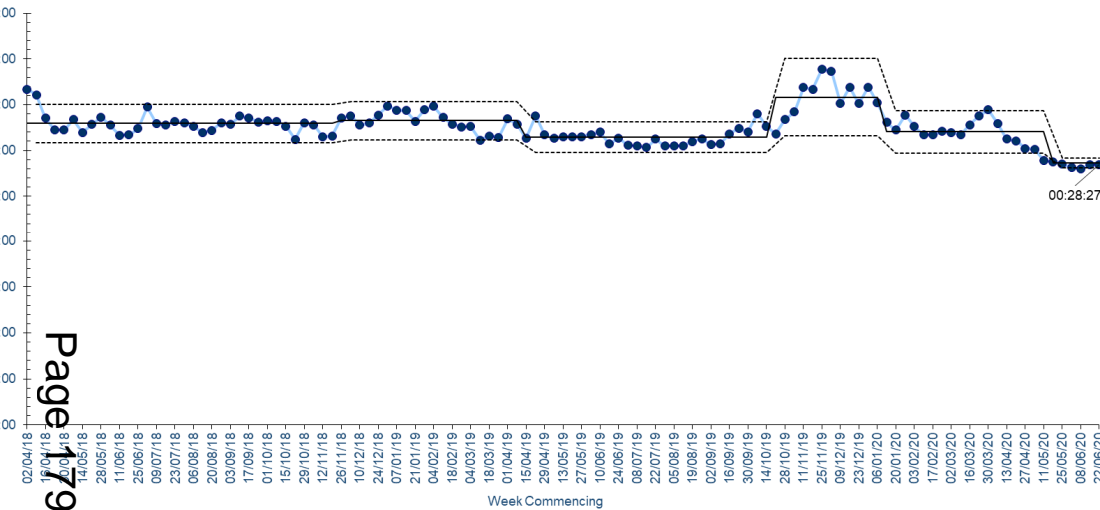
Table O1.1: Calls and Call Answer Times (Source – AQI)

Month/Yr	Contact Count	Calls answered	Call answer times (seconds)				
			Total	Mean (Switch)	Median (50th centile)	95th centile	99th centile
Jul - 19	133,978	111,732	1,328,299	12	1	76	126
Aug - 19	129,170	106,821	962,210	9	1	62	120
Sep - 19	126,328	104,445	1,153,070	11	1	70	130
Oct - 19	134,676	120,721	1,120,257	9	1	64	120
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

A&E TURNAROUND

Figure O2.1

Average Turnaround Time
WC 02/04/2018 - WC 22/06/2020



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Figure O2.1

Month	Hospital Attendances	Average Turnaround Time [mm:ss]	Average Arrival to Handover Time [mm:ss]	Average Handover to Clear Time [mm:ss]
09	58,249	30:44	19:20	11:13
09	56,602	30:44	19:18	11:10
09	55,724	31:31	20:13	11:09
09	58,933	32:34	21:31	11:03
09	57,735	34:39	23:39	10:48
09	61,304	37:22	26:42	10:42
10	58,150	34:08	23:12	10:53
20	52,392	32:08	20:51	11:07
20	49,419	32:37	20:54	11:26
20	41,267	31:58	19:45	12:06
20	47,637	29:10	17:08	11:47
20	49,207	28:14	16:43	11:21

A&E Turnaround Times

The average turnaround for June 2020 was 28 minutes 14 seconds across the North West.

The 5 hospitals with the longest turnaround times during June 2020 were:

Royal Oldham	33:27
Macclesfield General	31:53
Salford Royal	30:40
Cumberland Infirmary	29:58
North Manchester General	29:49

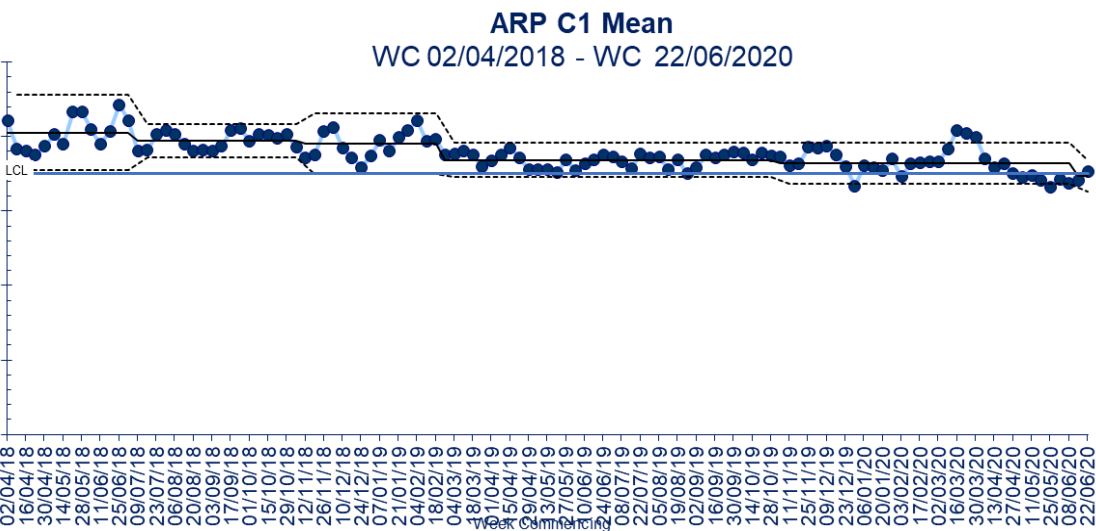
Hospital turnaround continues to improve with the average for June seeing a 54 second improvement over May. The improvements have been seen in both the hospital and ambulance elements of the standard. The continued improvement has seen a shift to the better end of the mean representing a 13% reduction from the previous mean.

ARP RESPONSE TIMES

1 - Incidents with a response

Month/Yr	C1	C2	C3	C4
Jul-19	10,098	50,807	21,527	4,170
Aug-19	9,831	49,468	21,238	4,127
Sep-19	9,870	49,579	20,051	3,870
Oct-19	10,615	52,552	17,951	2,854
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	8,838	48,920	12,163	4,274
Jun-20	8,654	48,557	11,306	4,313

3.1



Activity

NWAS achieved all ARP standards for June. This is the second consecutive month where standards have been achieved.

The year to date position has also been achieved. C1 90th, C2 90th, C3 Mean and C4 90th

It is anticipated that the remaining three targets will be recovered for the year to date position in July and early August.

This level of performance has been achieved by a combination of an increase in staff at EOC, an increase in staff "on the road" and a lower level of calls due to Covid-19.

C1 Performance

C1 Mean

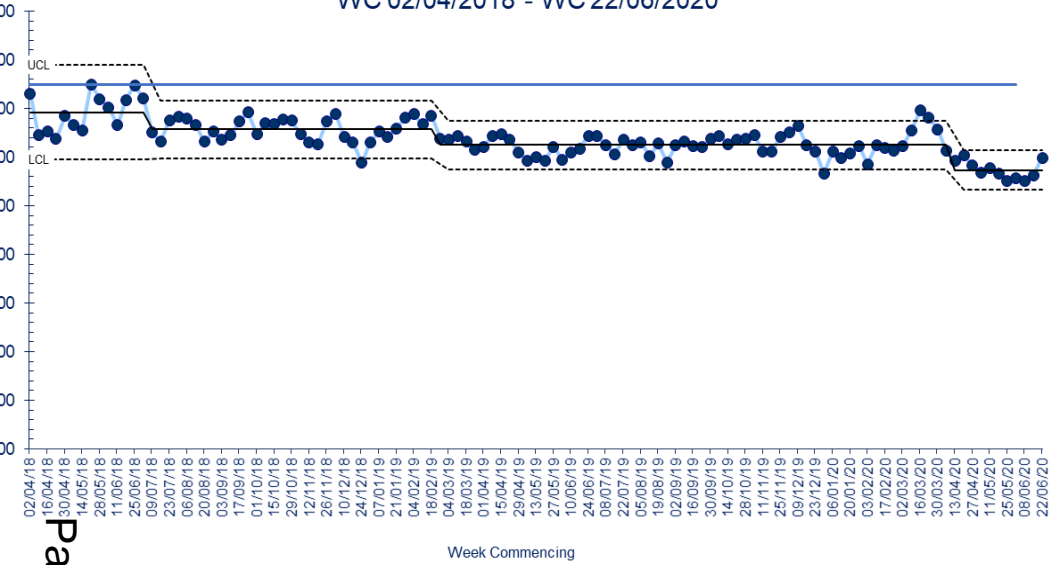
Target: 7 minutes

NWAS

June 2020: 6:52

YTD: 7:03

ARP C1 90th Percentile
WC 02/04/2018 - WC 22/06/2020



C1 90th Percentile
Target: 15 Minutes

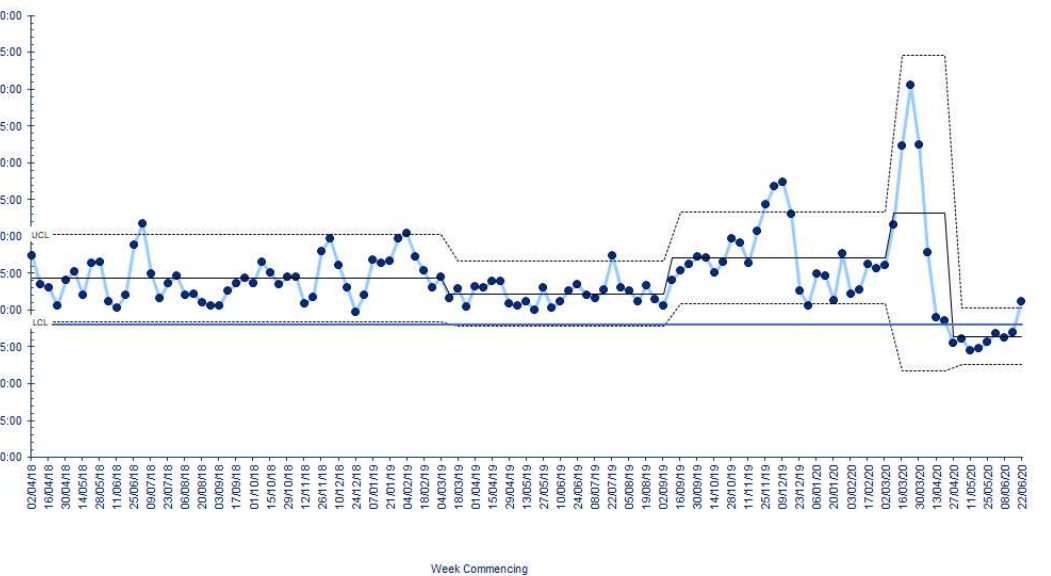
NWAS
June 2020: 11:27
YTD: 11:44

C2 Performance

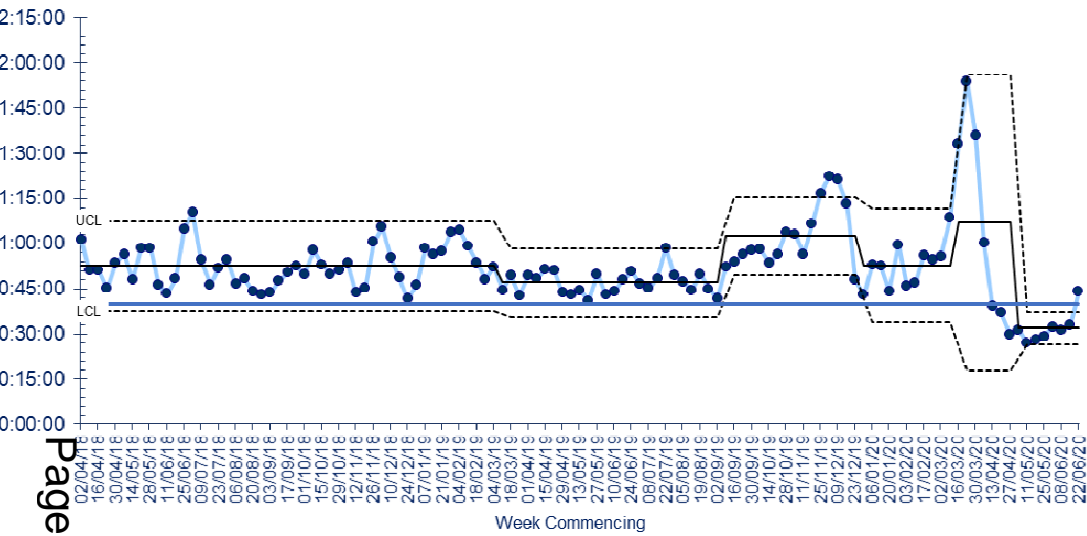
C2 Mean
Target: 18 minutes

NWAS:
June 2020: 17:49
YTD: 19:10

ARP C2 Mean
WC 02/04/2018 - WC 22/06/2020



ARP C2 90th Percentile
WC 02/04/2018 - WC 22/06/2020



C2 90th Percentile

Target: 40 Minutes

NWAS

June 2020: 34:55

YTD: 38:17

C3 Performance

C3 Mean

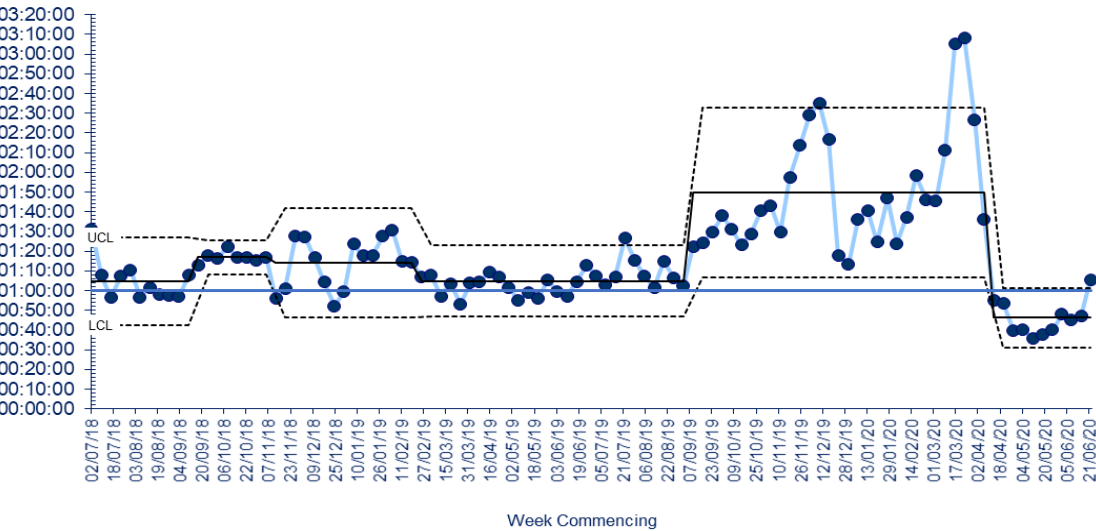
Target: 1 Hour

NWAS:

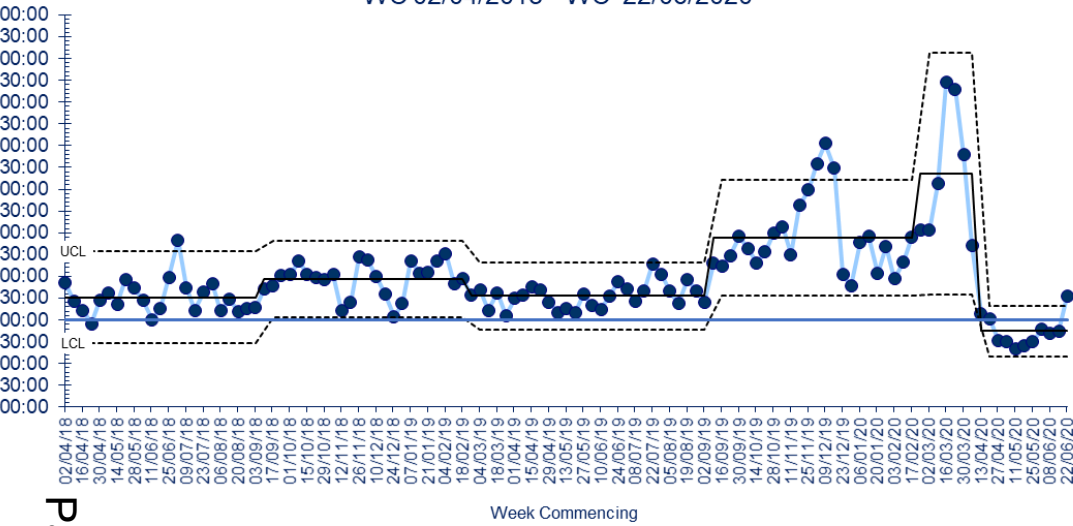
June 2020: 51:10

YTD: 55:04

ARP C3 Mean
WC 02/07/2018 - WC 22/06/2020



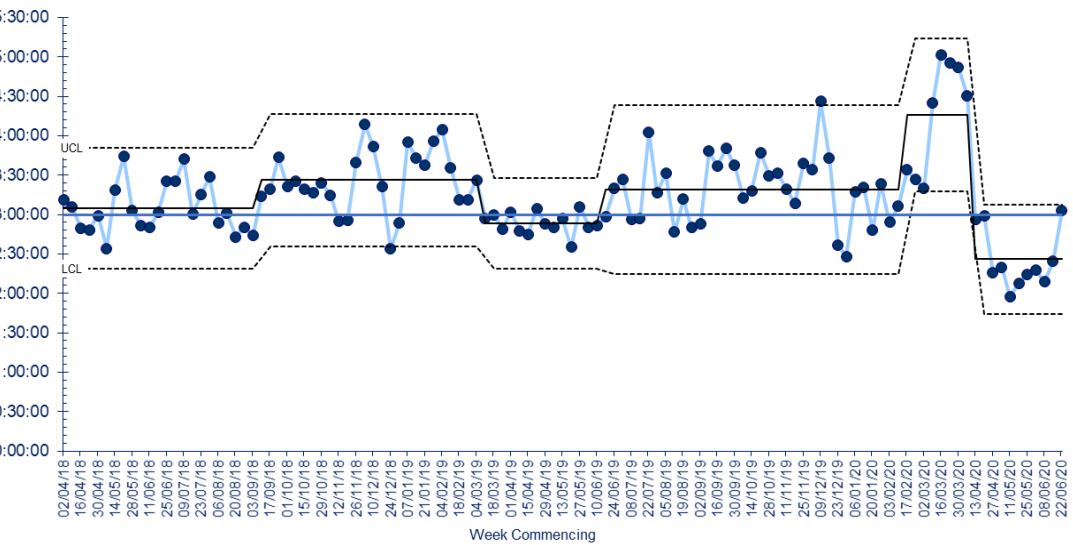
ARP C3 90th Percentile
WC 02/04/2018 - WC 22/06/2020



C3 90th Percentile
Target: 2 Hours

NWAS
June 2020: 1:55:15
YTD: 2:06:12

ARP C4 90th Percentile
WC 02/04/2018 - WC 22/06/2020



C4 Performance

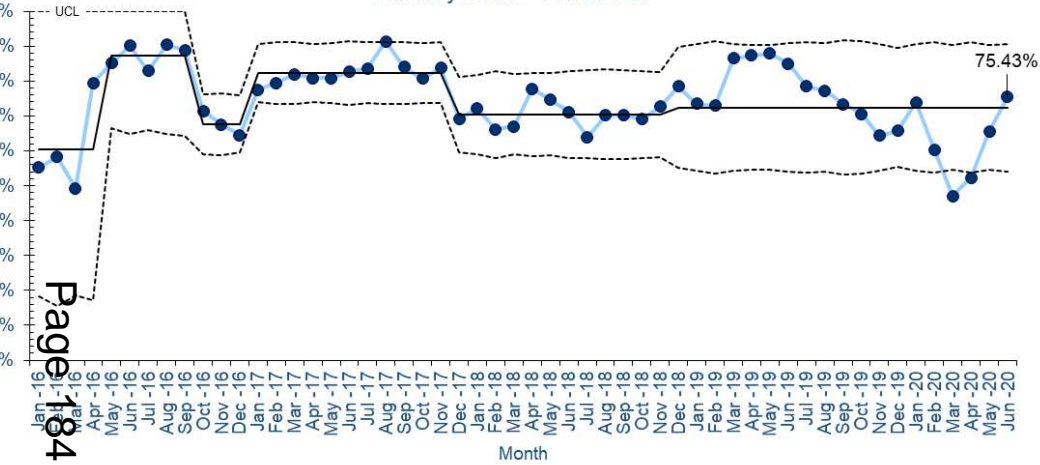
C4 90th Percentile
Target: 3 Hours

NWAS
June 2020: 2:29:07
YTD: 2:41:20

11 PERFORMANCE

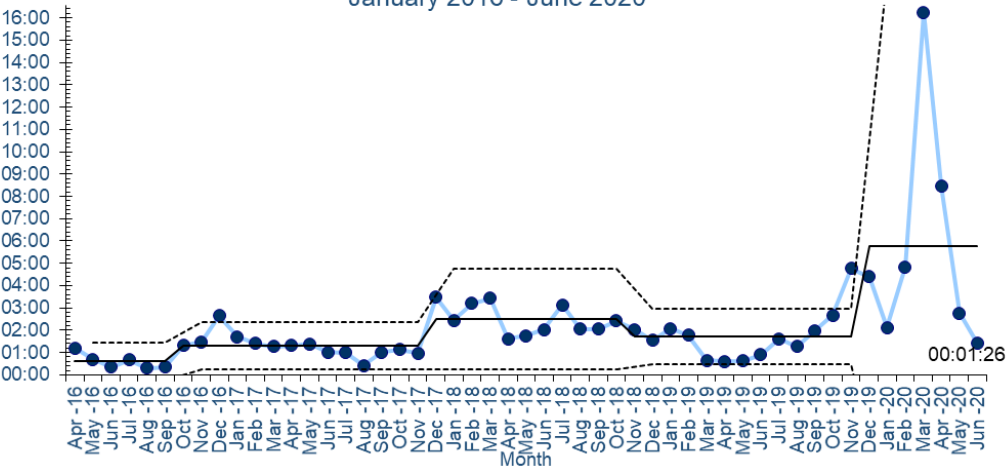
04.1

Calls Answered within 60 Seconds %
January 2016 - June 2020



04.2

111 Average Call to Answer Time
January 2016 - June 2020



111 Performance

Calls Answered within 60 seconds

Target: 95%

NWAS

June 2020: 75%

YTD: 70%

'Calls answered in 60 seconds' and 'Average call to answer time' directly correlate'.

Call pick up within 111 has seen a steady improvements in performance over the last 3 months.

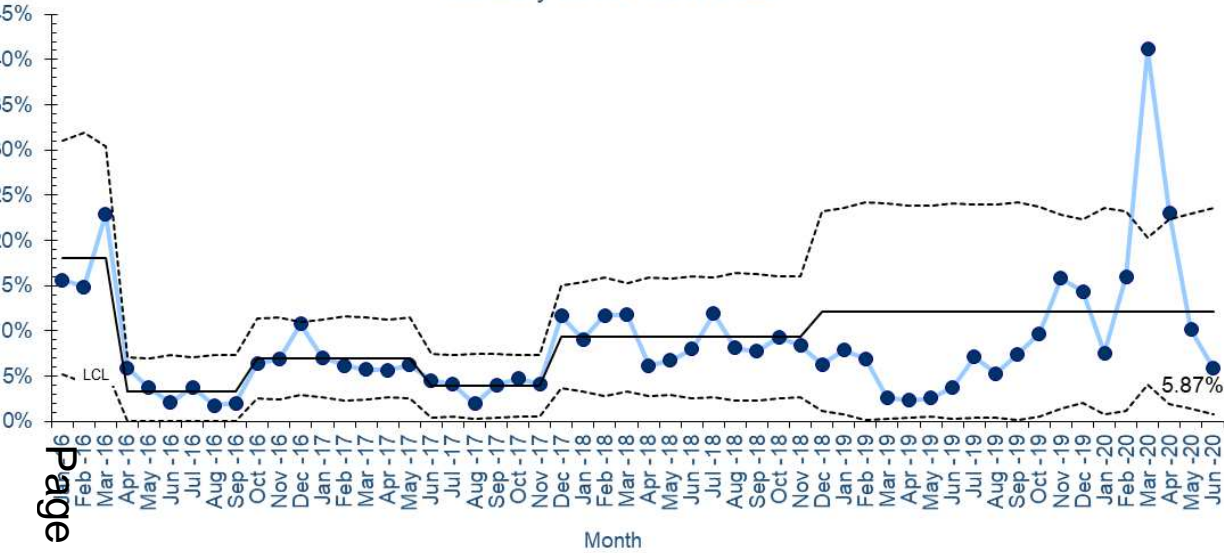
This has been driven by several factors:

- Reduction in call volume following the Covid-19 peak in April.
- Reduction in staff absence specifically related to Covid-19.

The service continues to improve call pick up performance with a focus on reduction in AHT, improved absence management and further operational efficiencies identified through Audits completed.

Figure O4.3:

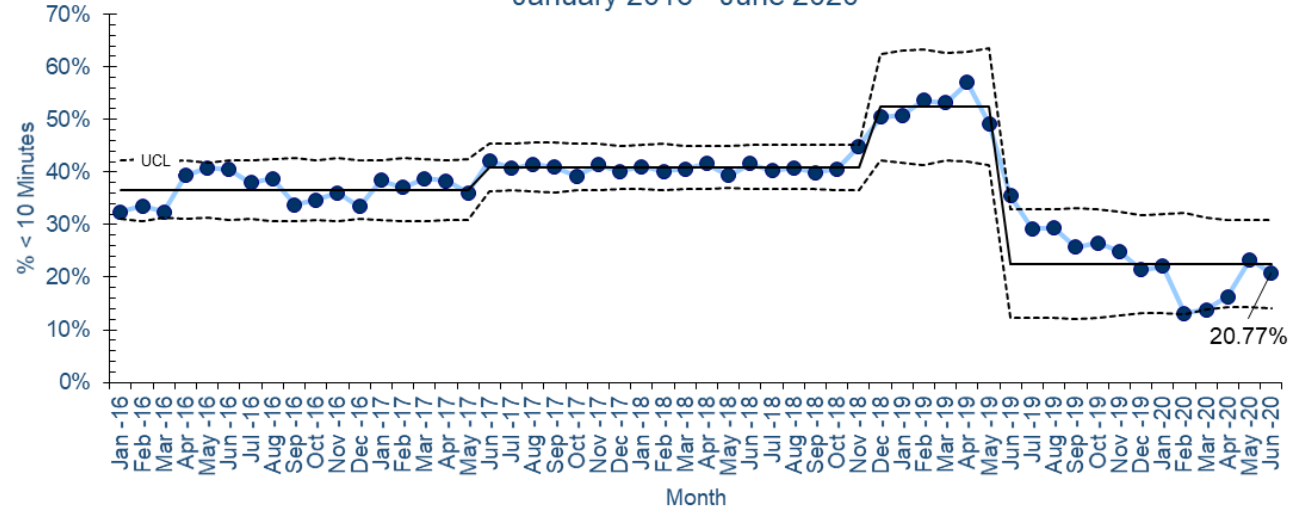
111 Calls Abandoned %
January 2016 - June 2020



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Figure O4.4

Time Taken for Call Back < 10 Minutes %
January 2016 - June 2020



Calls Abandoned %

Target: <5%

NWAS

June 20: 5.87%

YTD: 8.11%

As with Call pick up performance, a continued improvement in call abandonment rate can be noted since the peak of Covid-19 in April.

Call Back < 10 Minutes %

Target: 75%

NWAS

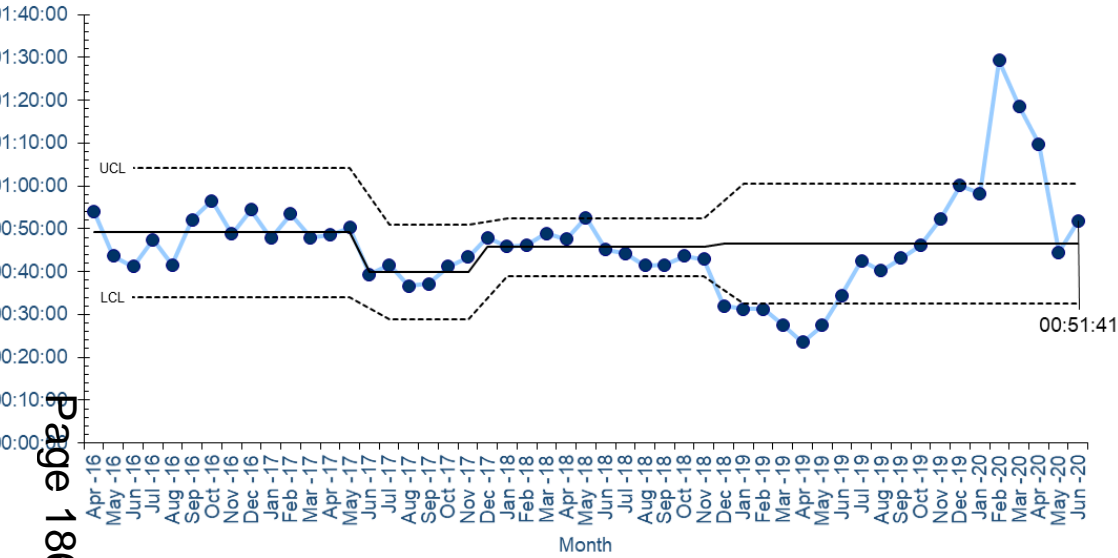
June 20: 20.77%

YTD: 20.13%

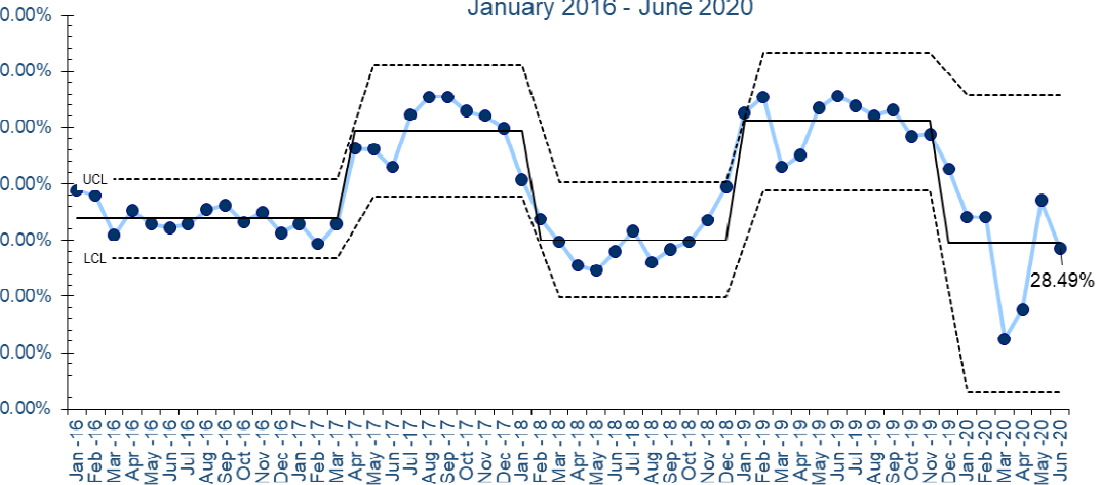
The Covid-19 outbreak saw a significant increase in calls being placed on the queue for call back by a clinician, this had a direct impact on the timeliness of call backs by a clinician.

Since the peak of the outbreak in April of 2020, queue volumes are returning to pre-outbreak levels, this is evident in the month on month increase in performance for 'Call back < 10 minutes'.

111 Average Time for Call Back
January 2016 - June 2020



Warm Transfer to Nurse when Required %
January 2016 - June 2020



Warm Transfer to Nurse when Required

Target: 75%

NWAS

June 20: 28.49%

YTD: 27.66%

Average time to call back directly correlated to 'Call back in 10' as described on the previous page.

PTS ACTIVITY AND TARIFF

NORTH WEST AMBULANCE PTS ACTIVITY & TARIFF SUMMARY

TOTAL ACTIVITY

Contract	Current Month: June 2020					Year to Date: July 2019 - June 2020			
	Annual Baseline	Current Month Baseline	Current Month Activity	Current Month Activity Variance	Current Month Activity Variance%	Year to Date Baseline	Year to Date Activity	Year to Date Activity Variance	Year to Date Activity Variance%
	168,290	14,024	4,940	(9,084)	(65%)	168,290	129,347	(38,943)	(23%)
Manchester	526,588	43,882	19,141	(24,741)	(56%)	526,588	453,883	(72,705)	(14%)
	589,181	49,098	17,037	(32,061)	(65%)	589,181	428,444	(160,737)	(27%)
	300,123	25,010	12,371	(12,639)	(51%)	300,123	280,916	(19,207)	(6%)
	1,584,182	132,015	53,489	(78,526)	(59%)	1,584,182	1,292,590	(291,592)	(18%)

UNPLANNED ACTIVITY

Contract	Current Month: June 2020					Year to Date: July 2019 - June 2020			
	Annual Baseline	Current Month Baseline	Current Month Activity	Current Month Activity Variance	Current Month Activity Variance%	Year to Date Baseline	Year to Date Activity	Year to Date Activity Variance	Year to Date Activity Variance%
	14,969	1,247	682	(565)	(45%)	14,969	9,564	(5,405)	(36%)
Manchester	39,178	3,265	4,008	743	23%	39,178	52,199	13,021	33%
	56,132	4,678	3,354	(1,324)	(28%)	56,132	45,327	(10,805)	(19%)
	22,351	1,863	1,108	(755)	(41%)	22,351	19,475	(2,876)	(13%)
	132,630	11,053	9,152	(1,901)	(17%)	132,630	126,565	(6,065)	(5%)

ABORTED ACTIVITY

June 2020

Contract	Planned Aborts	Planned Activity	Planned Aborts %	Unplanned Aborts	Unplanned Activity	Unplanned Aborts %	EPS Aborts	EPS Activity	EPS Aborts %
	47	1,375	3%	78	747	10%	41	2,785	1%
Manchester	280	3,305	8%	564	4,339	13%	492	11,258	4%
	210	3,934	5%	352	3,596	10%	244	9,373	3%
	136	2,237	6%	167	1,524	11%	253	8,531	3%
	673	10,851	6%	1,161	10,206	11%	1,030	31,947	3%

PTS Performance

Overall activity during June 2020 was 59% below contract baseline. Lancashire 65% below contract baselines whilst Merseyside is only 6% below at -51% (-12639) Journeys below baseline. For the year to date (July 2019 - June 2020) PTS is performing at -18% (-291592 journeys) below baseline. Within these overall figures, Cumbria and Lancashire are operating at 23% and 27% below baseline whilst Greater Manchester and Merseyside are operating at 14% and 6% below baseline respectively.

In terms of unplanned activity, cumulative positions within Greater Manchester and Merseyside are 33% (13021 journeys) and -13% (-5405 journeys) above baseline respectively. Cumbria and Lancashire are 36% (-5405 journeys) and -19% (-10805 journeys) below baseline.

Aborted activity for planned patients averaged 6% during June 2020 however Cumbria experienced 3%, Greater Manchester operated at 8% whilst Lancashire and Merseyside both experience 5% & 6% respectively. There is a similar trend within EPS (renal and orthopaedic) patients with an Trust average of 3% aborts whereas Cumbria and Greater Manchester 4% Lancashire and Merseyside both experienced with 3%. Unplanned (on the day) activity experiences the highest percentages of aborts with an average 11% (1 in 6 patients) with variances of 10% in Cumbria, 13% in Greater Manchester, Lancashire and 11% Merseyside.

1 STAFF SICKNESS

Figure OH1.1

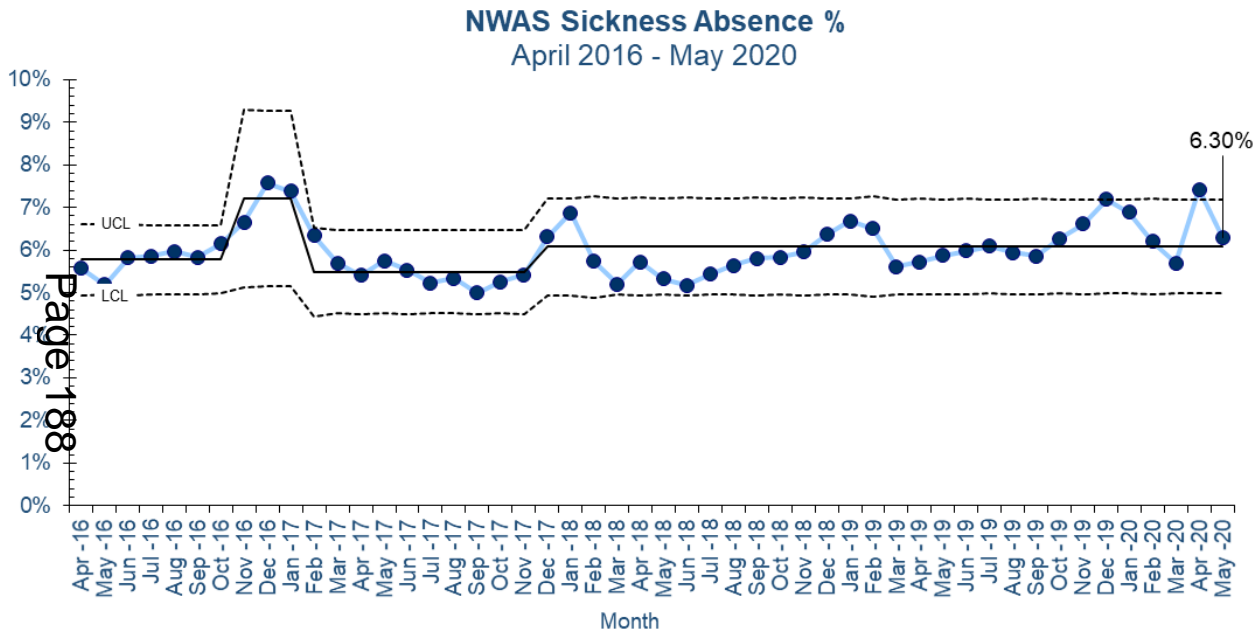


Table OH1.1

Sickness Absence	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
NWS	5.99%	6.10%	5.94%	5.86%	6.27%	6.61%	7.19%	6.88%	6.20%	5.70%	7.42%	6.30%
Overall Average	5.50%	5.57%	5.78%	5.65%	5.85%	6.01%	6.60%	6.38%	5.93%			

Staff Sickness

The overall sickness absence rates for 2020 was 6.3%. OH.1 displaying a decrease from the previous month. This includes COVID-19 related sickness of 1.14%.

Underlying non-COVID sickness was 5.16% which is below the same month last year.

111 has shown good improvement compared with last year, May figures are 6.30% in 111 which is a significant reduction from the same time last year. PTS sickness is at 7.17%, of which 6.49% was not COVID-19 related. This is lower than average sickness for 2019/20. PES sickness is at 6.42% which 5.05% is non-COVID related, which demonstrates continuing downward trend.

In addition to sickness reported via GRS, COVID-19 self-isolating absences have been captured by GRS.

BAF Risk: SR04.

Figure OH1.2:

PTS Sickness Absence %
April 2016 - May 2020

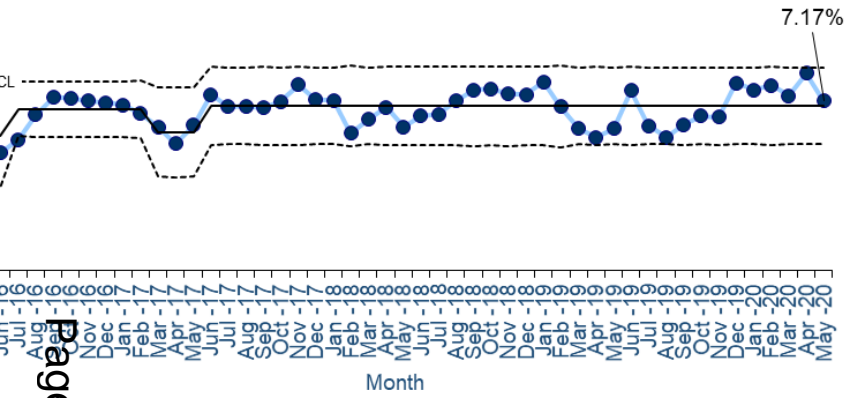


Figure OH1.3:

PES Sickness Absence %
April 2016 - May 2020

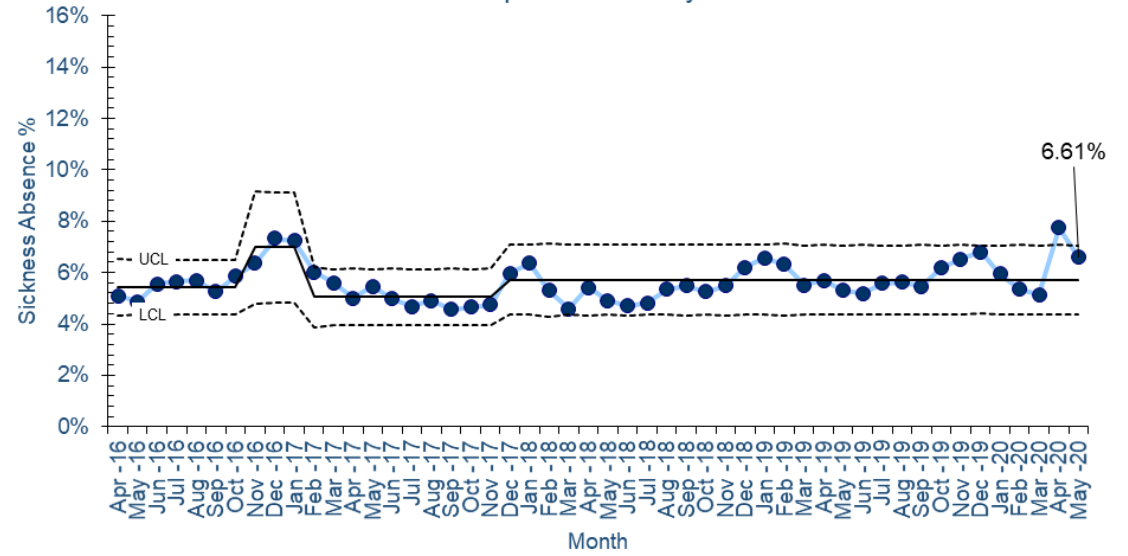


Figure OH1.4:

EOC Sickness Absence %
April 2016 - May 2020

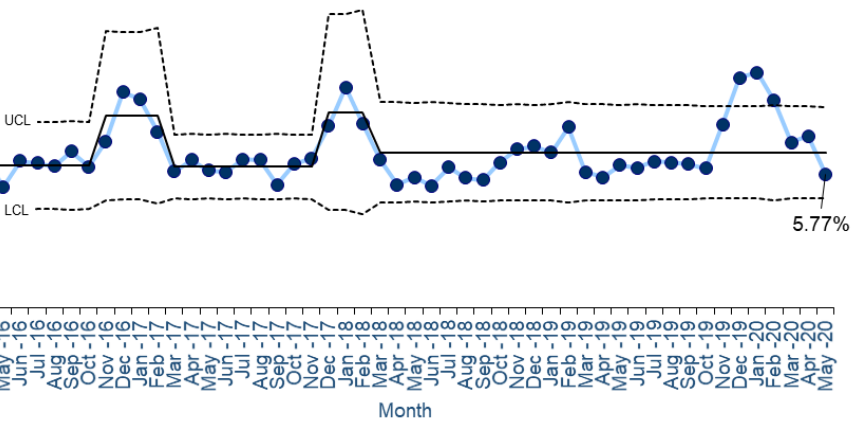


Figure OH1.5:

111 Sickness Absence %
April 2016 - May 2020

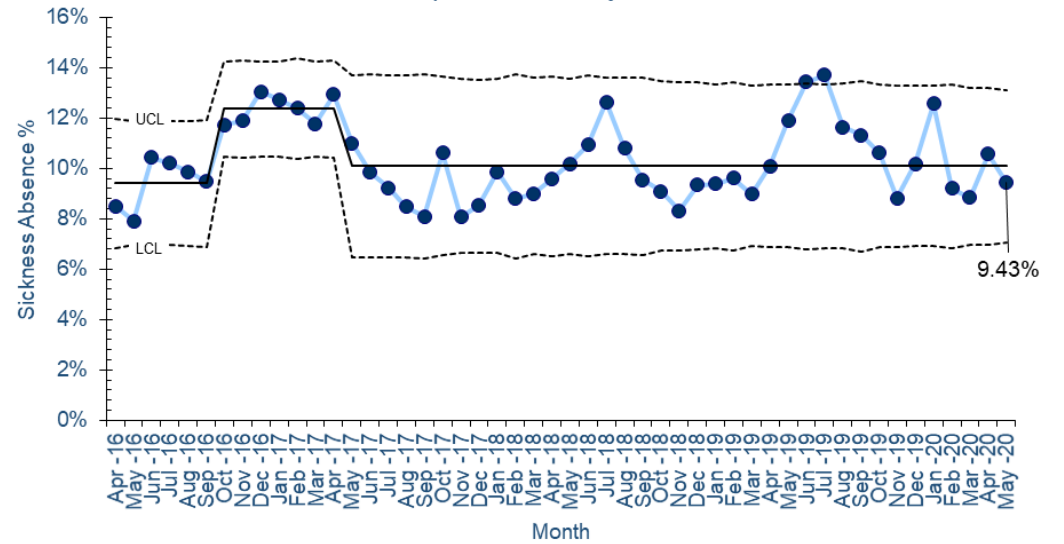


Figure OH1.6:

NWAS Sickness Covid & Non Covid

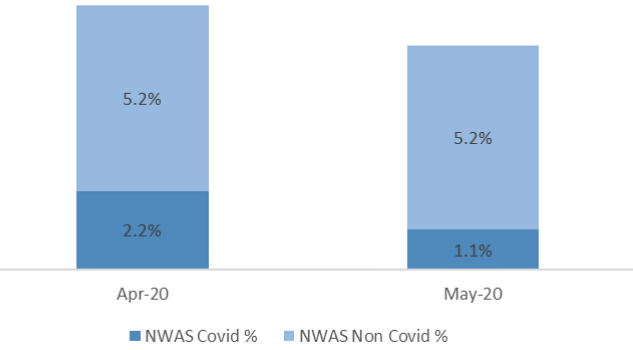


Figure OH1.7:

PTS Sickness Covid & Non Covid

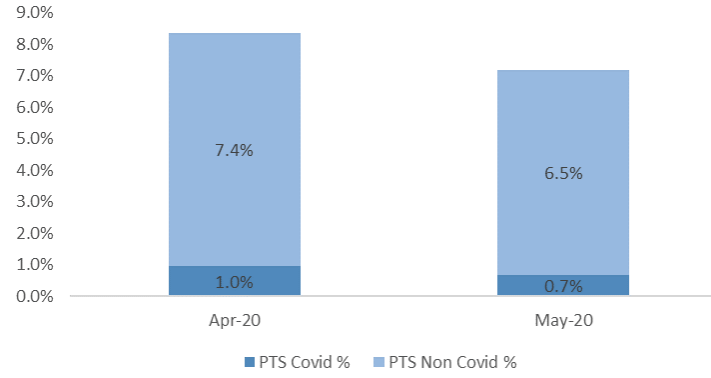


Figure OH1.8:

PES Sickness Covid & Non Covid

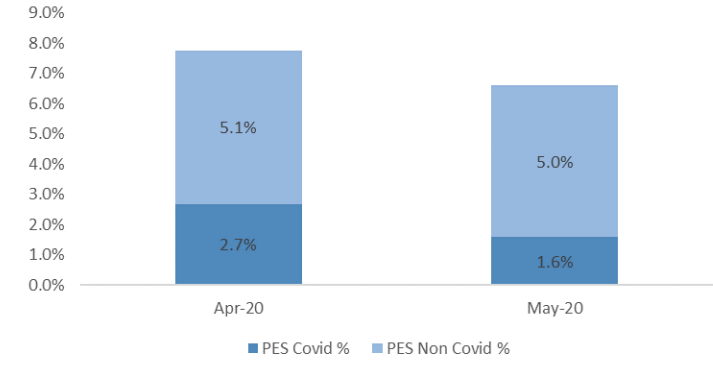


Figure OH1.9:

EOC Sickness Covid & Non Covid

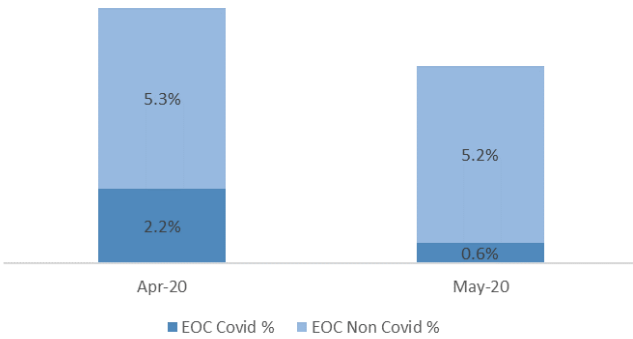


Figure OH1.10:

111 Sickness Covid & Non Covid

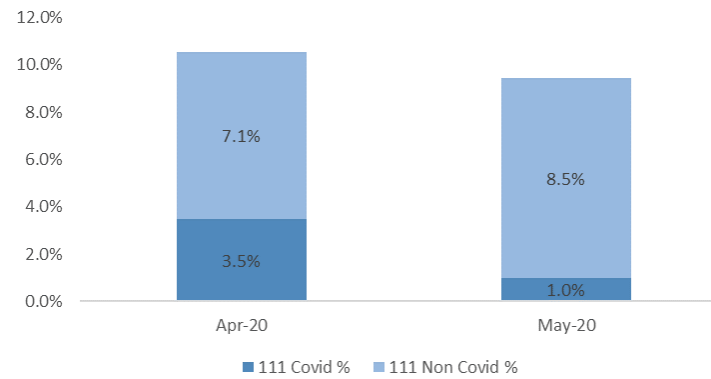
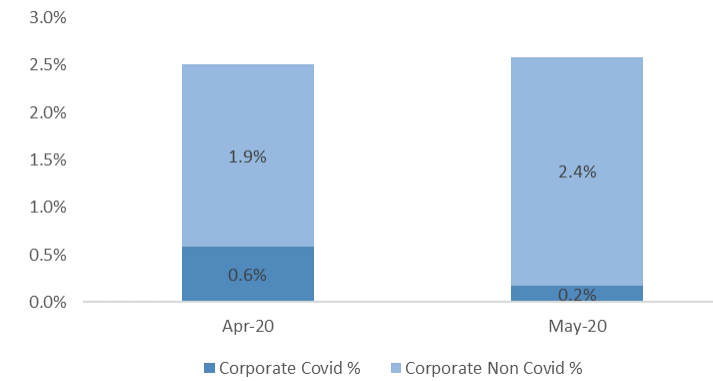


Figure OH1.11:

111 Sickness Covid & Non Covid



2 STAFF TURNOVER

Figure OH2.1

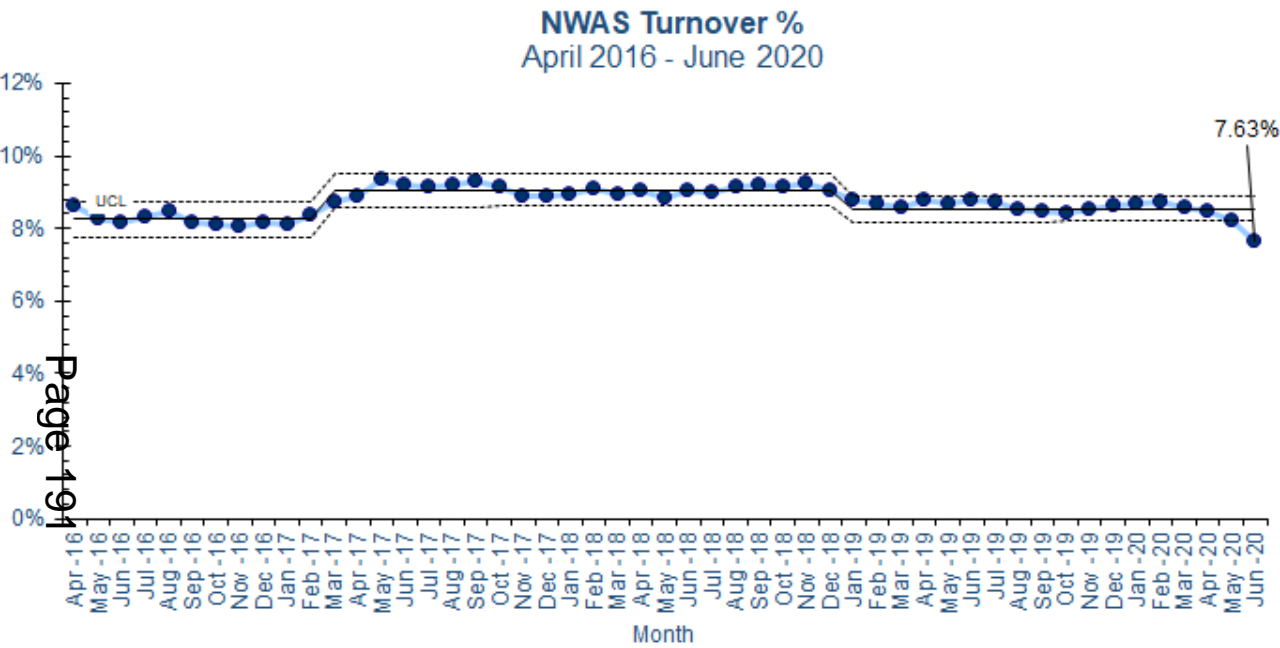


Figure OH2.1

Turnover	Jul - 19	Aug - 19	Sep - 19	Oct - 19	Nov - 19	Dec - 19	Jan - 20	Feb - 20	Mar - 20	Apr - 20	May - 20	Jun - 20
NWAS	8.72%	8.51%	8.45%	8.41%	8.51%	8.65%	8.66%	8.72%	8.60%	8.46%	8.22%	7.63%
National Average	9.28%	9.31%	9.14%	9.21%	9.20%	8.92%	9.08%	9.12%	9.12%			

Staff Turnover

Turnover is calculated on a rolling average and this does lead to some variations between months with June turnover at 7.63% which shows a decrease from the control limit.

There has been a focus on recruitment within 111 which has shown some improvements, although turnover percentage remains high, comparison from the same period last year shows a 10% reduction in turnover. Front line PES Operations are showing a small decrease in turnover. This is being monitored particularly in relation to the GP reform, increased turnover has been seen into workforce and recruitment post 2020.

BAF Risk: SR04.

Figure OH2.2

PTS Turnover %
April 2016 - June 20

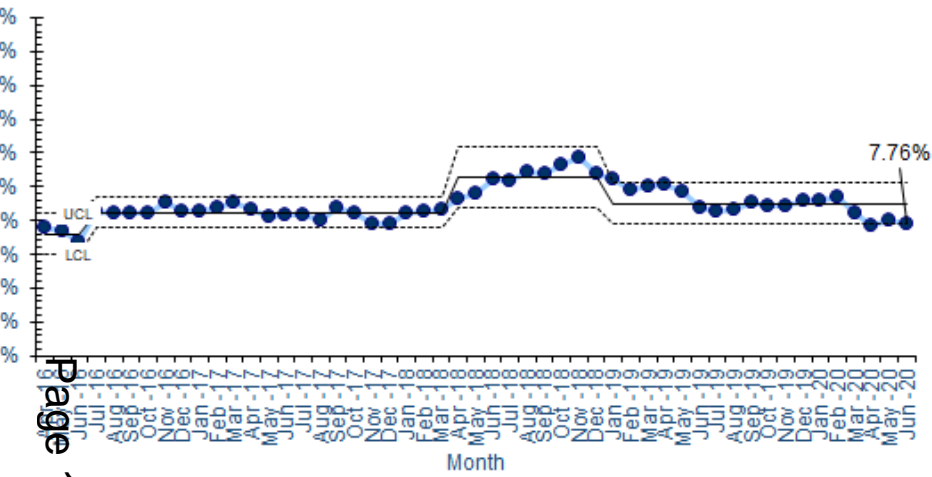


Figure OH2.3

PES Turnover %
April 2016 - June 2020

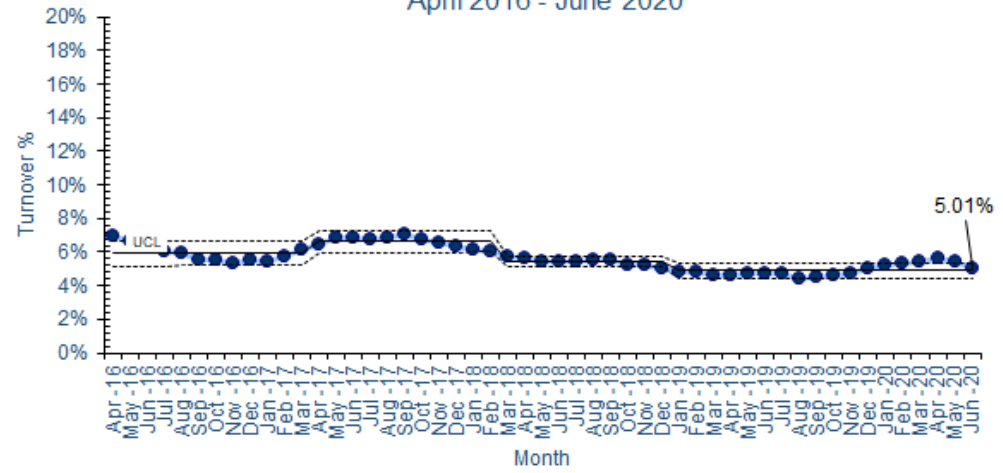


Figure OH2.4

EOC Turnover %
April 2016 - June 2020

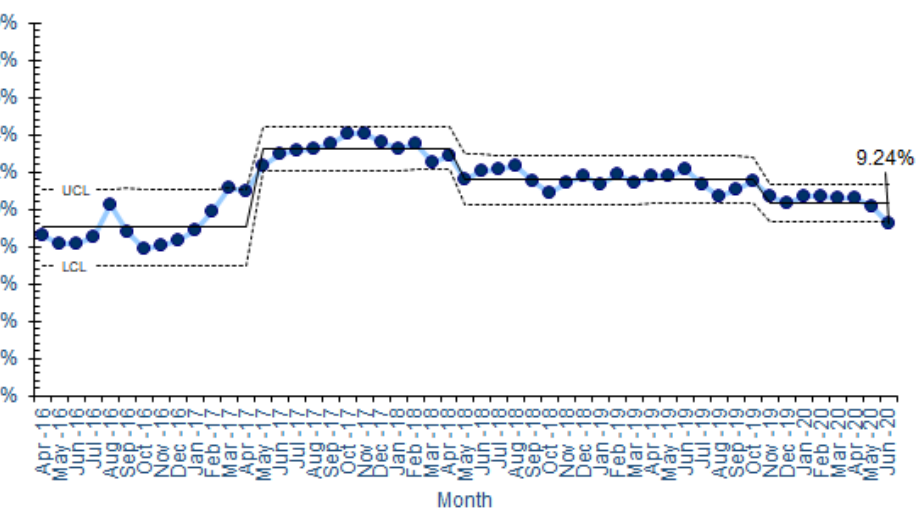
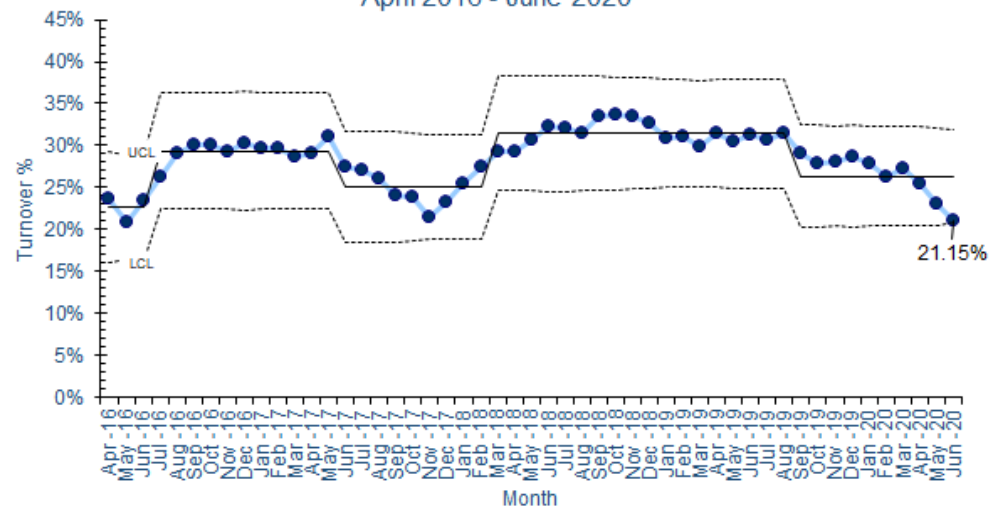


Figure OH2.5

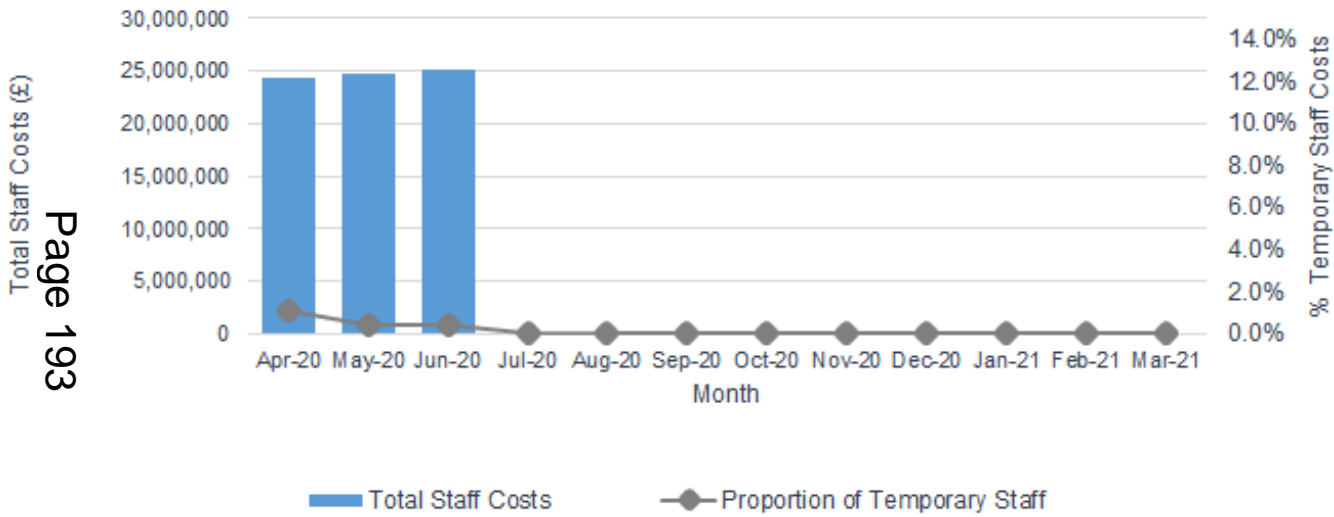
111 Turnover %
April 2016 - June 2020



TEMPORARY STAFFING

Figure OH4.1:

NWAS- Total Staff Costs and % of Temporary Staff
April 20- March 2021



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Temporary Staffing

The Trust remains in a reasonable position regarding Agency costs.

Additional resources were deployed in response to the COVID-19 pandemic.

Work is ongoing with 111, PES and EOC to ensure that we have robust plans in place to meet the additional demands of responding to COVID-19 with a view to reducing Agency costs where possible.

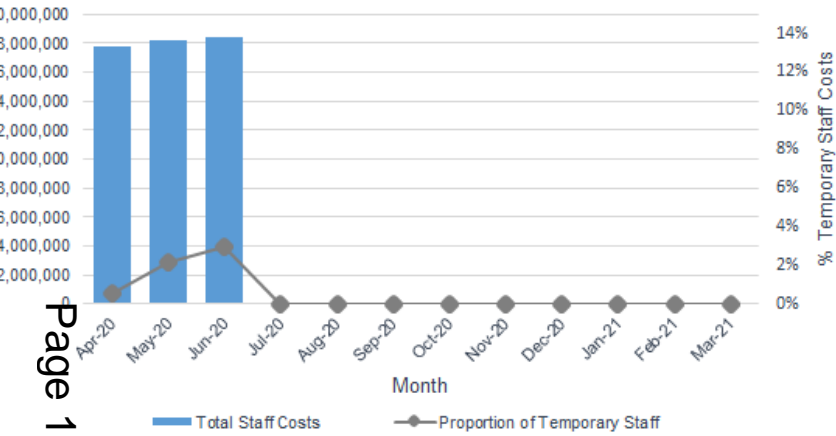
BAF Risk: SR04; SR11

Figure OH4.1

	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	Dec-2019	Jan -20	Feb-20	Mar-20	Apr-20	May-20	June-20
Staff Costs	161,001	142,550	102,471	83,441	82,553	79,503	57,922	80,913	153,153	261,425	523,449	647,823
Staff Costs (£)	21,686,448	21,692,684	21,460,515	21,982,878	21,758,192	21,083,687	21,613,064	22,646,658	21,904,103	24,361,995	24,812,375	25,181,809
Proportion of Temporary Staff %	0.7%	0.8%	0.5%	0.3%	0.1%	0.2%	0.6%	0.2%	0.4%	1.1%	0.4%	0.4%

re OH4.2:

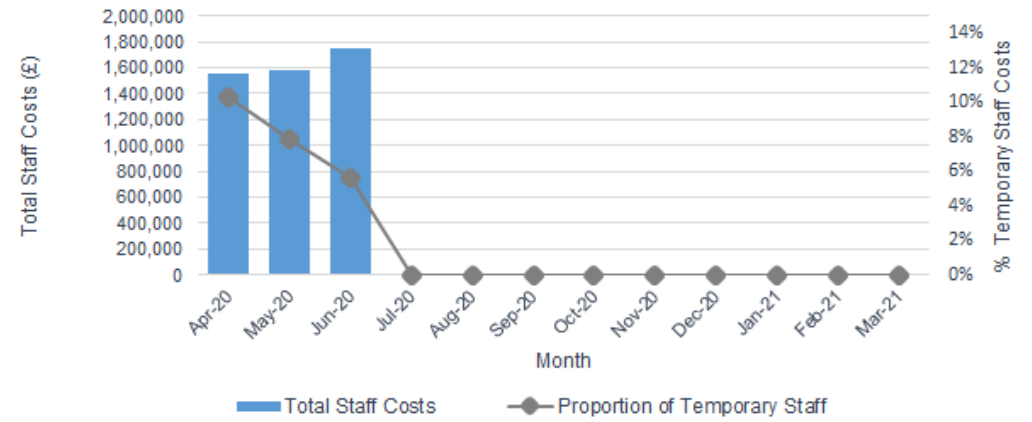
PES - Total Staff Costs and % of Temporary Staff
April 20- March 2021



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Figure OH4.3:

111 - Total Staff Costs and % of Temporary Staff
April 20- March 2021



re OH4.4:

PTS - Total Staff Costs and % of Temporary Staff
April 20- March 2021

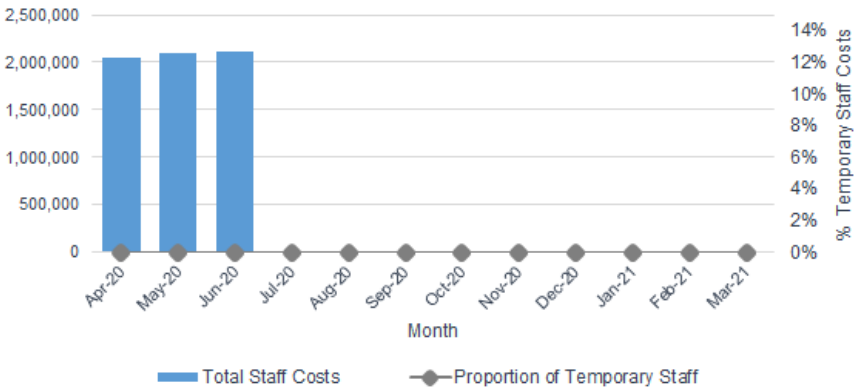
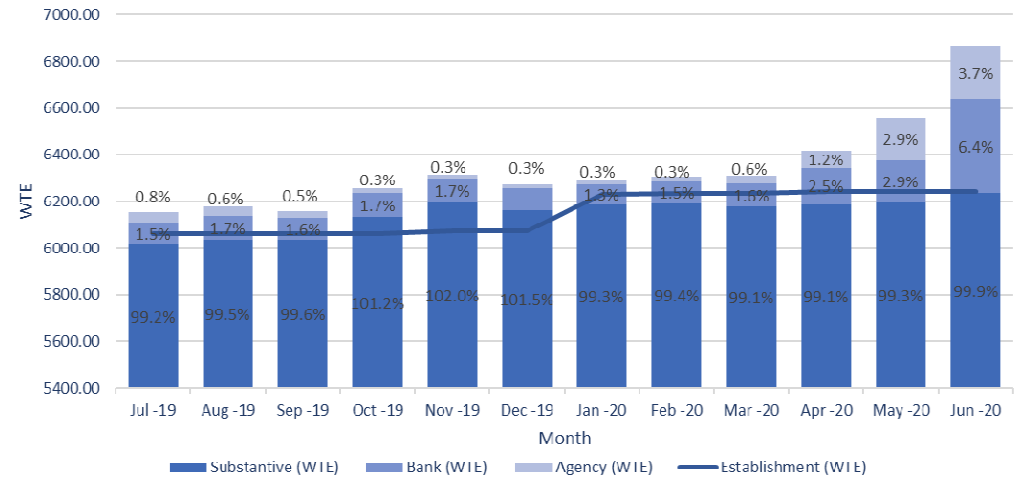


Figure OH4.5:

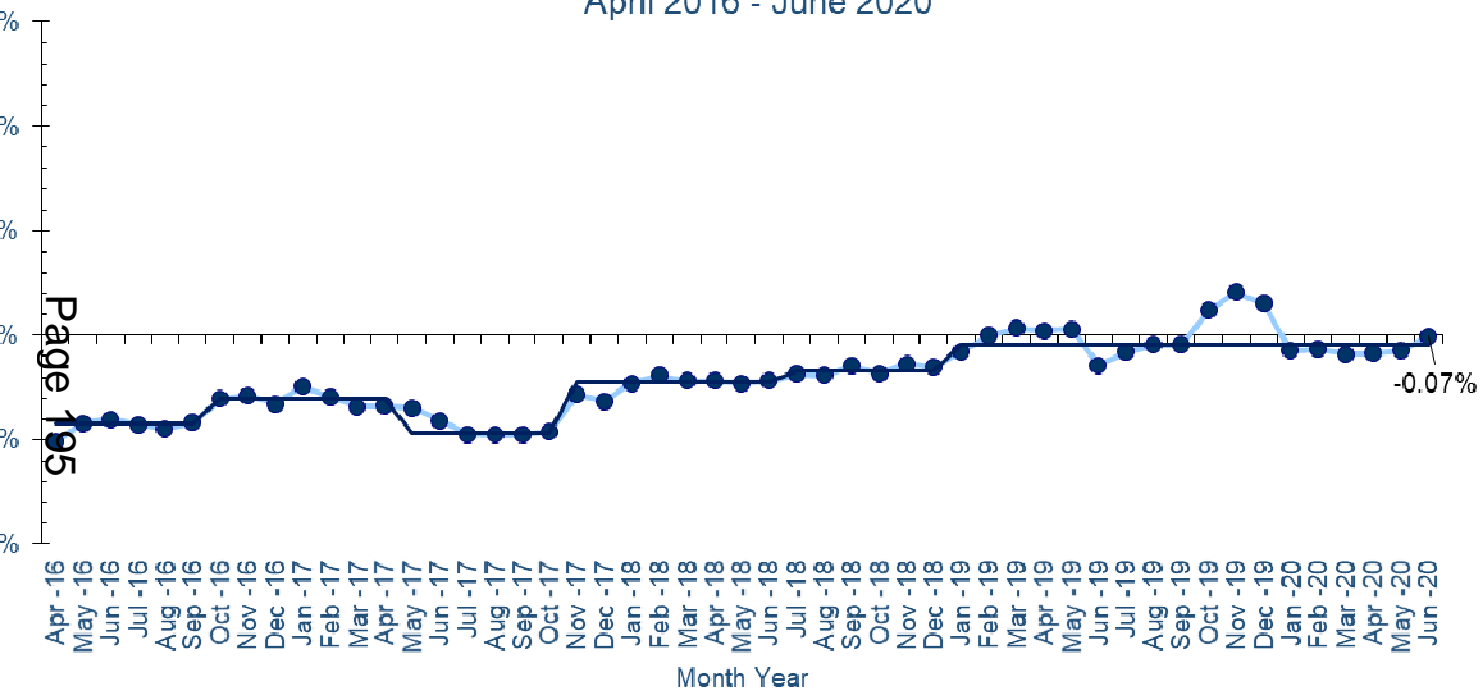
NWAS - Substantive vs Establishment WTE
January 2019 - December 2019



VACANCY GAP

OH5.1

NWAS Vacancy Gap %
April 2016 - June 2020



OH5.1

Vacancy Gap	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	June-20
	-0.79%	-0.47%	-0.45%	1.20%	2.05%	1.51%	-0.72%	-0.64%	-0.90%	-0.86%	-0.72%	-0.07%

Vacancy Gap

The vacancy position is positive. The 2019/20 planned growth is now in excess of what is required in establishments giving a true vacancy position against budgeted resources.

The chart shows an over establishment of staff at the end of June 2020 in EOC at 7.6%. 111 are over established by 111 positions which represents progress towards the 2020/21 additional growth agreed for the commencement of the new contract in October 2020.

PTS have been impacted by the loss of staff to PES during the COVID pandemic and planning is in place to support PTS delivery for the remainder of the year.

Figure OH5.2

PTS Vacancy Gap %
April 2016 - June 2020

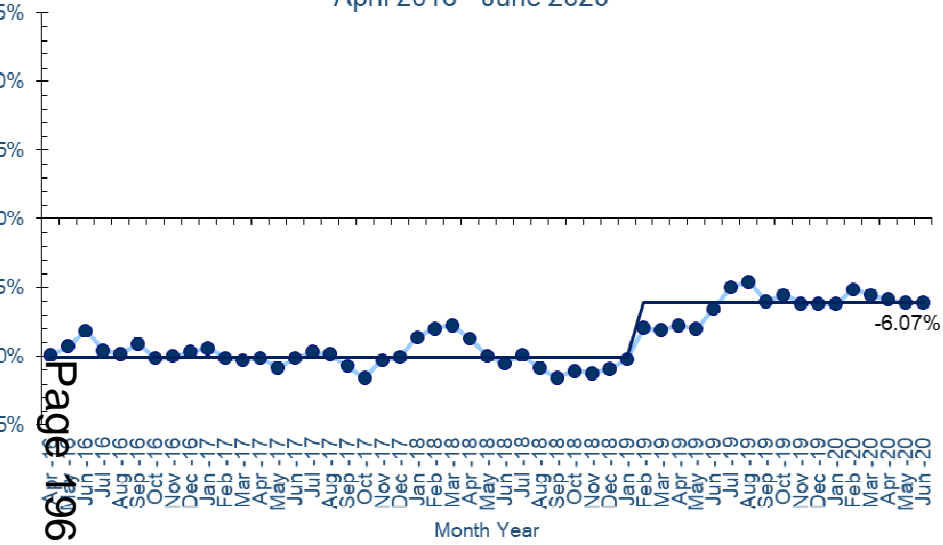


Figure OH5.3

PES Vacancy Gap %
April 2016 - June 2020

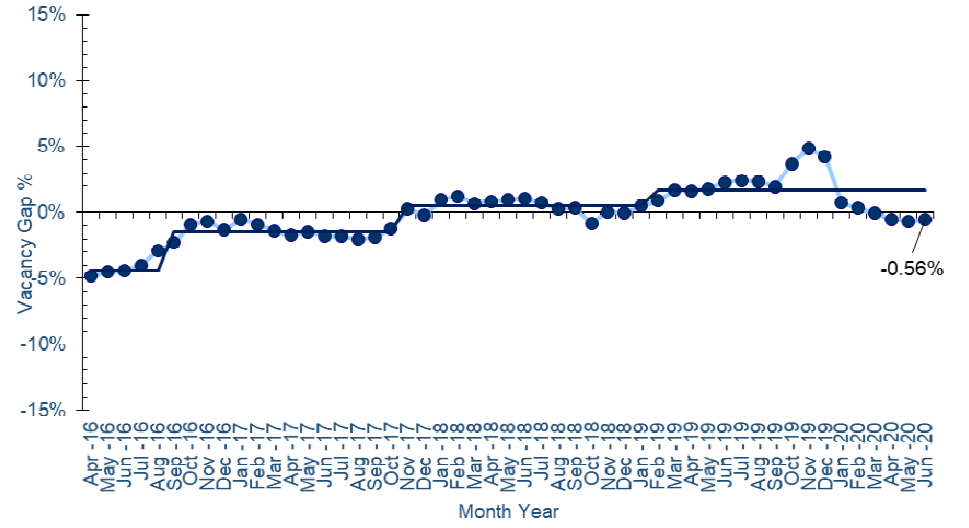


Figure OH5.4

EOC Vacancy Gap %
April 2016 - June 2020

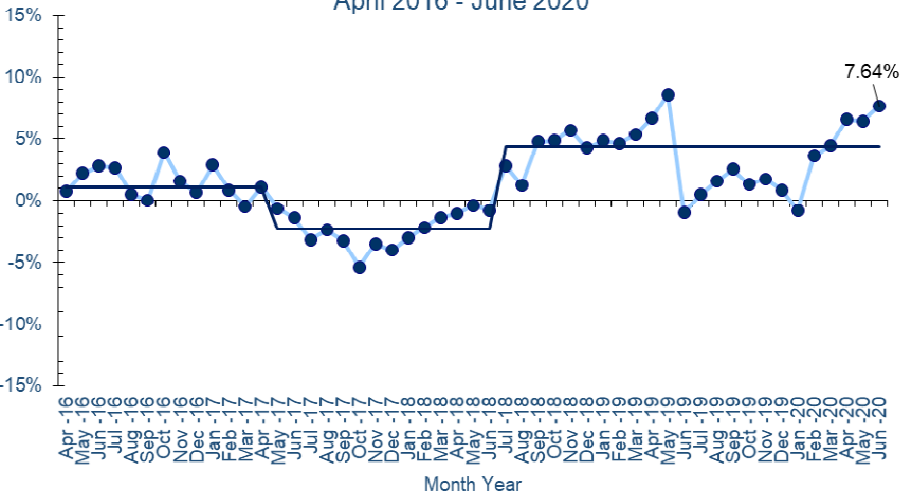
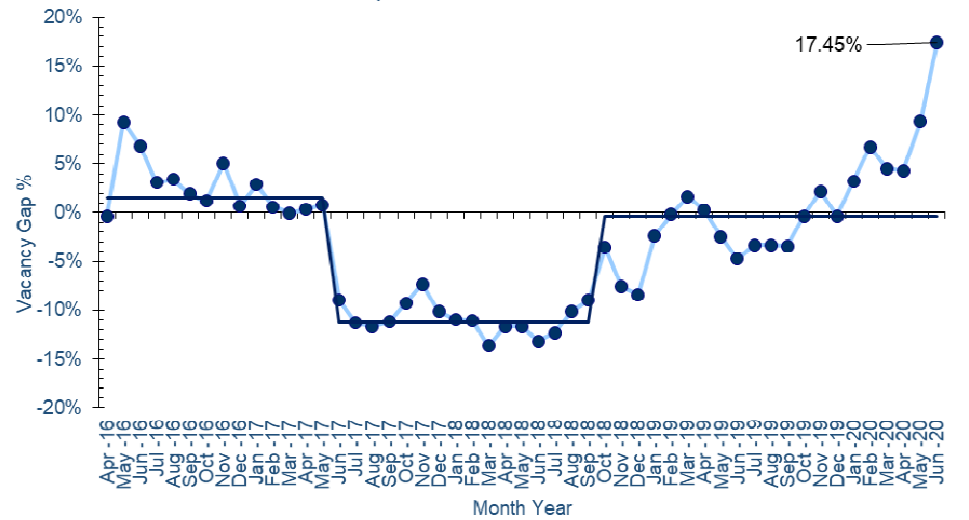


Figure OH5.5

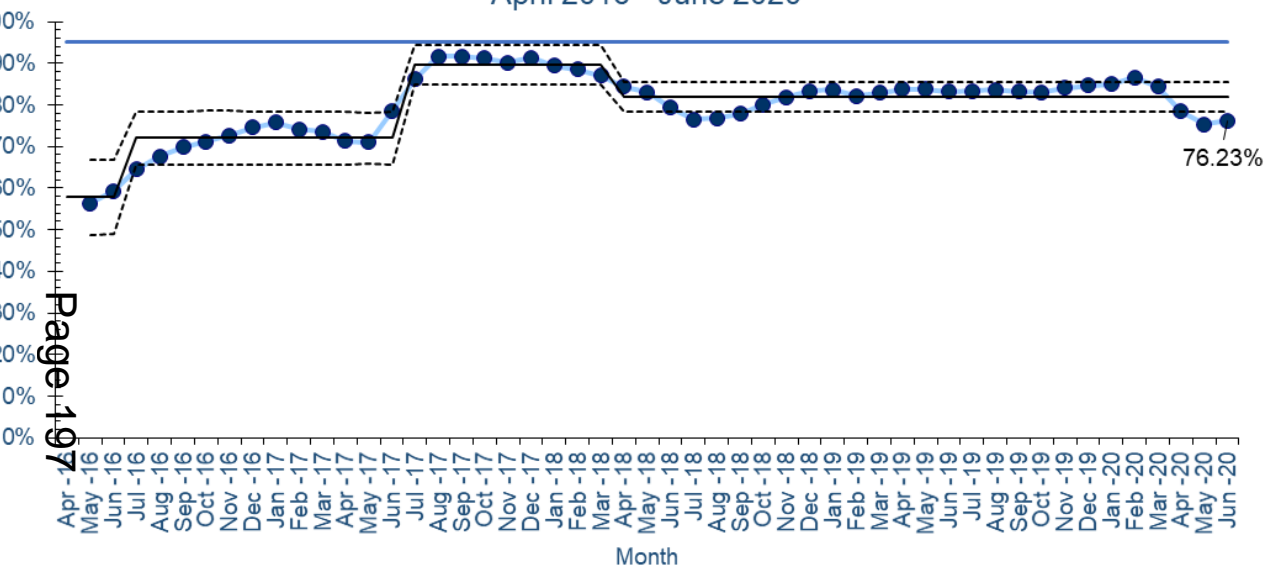
111 Vacancy Gap %
April 2016 - June 2020



6 APPRAISALS

re OH6.1

NWAS Appraisals Completed %
April 2016 - June 2020



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ble OH6.1

Appraisals	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
NWAS	83%	84%	83%	83%	84%	85%	85%	87%	84%	78%	75%	76%

Appraisals

Appraisal compliance overall reduced as a result of the impact of COVID-19.

Appraisals were paused in March 2020 in line with national guidance and as a result completion rates have decreased to 76% overall with PES rates at 69% and PTS at 69%.

111 have dropped significantly on their trajectory to 51% compliance with the target. Additional focus will be required to commence to support 111 as part of the recovery plan.

Following resumption in June 2020, a revised target as part of recovery planning is 85% for March 2021.

Revised streamlined appraisal documentation approved by ELC should support completion.

BAF Risk: SR04; SR11

Figure OH6.2

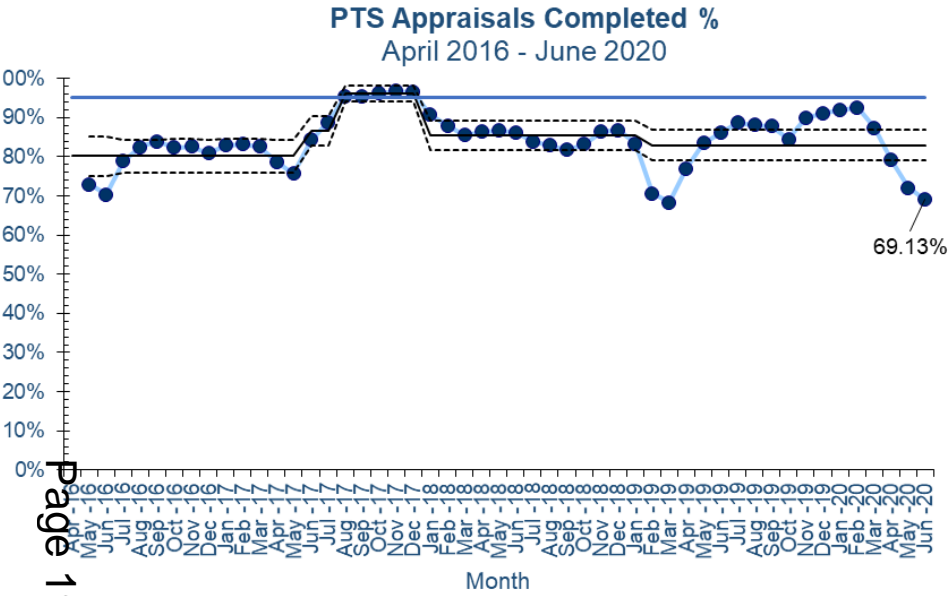


Figure OH6.3

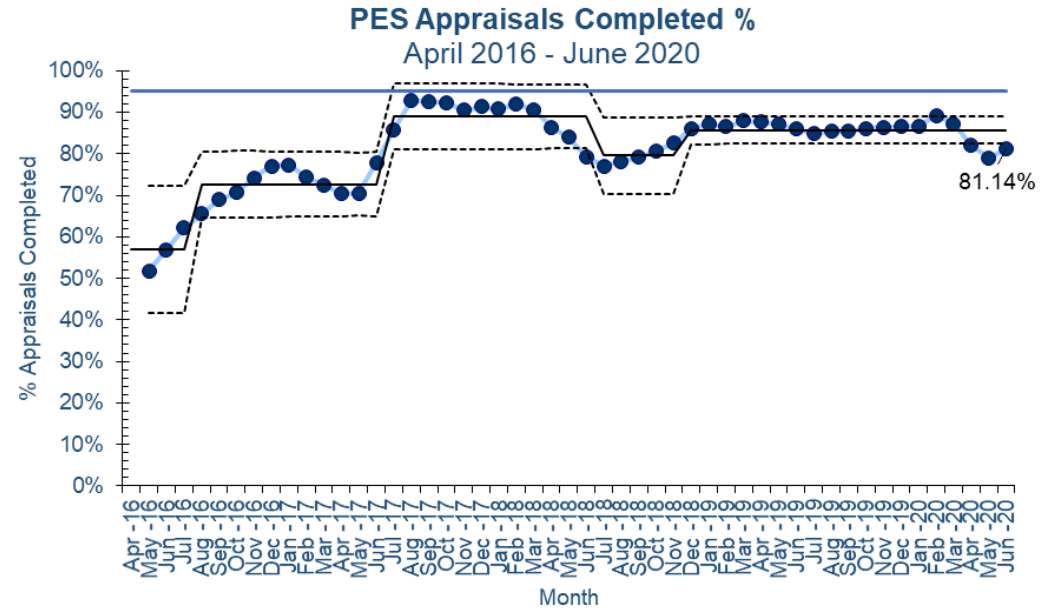


Figure OH6.4

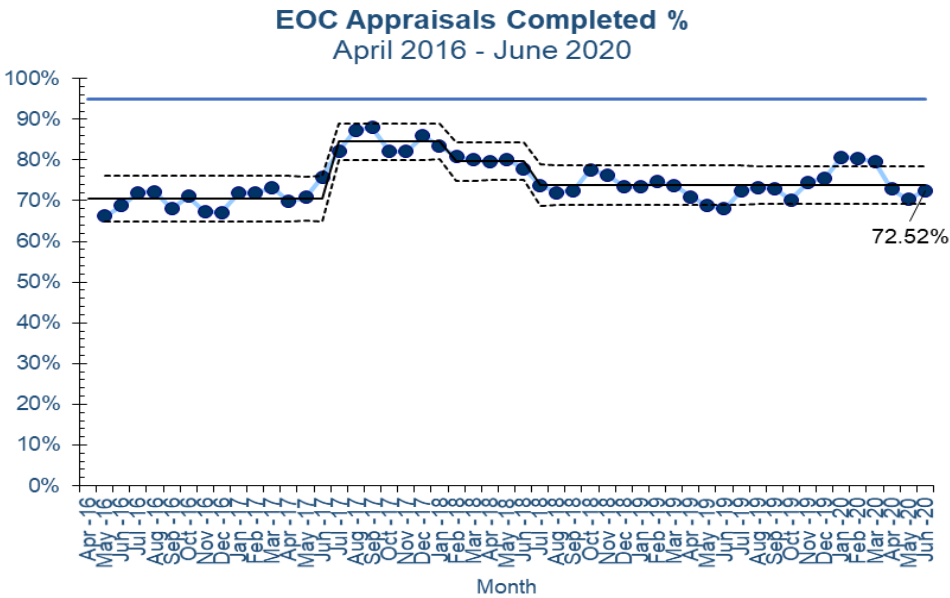
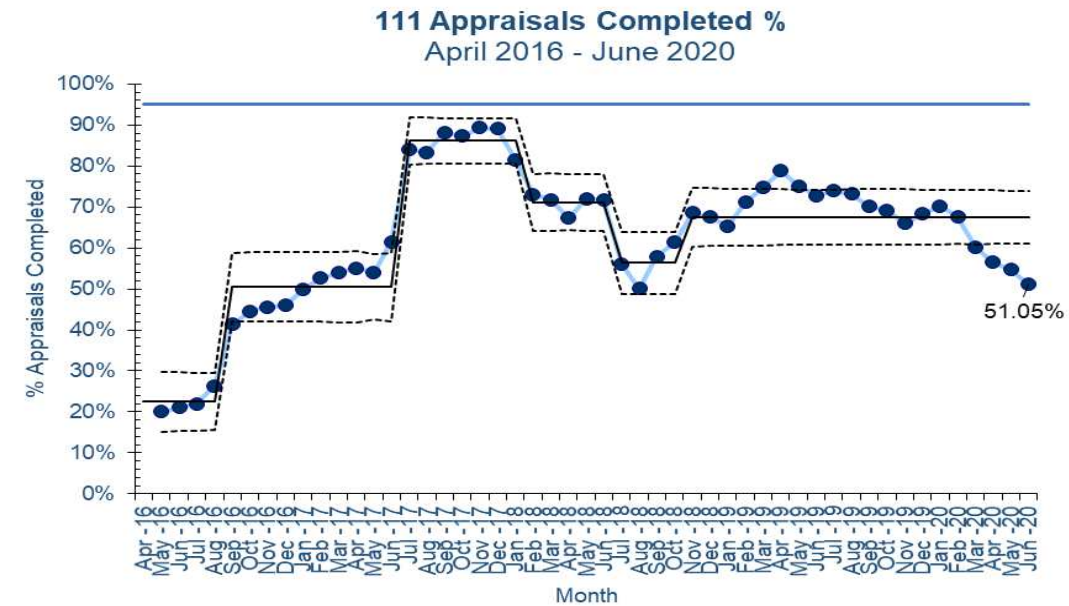


Figure OH6.5



MANDATORY TRAINING

Figure OH7.1

Mandatory Training - NWAS Overall Competency Compliance
January 2020 - March 2021

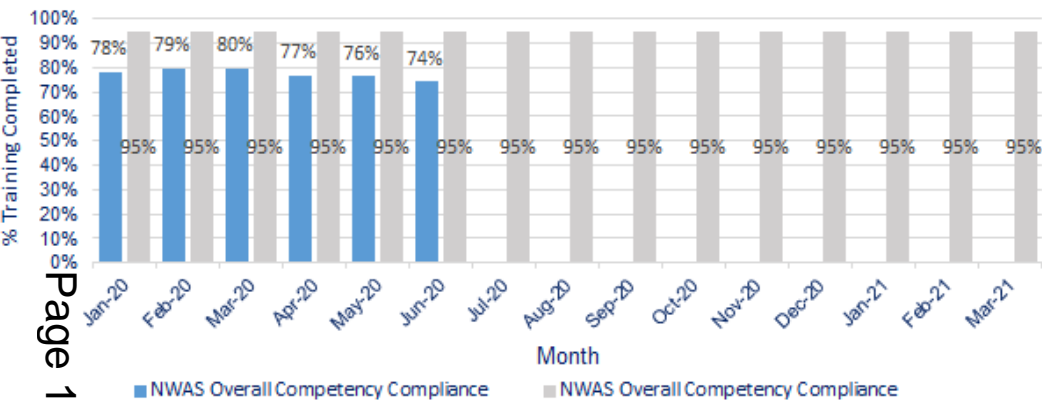
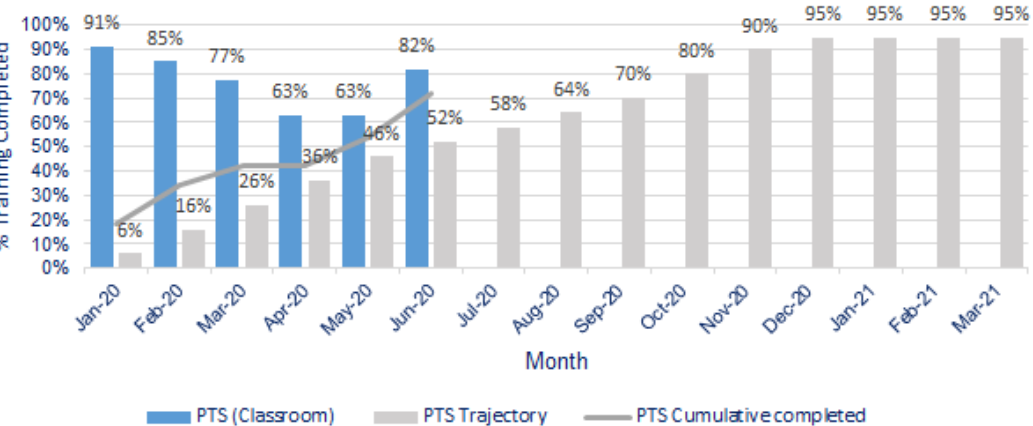


Figure OH7.2

Mandatory Training - PTS Classroom
January 2020 - March 2021



Mandatory Training

The overall Trust mandatory training compliance percentage at the end of June 2020 is 74%. This takes into account all online and classroom training. In addition to the impact of COVID overall compliance levels have been impacted by the inclusion of new topics in the year's cycle of training.

Mandatory training for frontline staff was paused in March 2020. Classroom training for PTS resumed in June 2020 with reduced capacity. EOC and 111 received online training in June 2020. ELC have now approved the resumption of PES mandatory training following the pause as a result of COVID-19. This is with a reduction in length of classroom training to 7.5 hours. This has been a risk assessed and remains in line with the core training framework. The training cycle has also been extended from January 2021 to 31 March 2021 as part of the recovery actions. This will bring all mandatory training in line with the same cycle.

The Trust had moved to competence based reporting for mandatory training. The aim has been for staff to complete their classroom based training and their online training before their competence expires, maintaining compliance across the year at 95%. The cessation of training has impacted on this and no longer the 95% target will not be met fully until March 2021. The current position is that PES classroom compliance is at 58% i.e. 58% of staff have received classroom training within the last 12 months and PTS are at 82%.

Figure OH7.3

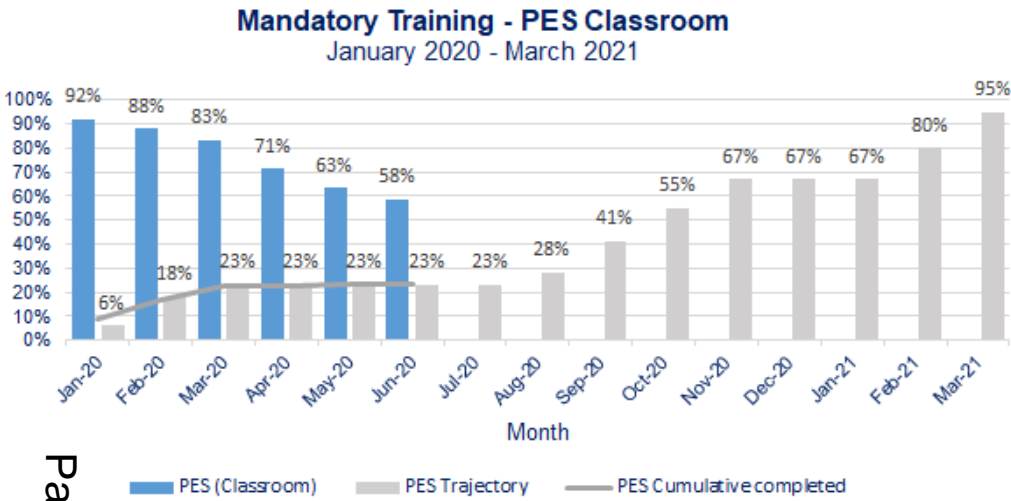


Figure OH7.4

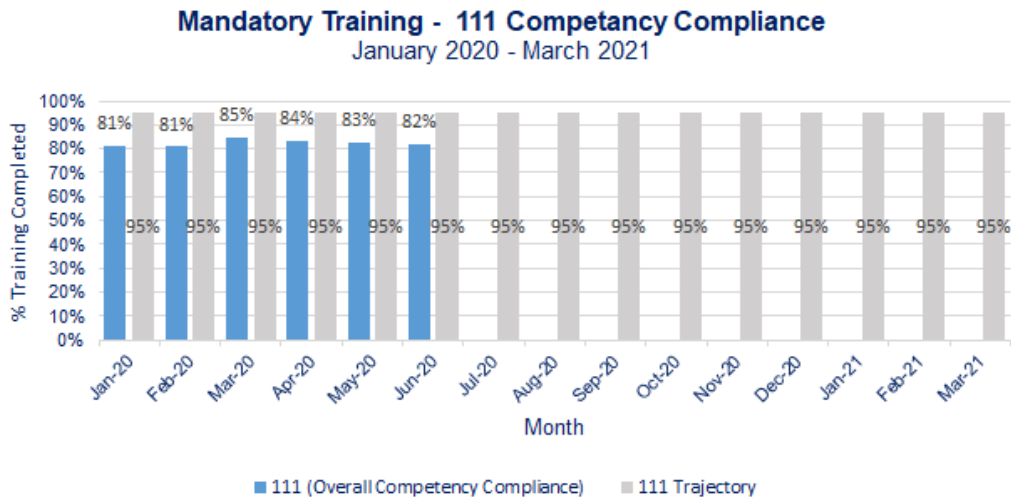
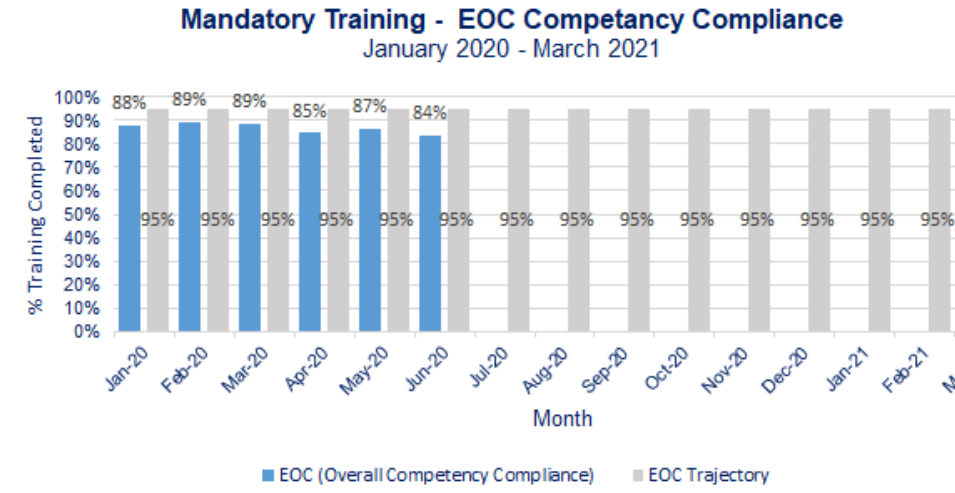
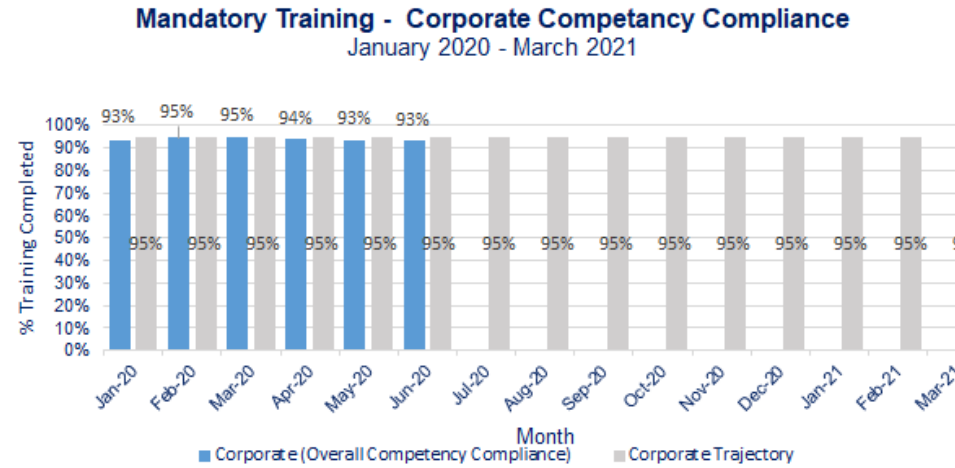


Figure OH7.6





REPORT

Board of Directors

Date:	29 th July 2020
Subject:	Learning from Deaths: Q4 2019/20 review
Presented by:	C Grant
Purpose of Paper:	For Assurance
Executive Summary:	<p>Following publication of the 'National guidance for ambulance trusts on Learning from Deaths: A framework for NHS ambulance trusts in England on identifying, reporting, reviewing and learning from deaths in care' the Trust is required to publish on its public accounts a quarterly and then annual summary of learning. The first quarter to be published is Q4 2019/20.</p> <p>The dashboard contained within this report is the start of an iterative process of reporting and will develop into a more sophisticated reporting mechanism as the Trust receives further guidance and training to improve learning in this area.</p> <p>Findings from the initial Q4 dashboard attached at appendix A identifies there have been 16 incidents identified on Datix where the trust may consider to have contributed to the death of a patient; eight of which were due to the delay in ambulance availability.</p> <p>In performing the review it has not been possible to identify common learning themes as the 'learning from event/ lessons learned element' has not been completed. This is not a mandatory field on Datix.</p> <p>To date the combined impact of no national training for structured judgement reviews (SJRs) and redirection of clinical resource to the COVID-19 pandemic has meant the deep dive element of this dashboard is has not been fully explored for the Q4 report. This will improve over the next 12 months.</p>
Recommendations, decisions or actions sought:	<p>The Board of Directors are recommended to:</p> <ul style="list-style-type: none"> • Accept the dashboard at Appendix A as the report to be published on the Trust public account as evidence of the Trust's developing engagement with a formal process of learning from deaths • Accept the limitations of the dashboard with the assurance this is an iterative process which will develop over time.

Link to Strategic Goals:		Right Care	<input checked="" type="checkbox"/>		Right Time	<input checked="" type="checkbox"/>				
		Right Place	<input checked="" type="checkbox"/>		Every Time	<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"/>
Are there any Equality Related Impacts:										
Previously Submitted to:		Quality & Performance Committee								
Date:		15 June 2020								
Outcome:		Approved								

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1. PURPOSE

The body of this report has previously been received by the Quality and Performance Committee on 15 June 2020.

The purpose of this report is to meet the requirements of the National guidance for ambulance trusts on Learning from Deaths: A framework for NHS ambulance trusts in England on identifying, reporting, reviewing and learning from deaths in care' as referenced in the trust Learning From Deaths policy.

The document attached at Appendix A is a summary dashboard of the 2019/20 Q4 Learning from deaths review; and it is proposed this document is published on the trust's public accounts by 31 July 2020 in accordance with the national framework and trust policy.

It is acknowledged the attached document is the beginning of an iterative reporting process which will become more sophisticated and informative as the year progresses. The content of the current dashboard has been affected due to the combined absence of a national training programme for structured judgement reviews and, the redirection of senior clinical resourcing towards the COVID-19 pandemic meaning the deep dive element has not been undertaken.

2. BACKGROUND

2.1 Learning from Deaths is an integral part of informing and developing the safest possible systems for the delivery of care to our patients. NWAS must identify suboptimal care and support the identification of areas for improvement.

2.2 The methodology to produce the information described in appendix A is as follows:

Phase 1.

Identify all deaths where a concern was raised be that by ambulance personnel, other health and care staff and / or families or carers about the care received.

A combination of data sources were used to identify these incidents and this included cases received by the Review of Serious Events (ROSE) panel and 'wild card' searches through Datix.

Phase 2.

A sample of between 40 and 50 from:

- *Deaths where Cat1 and Cat 2 responses with a delayed ambulance response*
- *Deaths of patients assessed as requiring Cat3 and Cat4 responses*
- *Deaths that occur following handover to an NHS acute, community or mental health trust or to a primary care provider when this information is known by way of notification to NWAS*
- *Deaths of patients who were not initially conveyed to hospital and who then had re-contact with NWAS within 24 hrs*

A number of Health Informatics reports were requested and scrutinised to provide the sample. Given the numbers involved in the different categories it was

determined that all deaths (Cat 1 and Cat2) where there was a delayed ambulance response be included in the sample for review.

The information taken from each phase has been described as an overall position in appendix A and then broken down into its two phases as described above.

- 2.3 In future iterations the dashboard will develop to include the learning from structured judgement reviews (SJRs) – the deep dive - which is not available for the Q4 dashboard. The SJR is a validated research methodology which is able to create an overall care score.

The benefits of using the SJR methodology is that it provides a structured and replicable process to review deaths, which examines both interventions and holistic care giving reviewers a rich data set of information. The SJR methodology allows organisations to ask 'why' questions about things that happen to enable learning and actions where required. SJR allows the identification and feedback of good care in the same detail as 'problematic' care, which is integral as evidence suggests most care is of good or excellent quality and that there is much to be learned from the evaluation of high-quality care.

Whilst there exists a National Mortality Case Record Review (NMCRR) toolkit; this was developed for Acute Hospital Trusts and the toolkit to support ambulance services and the associated training is not yet published.

Moving forward it the deep dive case review will be undertaken by named senior clinicians to ensure a standardised audit methodology and in the continued absence of an ambulance NMCRR toolkit it is anticipated the case review will not be dissimilar to that undertaken at ROSE.

3. DISCUSSION

- 3.1 The patient cohort to be included in the review is clearly defined and is referenced briefly in section 2.2 and fully in the trust Learning from Death policy.

Appendix A: Learning from Deaths Dashboard Q4 2019/2020.

The number of patients whose deaths were identified as being in scope for this review was 67 (27 Datix incidents and 40 sampled).

- 3.2 *Datix Cohort Discussion*

Of the 27 patient deaths;

- 15 were considered incidents graded 4 (major) or 5 (catastrophic).
- 19 patient deaths had been reviewed and closed in Datix

Of the 19 patients, 16 patient deaths (84%) it was considered more likely than not the death was caused by the incident. In reviewing the 16 patient deaths by category type and then sub category the investigator has identified each incident is associated with ambulance availability. The lack of ambulance availability may be due to a number of reasons such as timeliness, staffing levels and allocation etc.

A thematic analysis of lessons and recommendations for change and improvement was rendered impossible due to the lessons learnt section in Datix not being completed.

This is not currently a mandatory field in the document and therefore it is not possible to gather information for trust wide learning. Following the Quality and Performance Committee meeting steps have been taken to understand if this can be changed to support the learning from the process.

3.3 *Sample Cohort Discussion*

Of the 40 patients identified:

- 27 patients were deaths that occurred where patients were not initially conveyed and then the service was re-contacted within 24 hours*.
- Three patient deaths occurred where they were initially coded as Cat 1 or Cat 2, and were subjected to a long wait
- Ten patient deaths occurred where the incident was coded as Cat 3 or Cat 4.

It has not been possible to perform a SJR or deep dive review of these patient deaths due to the combined impact of a lack of available an Ambulance NMCRR and the availability of suitable qualified senior clinician(s) to perform a review.

**The results should not be correlated to the results of the Safe Care Closer to Home audit due to the significant differences in audit methodology.*

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

4.1 There are no legal implications associated with the content of this report and the data gathered to produce the dashboard has been managed with attention to the Data Protection Act 2018.

5. **RECOMMENDATIONS**

5.1 The Board of Directors are recommended to:

- Accept the dashboard at Appendix A as the report to be published on the Trust public account as evidence of the Trust's developing engagement with a formal process of learning from deaths
- Accept the limitations of the dashboard with the assurance this is an iterative process which will develop over time.

NWAS Learning From Deaths Dashboard Quarter 4 2019-2020 (January-March)

Overall Dashboard Description: This is a systematic dashboard that is a combination of those outlined in the guidance as 'must review' and those in the specified sample. These are described in the data-splits in more detail below.

Total Number of Deaths in scope (specified data sample and Datix incidents)*	Total Number of Deaths Reviewed	% Deaths Reviewed	Total Number of Deaths where problems in care have contributed
January	17	5	29.4%
February	20	7	35.0%
March	30	7	23.3%
This Quarter	67	19	28.4%
This Year (YTD)	67	19	28.4%

* Criteria as specified in the 'National guidance for ambulance trusts on Learning from Deaths' (2019) - Where concern raised on quality of care provided where the patient died under the care of the ambulance service (from call to handover), after handover or within 24 hours of initial contact where the decision was to not convey the patient. The sample must contain incidents across the categories outlined in the document.

Figure 1.

Learning from Deaths: Data over time

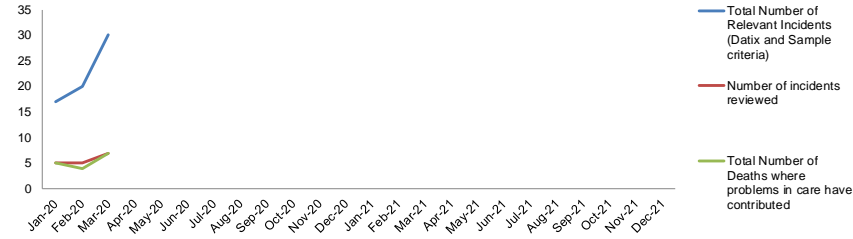


Figure 2.

Those in scope must have died under the care of the ambulance service (from call handling to before handover concludes), after handover (if notified by other trusts of these) or within 24 hours of contacting the service and the decision was not to be conveyed to hospital. This is the first quarterly report, drawing on learning from the previous quarter and so will be an iterative process.

Data source: An amalgamation of both the Datix cohort and the Sample cohort data sources detailed below. Last accessed 19/05/2020.

Datix Cohort Breakdown

Datix Cohort Description: This Dashboard those outlined in the guidance as 'must review'. The 'must review' category is those that have been raised to the organisation and recorded via Datix as being deaths that occurred in our care where there has been concern has been raised about the quality of care given.

Total Datix Death incidents in scope	Risk grading			
	1 or 2	3	4 or 5	
January	9	1	5	3
February	10	1	4	5
March	8	0	1	7
Total	27	2	10	15

Figure 3.

Month	Number of Deaths Closed on Datix	Of those closed, Number of Deaths considered as caused by the incident	Lessons Learned complete for those closed and considered caused by the incident
January	5	5	1
February	7	4	0
March	7	7	0
Total	19	16	1

Figure 5.

Sample Cohort Breakdown

Sample Data Description: A random sample of 40 incidents using the specified criteria from the national guidance. This includes deaths that were classified as requiring a Category 1 or Category 2 response, Category 3 and Category 4 incidents that resulted in deaths and deaths of patients that were not initially conveyed and then the ambulance service was re-contacted within 24 hours.

Incidents used for the Sample criteria	Number of Deaths Reviewed	Total Number of Deaths where problems in care have contributed
January	8	0
February	10	0
March	22	0
Total	40	0

Figure 8.

Quarter 4 2019-2020 Sample Data Breakdown			
Month	C1 and C2 Long waits	C3 and C4 Deaths	24 hr Re-contact Deaths
January	1	2	5
February	0	3	7
March	2	5	15

Figure 9.

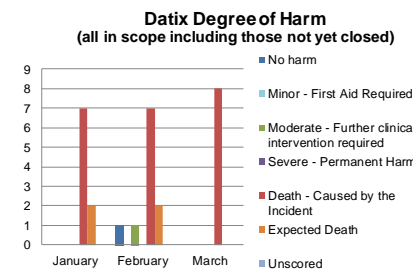


Figure 4.

Datix Category Type (of those reviewed and death determined by the incident)

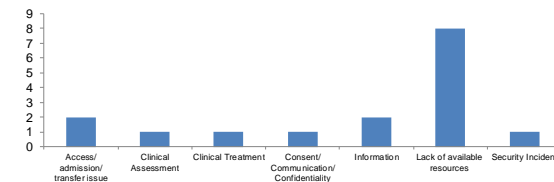


Figure 6.

Datix Sub-Category Type (of those reviewed and death determined by the incident)

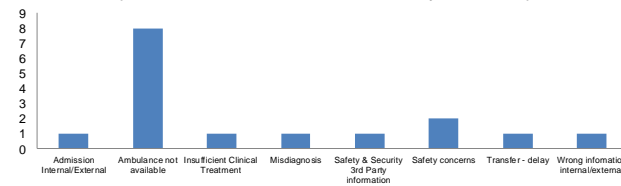


Figure 7.

This is a simple outline of the Datix incidents that fit the cohort using the information provided in the Datix review. This will become more sophisticated as the review training is delivered and the analysis develops.

Currently, there have been no reviews of the sample cohort as there has been no structured judgement review training. This is partially due to framework writer moving roles, staff resource and any potential available training being delayed due to the COVID-19 pandemic. Therefore we have no staff trained or available for conducting reviews for Quarter 4.

Data source: Datix query 1nc: LID (DoH Expected Death or Death) Listing Report - Incident Date @lastquarter and 1nc: Wild Card Search (death/dead/deceased/died) Incident Date @lastquarter - Listing Report both last run on 19/05/2020.

Data source: Informatics queries 838009 and 844633 run on 14/05/2020, and 854372 run on 22/04/2020.

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REPORT

Board of Directors

Date:	29 July 2020
Subject:	CQC Update and Action Plan 2020
Presented by:	Director of Quality Innovation and Improvement
Purpose of Paper:	For Assurance
Executive Summary:	<p>Between the 25 and 27 February 2020 the CQC conducted two unannounced core services inspections within the Trust. The core services inspected were Urgent & Emergency Care (Paramedic Emergency Services) and Emergency Operational Control.</p> <p>The Trust has been informed by the local CQC team that a further core services inspection of Patient Transport Services and an announced Well-Led inspection may well also take place, when it is safe to do so.</p> <p>Sections 2.5 – 2.7 of this report provides a summary of the inspection results and how that has affected the overall Trust level CQC inspection ratings.</p> <p>Sections 2.8 – 2.10 summarises the ‘Outstanding’ and ‘Good’ practice the CQC found during this visit.</p> <p>The Trust did not receive any ‘must do’ requirements from the CQC during this inspection, however, the Trust did receive 10 ‘should do’ recommendations, which can be found at sections 2.12 – 2.13 of this report.</p> <p>Overall the Trust is very pleased with the report (at Appendix 1), which recognises our hardworking staff who consistently display care and compassion while delivering high-quality care for patients. The Trust also acknowledges those areas where CQC felt improvements could be made and will continue to focus on improving in these areas.</p> <p>The Trust has accepted the 10 ‘should do’ recommendations within its latest two CQC Inspection reports and has assigned Assurance Committees and Executive/Senior Manager leads to each of the recommendations to ensure they are addressed as required.</p> <p>An overview of the ‘should do’ action plan is provided at Appendix 2, which will now be presented, as required, to future Q&P and/or Resources Committees to monitor the progress of the related actions.</p>

	<p>The Trust received a final report from its Development well-led review of leadership and governance (completed by Deloitte) on 13 February, which contains 19 recommendations that are being progressed, addressed and monitored via the Board of Directors.</p> <p>The Quality, Innovation and Improvement Directorate are currently developing a plan that will describe how the Trust aims to progress its current CQC status of 'Good' to 'Outstanding', for reporting to a future Q&P Committee. The aim is to present the plan to the September Q&P Committee meeting and the November Board of Directors meeting.</p> <p>The CQC has published their new guidance on oversight; the Emergency Support Framework and the local CQC Inspection team has approached the Trust to progress this.</p> <p>The CQC's first formal assessment (August 2020) against this Framework, will, in the first instance, focus on discussions around the content of the Trust's draft Infection Prevention and Control (IPC) Board Assurance Framework (BAF).</p>
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Recommendations, decisions or actions sought:	<p>The Board of Directors is recommended to;</p> <ul style="list-style-type: none"> • Note the assurances provided in this report. • Acknowledge the good work completed to achieve an overall CQC rating of 'Good' for the organisation, with an 'Outstanding' in the U&EC 'Responsive' domain. • Note that the completion of the Trust's 'should do' action plan will be monitored by the appropriate Committees of the Board.
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Link to Strategic Goals:	Right Care	<input checked="" type="checkbox"/>		Right Time	<input type="checkbox"/>
	Right Place	<input type="checkbox"/>		Every Time	<input type="checkbox"/>

Link to Board Assurance Framework (Strategic Risks):										
SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09	SR10	S R 1 1
<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"/>

Are there any Equality Related Impacts:	No more as a result of this report
Previously Submitted to:	n/a
Date:	n/a
Outcome:	n/a

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1. PURPOSE

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

2. BACKGROUND

2.1 Between the 25 and 27 February 2020 the CQC conducted two unannounced core services inspections within the Trust. The core services inspected were Urgent & Emergency Care (Paramedic Emergency Services) and Emergency Operational Control.

2.2 A further core services inspection of Patient Transport Services and an announced Well-Led inspection, due to take place prior to and between 31 March and 2 April, were cancelled due to the Coronavirus pandemic.

2.3 The Trust has been informed by the CQC that these two cancelled inspections are still likely to take place as soon as it is safe to do so.

2.4 The CQC agreed that they would still produce an inspection report for the two core service inspections completed. On 5 June 2020 the Trust received its final CQC Inspection report, which is attached at Appendix 1.







2.5 An overall summary of the results from these two inspections is as follows;

	Safe	Effective	Caring	Responsive	Well - Led	Overall
U&EC	Good	Good	Good	Outstanding	Good	Good
EOC	Good	Good	Good	Good	Good	Good

2.6 Therefore, the Trust's overall CQC Inspection matrix is now as follows;

	Safe	Effective	Caring	Responsive	Well - Led	Overall
U&EC	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

2.7 This overall Trust level CQC rating is summarised 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	

2.8 CQC inspectors rated Urgent and Emergency Care Services (UEC) as outstanding for the 'Responsive' KLOE, because:

- We plan and provide care in a way that met the needs of local people and the communities served. There are innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs.
- We are inclusive and take account of patients' individual needs and preferences.
- There is a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs, which is accessible and promotes equality. This includes people with protected characteristics under the Equality Act, people who may be approaching the end of their life, and people who were in vulnerable circumstances or who had complex needs.
- Most people can access the service when they need it, in line with national standards, and receive the right care in a timely way.
- It is easy for people to give feedback and raise concerns about care received. We treat concerns and complaints seriously, investigate them and share lessons learned with all staff, including those in partner organisations. Whilst we do not always meet our own timelines for responding to complaints, actions had been taken to improve this.

2.9 There were also examples of 'outstanding practice' recognised in other areas. Across Emergency Operations Control (EC) and UEC, these included:

- Ambulance vehicles include a 'maternity pack' which is given to women transferred in labour. It contains hand knitted items such as a hat, jumper and soft toy.
- Staff work in partnership with the local NHS hospital in Burnley (Lancashire) to provide a dedicated falls team. The team consists of paramedic and an occupational therapist and attended falls calls in an unmarked vehicle.
- The pilot of a specialist mental health first responder car in Blackpool/Merseyside. This is in partnership with the local police and the car is staffed by a paramedic and police officer. It aims to provide appropriate mental health support in the community and avoid unnecessary conveyance to the accident and emergency department.
- Our multidisciplinary, collaborative approach involving local health providers and stakeholders, to reduce the number of frequent callers across the North West region
- The community specialist paramedics, who actively engage with local services using a collaborative and innovative approach.
- We have an apprenticeship programme to recruit and train apprentices into emergency call handler roles. The overall apprenticeships qualification achievement rates (QAR) for 2018/19 was 86.2% against the national average of 62.0%.

Highlights from what the inspectors found to be 'good' across UEC and EOC included:

- 2.10
- Staff understand our vision and values, and how to apply them in their work.
 - Staff feel respected, supported and valued.
 - They are focused on the needs of patients receiving care.
 - Staff have training in key skills, understand how to protect patients from abuse, and manage safety well. We control infection risk well. Staff assess risks to patients, act on them and keep good care records. They manage medicines well. We manage safety incidents well and learn lessons from them.

- Staff treat patients with compassion and kindness, respect their privacy and dignity, take account of their individual needs, and help them understand their conditions. They provide emotional support to patients, families and carers.
 - Leaders run services well using reliable information systems and support staff to develop their skills.
 - Staff give patients practical support and advice to lead healthier lives.
- 2.11 The CQC Inspection report did not contain any 'must do' requirements for the Trust but it did contained 10 'should do' recommendations.
- 2.12 In UEC, areas of 'should do' improvement highlighted in the report included:
- Response times
 - Compliance against safeguarding training targets
 - Compliance against appraisals training targets
 - Achieving consistency in clinical contact shift supervision
- 2.13 In EOC, areas of 'should do' improvement highlighted in the report included:
- Long waits and who has oversight of long-waiting or deteriorating patients
 - Effective incident reporting systems providing feedback to staff raising incidents
 - Compliance against appraisals training targets
 - Response times
 - Responding to complaints in a timely manner
- 2.14 Overall the Trust is very pleased with the report, which recognises our hardworking staff who consistently display care and compassion while delivering high-quality care for patients.
- 2.15 The Trust also acknowledges those areas where CQC felt improvements could be made and will continue to focus on improving in these areas.
- 2.16 On 15 June, the Quality & Performance (Q&P) Committee received an assurance report detailing the outcomes of the two unannounced core service inspections of Urgent & Emergency Care (Paramedic Emergency Services) and Emergency Operational Control that the Trust received via inspection reports on 05 June.
- 2.17 The Trust has accepted the 10 'should do' recommendations within these two reports and has assigned Executive/Senior Manager leads to each of the recommendations to ensure they are addressed as required.
- 2.18 The Trust has also assigned appropriate Assurance Committees of the Board to monitor, via assurance reports, the progress being made to complete these recommendations.
- 2.19 An overview of the 'should do' action plan is provided at Appendix 2.
- 2.20 As the Board is aware, the Trust received a final report from its development well-led review of leadership and governance (completed by Deloitte) on 13 February, which contains 19 recommendations that are being progressed, addressed and monitored via the Board of Directors.

- 2.21 As requested by the Q&P Committee, the Quality, Innovation and Improvement Directorate are currently developing a plan that will describe how the Trust aims to progress its current CQC status of 'Good' to 'Outstanding', for reporting to a future Q&P Committee.
- 2.22 The Quality, Innovation and Improvement Directorate are working to a timescale to present the plan to the September Q&P Committee meeting and then to the November Board of Directors meeting.
- 2.23 The CQC has published their new guidance on oversight (Emergency Support Framework) and the local Inspection team have approached the Trust to conduct 2 meetings to progress this with NWAS.
- 2.24 The first meeting (July) will be an explanatory meeting before a formal meeting (August) to assess the Trust against the new framework. This assessment will, in the first instance, focus on discussions around the content of the Trust's draft Infection Prevention and Control (IPC) Board Assurance Framework (BAF).

3. LEGAL and/or GOVERNANCE IMPLICATIONS

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

4. RECOMMENDATIONS

The Board of Directors is recommended to;

- Note the assurances provided in this report.
- Acknowledge the good work completed to achieve an overall CQC rating of 'Good' for the organisation, with an 'Outstanding' in the U&EC 'Responsive' domain.
- Note that the completion of the Trust's 'should do' action plan will be monitored by the appropriate Committees of the Board.

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North West Ambulance Service NHS Trust

Inspection report

Ladybridge Hall
399 Chorley New Road
Bolton
Lancashire
BL1 5DD
Tel: 01204498400
www.nwas.nhs.uk

Date of inspection visit: 25 February to 27 February
2020
Date of publication: xxxx> 2017

Ratings

Overall trust quality rating

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Summary of findings

Our reports

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

The Evidence appendix appears under the Reports tab on our website here: www.cqc.org.uk/provider/RX7/reports. A detailed Use of Resources report is available under the Inspection summary tab (www.cqc.org.uk/provider/RX7/inspection-summary).

Background to the trust

CQC temporarily suspended all routine inspections on 16 March 2020 to support and reduce the pressure on health and social care services during the COVID-19 pandemic. CQC, as well as providers, want to be able to prioritise keeping people safe during this time.

This inspection was already underway at the time of the suspension and therefore could not be completed in the usual way. This report includes the findings from the completed service level inspections which included two core services, but the well-led inspection and one service level inspection was not completed.

CQC is only able to update findings on well-led at the overall trust level or update the other trust-level ratings when we have inspected the well-led component. As a result, the ratings for the overall trust and five key questions included in this report are from a previous inspection.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Good ● → ←

What this trust does

North West Ambulance Service NHS Trust (Nwas) serves more than seven million people across approximately 5,400 square miles – the communities of Cumbria, Lancashire, Greater Manchester, Merseyside, Cheshire and a small part of Derbyshire (Glossop).

The trust's vision is to be the best ambulance service in the UK, providing the right care, at the right time, in the right place; every time for patients accessing its urgent and emergency (999) care service, non-emergency patient transport service and NHS 111 service. The trust has an annual budget of £354 million.

The trust employs around 6,300 staff in over 300 different roles and is supported by over 1,000 volunteers as members of its patient and public panel, volunteer car driver network and community first responder network.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

Summary of findings

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

CQC temporarily suspended all routine inspections on 16 March 2020 to support and reduce the pressure on health and social care services during the COVID-19 pandemic.

CQC, as well as providers, want to be able to prioritise keeping people safe during this time. This inspection was already underway at the time of the suspension and therefore couldn't be completed in the usual way.

This report includes the findings from the completed service level inspections, but the well-led inspection and one service level inspection was not completed. CQC is only able to update findings on well-led at the overall trust level or update the other trust-level ratings when we have inspected the well-led component.

As a result, the ratings for the overall trust and five key questions included in this report are from a previous inspection.

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Between 25 to 27 February 2020, we inspected Emergency and Urgent Care Services and the Emergency Operations Centre. This inspection was part of our continual checks on the safety and quality of healthcare services.

What we found

Overall trust

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Are services safe?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Are services effective?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Are services caring?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Summary of findings

Are services responsive?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Are services well-led?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice in Emergency and Urgent Care Services and the Emergency Operations Centre.

For more information, see the outstanding practice section of this report.

Areas for improvement

We found several things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the areas for improvement section of this report.

Action we have taken

For more information on action we have taken, see the sections on areas for improvement

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

Emergency and Urgent Care Services

- Ambulance vehicles included a 'maternity pack' which was given to women transferred in labour. It contained handknitted items such as a hat, jumper and soft toy.
- Staff worked in partnership with the local NHS hospital in Burnley (Lancashire) to provide a dedicated falls team. The team consisted of paramedic and an occupational therapist and attended falls calls in an unmarked vehicle. Ambulance crews could refer directly to the falls team, the urgent care dispatcher referred to the team and the falls team monitored category three calls to ensure they did not miss any relevant patients.

Summary of findings

- The service was piloting a specialist mental health first responder car in Blackpool (Psynergy) and Merseyside (Mersey Care). In Blackpool, this was in partnership with the local police and the car was staffed by a paramedic, police officer and a mental health nurse practitioner. In Merseyside, this was in partnership with Mersey Care and the car was staffed by an EMT1 and a mental health nurse practitioner.
- The service applied a multidisciplinary, collaborative approach involving local health providers and stakeholders to reduce the number of frequent callers across the North West region.
- The community specialist paramedics actively engaged with local services using a collaborative and innovative approach. This had led to improvements such as community care planning for complex care and nursing home residents in Lancashire reducing admissions in 80% of care establishments involved in the project and the development of ambulatory care pathways in Cheshire to enable appropriate conveyance away from type 1 emergency departments.

Emergency Operations Centre

- The service had an apprenticeship programme to recruit and train apprentices into emergency call handler roles. The overall trust Apprenticeships Qualification Achievement Rates (QAR) for 2018/19 was 86.2% against the national average of 62.0%.

Areas for improvement

Action the trust SHOULD take is necessary to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust SHOULD take to improve in medical care services

Emergency and Urgent Care Services

- The provider should ensure it continues to take appropriate actions to improve ambulance response times in line with nationally agreed targets.
- The provider should ensure it continues to improve staff compliance in all levels of safeguarding training.
- The provider should ensure action is taken to improve staff appraisal rates in line with trust targets.
- The provider should ensure it takes appropriate actions to improve consistency in the provision of clinical contact shift supervision across the regional teams.

Emergency Operations Centre

- The provider should ensure it continues to monitor the management of long-waiting and deteriorating patients to ensure emergency call handlers re-assess the need for triage in line with the trust process.
- The provider should ensure it continues to monitor procedures to ensure that emergency call handlers' call back long waiting patients in line with trust guidance.
- The provider should ensure it continues to improve response times in line with the Ambulance Response Programme.
- The provider should ensure it continues to improve appraisal compliance to meet the trust target.
- The provider should ensure it continues to improve incident reporting systems to ensure all staff raising incidents receive feedback.

Summary of findings

- The provider should ensure it continues to improve the timeliness of responding to and closing complaints to meet the trust target.

Is this organisation well-led?

We did not change ratings at trust level at this inspection.

We did not inspect trust wide well led at this inspection. See the section headed 'what we inspected and why' for more information.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good	Good	Good	Good	Good	Good

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good ↔ Jun 2020	Good ↔ Jun 2020	Good ↔ Jun 2020	Outstanding ↑ Jun 2020	Good ↔ Jun 2020	Good ↔ Jun 2020
Patient transport services	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Requires improvement Jan 2017	Good Jan 2017
Emergency operations centre (EOC)	Good ↔ Jun 2020	Good ↔ Jun 2020	Good ↔ Jun 2020	Good ↔ Jun 2020	Good ↔ Jun 2020	Good ↔ Jun 2020
Resilience	Good Nov 2018	Good Nov 2018	N/A	Good Nov 2018	Good Nov 2018	Good Nov 2018
Overall	Good	Good	Good	Good	Good	Good

Overall ratings are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Emergency and urgent care

Good   

Key facts and figures

North West Ambulance Service NHS Trust (NWAS) provides 24 hours 7 days a week, emergency and urgent care services to those in need of emergency medical treatment and transport.

The emergency and urgent care services serve more than 7.5 million people across the communities of Cumbria, Lancashire, Greater Manchester, Merseyside and Cheshire. The services respond to over one million emergency incidents each year; with the workforce providing pre-hospital care to patients in remote-rural and urban environments.

There are 3,686 staff employed in emergency and urgent care services, working across 103 ambulance stations. The service has 616 ambulance vehicles, including 481 emergency vehicles, 10 dedicated see and treat cars, 93 rapid response vehicles, 21 advanced paramedic vehicles and 11 community specialist response cars.

The emergency ambulance teams are also supported by two regional make-ready centres (for cleaning and restocking ambulance equipment), eight ambulance fleet workshops and a regional medicines hub.

At the last inspection in November 2018, the emergency and urgent care services were rated as good. The service was rated as good for being safe, effective, caring being responsive to people's needs and well-led.

We inspected the whole core service across all key questions; is the service safe, effective, caring, responsive and well led?

We carried out the inspection during 25-27 February 2020. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

We visited 19 ambulance stations across the North West region. We also visited the medicines hub, a make-ready centre and two ambulance workshops as part of the inspection. We inspected 35 ambulance vehicles (including emergency ambulances, rapid response vehicles and urgent care ambulances) across the service. We visited 10 acute hospital emergency departments. We observed patient care and looked at 77 patient report forms and two capacity to consent forms.

We spoke with 65 patients and the relatives of 12 patients during the inspection. We spoke with 103 staff including paramedics, student paramedics, senior paramedic team leaders, advanced paramedics, emergency medical technicians, urgent care technicians, operations managers, sector managers, emergency first responders, administrative staff, medicines hub staff, workshop staff, hospital emergency department staff, chief pharmacist, the director of operations for emergency services, the deputy chief executive, the assistant director of transformation, the chief nurse, the project assurance officer, the senior risk and assurance manager, the senior clinical lead, the head of clinical safety, the safeguarding manager, the executive medical director, the chief consultant paramedic and the senior quality manager.

The team that inspected the service comprised of a CQC lead inspector, five other CQC inspectors, a CQC pharmacist inspector and six specialist advisors with paramedic expertise. The inspection team was overseen by Judith Connor, Head of Hospital Inspection.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

Emergency and urgent care

- There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs. The service was inclusive and took account of patients' individual needs and preferences. This included patients living with dementia, a learning disability or patients with mental ill health. There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.
- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, and gave patients pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

However;

- The number of staff who completed safeguarding training did not meet trust targets.
- The service did not consistently meet nationally agreed targets for response times. Performance against response times was monitored daily and remedial actions were in place to make improvements to the services.
- The number of staff who completed appraisals did not meet trust targets.
- Whilst staff had access to clinical contact shift supervision, there was inconsistency in how these were applied across the regional teams.

Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.

Emergency and urgent care

- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and made it publicly available.

However;

- The number of staff who completed safeguarding training did not meet trust targets.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However;

Emergency and urgent care

- The service did not consistently meet nationally agreed targets for response times. Performance against response times was monitored daily and a detailed improvement plan was in place to address this.
- The number of staff who completed appraisals did not meet trust targets.
- Whilst staff had access to clinical contact shift supervision, there was inconsistency in how these were applied across the regional teams.

Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Outstanding ☆ ↑

Our rating of responsive improved. We rated it as outstanding because:

- The service planned and provided care in a way that met the needs of local people and the communities served. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs.
- The service was inclusive and took account of patients' individual needs and preferences. This included patients living with dementia, a learning disability or patients with mental ill health. The service made reasonable adjustments to help patients access services.
- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs, which was accessible and promoted equality. This included people with protected characteristics under the Equality Act, people who may be approaching the end of their life, and people who were in vulnerable circumstances or who had complex needs.
- Most people could access the service when they needed it, in line with national standards, and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations. Whilst the service did not always meet trust timelines for responding to complaints, actions had been taken to improve this.

Emergency and urgent care

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Outstanding practice

- We found examples of outstanding practice in this service. See the Outstanding practice section above

Areas for improvement

- We found areas for improvement in this service. See the Areas for Improvement section above

Emergency operations centre (EOC)

Good   

Key facts and figures

North West Ambulance Services handles over a million 999 calls every year in its emergency operations centres located in Preston, Manchester and Liverpool.

Emergency call handlers are the first contact with the ambulance service for 999 callers. They use an internationally recognised system to ask questions about the patient's condition and provide instructions such as how to do CPR to help a patient in cardiac arrest.

Based on the nature of the illness or injury, patients are prioritised into one of four categories to determine the type of response and the speed at which it will be provided (category 1 to 4).

Based within the Emergency Operations Centres (EOC), the trust's Clinical Hub is staffed by a range of clinicians such as paramedics, nurses, pharmacists, mental health practitioners who both support staff on the road with clinical advice and decision making, and triage patients who call 999 to determine the best course of action. Following a telephone assessment with the patient, the clinician will direct the patient to the most appropriate service for treatment.

The EOCs handled calls and requests from healthcare professionals whose patients urgently needed taking into hospital or transferring from one hospital to other

(Source: Routine Provider Information Request (RPIR) – Context tab)

During the inspection we spoke with 71 staff and listened to 60 calls across the three EOC sites. We reviewed call audit reports for three months including call compliance levels and audit numbers.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Most mandatory training targets were on track to have been met by the financial year. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients. They advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and received care in a timely way.

Emergency operations centre (EOC)

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However

- EOC staff did not always follow policies and procedures relating to the management of long-waiting and deteriorating patients in terms of re-assessing the need for triage.
- Emergency call handlers did not always re-triage subsequent callers in line with the trust process.
- Safeguarding training and staff appraisal compliance did not always meet trust targets.
- Response times were slower than the England average in all months in the reporting period.
- Not all staff received feedback from incidents they raised. There was not always up to date action plans relating to actions from incidents.

Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

Our rating of safe stayed the same. We rated it as good because:

- The service provided mandatory training in key skills to all staff. The trust provided training data up to February 2020, this indicated that most mandatory training targets were on track to have been met by the financial year.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- Staff gave advice on medicines in line with national guidance.
- The service managed patient safety incidents. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However

Emergency operations centre (EOC)

- We saw some examples during the inspection where EOC staff did not always follow policies and procedures relating to the management of long-waiting and deteriorating patients in terms of re-assessing the need for triage. However, since the last inspection the trust had put in additional processes to strengthen assurance and minimise risks in this area.
- Emergency call handlers did not always re-triage subsequent callers in line with the trust process.
- Safeguarding training compliance did not always meet the trust target.
- We did not always see up to date action plans relating to actions from incidents and some staff did not always receive feedback from incidents they raised.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief advice in a timely way.
- The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. Hear and treat rates for the service were above the England average.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- Response times were slower than the England average in all months in the reporting period and we did not see documentation to support that action plans had been completed.
- Appraisal rates did not always meet the trust target.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Emergency operations centre (EOC)

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.
- People could access the service when they needed it, in line with national standards, and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.

However:

- The service did not meet the trust target for responding and closing complaints at one EOC site.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Emergency operations centre (EOC)

- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They aimed to improve services for patients.
- Staff were encouraged and supported to make improvements by leaders in the service and quality improvement training was provided to encourage this.

Outstanding practice

- We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

- We found areas for improvement in this service. See the Areas for Improvement section above.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector, seven other CQC inspectors, a CQC pharmacist inspector and nine specialist advisors with paramedic expertise. Specialist advisors are experts in their field who we do not directly employ. The inspection team was overseen by Judith Connor, Head of Hospital Inspection.

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#	Area	Service line	Priority (L/M/H)	Areas for improvement	NWAS response	Improvement actions	Target date	RAG	Exec lead	Lead officer	Committee	
1	EOC	Service Delivery	H	The provider should ensure it continues to monitor the management of long-waiting and deteriorating patients to ensure emergency call handlers re-assess the need for triage in line with the trust process.	We are currently reviewing our policy regarding the review of long wait incidents. A PDSA has been developed in order to trial a dedicated clinician reviewing long wait incidents. This will be reviewed against the outcome measures detailed within the plan, namely whether it offers the Trust assurance that long waits are being clinically managed in a governed and assured fashion.	Clinical Co-ordination Desk Trial PDSA commenced	01/09/2020	On target	Ged Blezard	Dan Ainsworth	Q&P	
2	EOC	Service Delivery	H	The provider should ensure it continues to monitor procedures to ensure that emergency call handlers' call back long waiting patients in line with trust guidance.	EMD compliance with procedures is being monitored in-line with MPDS audit procedures. The imminent trial of the above PDSA detailing clinical management of long wait incidents may reduce the dependence on EMD call backs for assurance and monitoring of patient conditions for long wait incidents.	Clinical Co-ordination Desk Trial PDSA commenced	01/09/20	On target	Ged Blezard	Dan Ainsworth	Q&P	
						EMD Compliance monitored monthly at EOCCG	01/07/2020	Complete				
3	EOC	Service Delivery	H	The provider should ensure it continues to improve response times in line with the Ambulance Response Programme.	The senior team within Service Delivery are operating within their meeting structures across a Performance Management Framework reporting, monitoring and taking action to sustain current delivery of ARP standards. Further works through Building Better Rotas and through ORH will aid the plans to sustain delivery of ARP.	Continue with performance management framework, BBR and review of resource v demand through ORH and with commissioners.	31/03/21	On target	Dan Ainsworth	Q&P	Q&P	
4	EOC	Service Delivery	M	The provider should ensure it continues to improve incident reporting systems to ensure all staff raising incidents receive feedback.	The Senior team within EOC have issued a formal bulletin detailing the importance of incident reporting. We have doubled the number of reported incidents in a three month period and have drastically improved the number of unscored incident reports.	Continue with Learning Forum	Ongoing	On target	Ged Blezard	Dan Ainsworth	Q&P	
						EOC has refreshed its incident learning forum, with over 50 incidents now recorded on the learning tracker with over 70 actions associated with these.	Development of "lessons learned" bulletins for EOC	01/08/20				On target
						The processing of reported incidents continues to improve, with the development of investigation templates for internally reported incidents (none SI) and associated feedback mechanisms.	Continual monitoring of Datix compliance.	Ongoing				On target
5	EOC	Service Delivery	M	The provider should ensure it continues to improve the timeliness of responding to and closing complaints to meet the trust target.	EOC management are engaging with the SI sign off meeting trial with initial good feedback.	Continue engagement with SI sign off trial	Ongoing	On target	Ged Blezard	Dan Ainsworth	Q&P	
						Further to this, the senior team meet weekly to sign off high level complaints and ensure lessons are embedded within teams.	Continue with high level compliant sign off process	Ongoing				On target
						Open Datix and complaints is detailed on every EOC level 3 and governance group agenda to ensure focus on this area of practice.	Ensure Datix is mandatory agenda item for EOCCG and Level 3	Ongoing				On target
						Further to this, the EOC temporary structure includes a Assurance Manager post, who's responsibilities include management of complaints.	Ensure appointment of Assurance Manager role	01/09/20				On target

6	EOC	HR and OD	H	The provider should ensure it continues to improve appraisal compliance to meet the trust target.	The Trust had continued to make improvements in appraisal compliance prior to the inspection but accepts that further work was required to meet target. The position has now been impacted by the cessation of appraisals in line with the 'Reducing Burdens and Releasing Capacity letter in March 2020 and this has affected compliance.	Review compliance targets as part of recovery plan	31/03/21	On target	Lisa Ward	Carol Offer	Resource
						Revise and simplify paperwork	31/03/21	On target			
						Develop a broad range of resources to support and develop managers confidence	31/03/21	On target			
						Continue to support through management meetings	31/03/21	On target			
7	UEC	HR and OD	H	The provider should ensure it continues to improve staff compliance in all levels of safeguarding training.	Accepted. The position has now been impacted by the cessation of mandatory training in line with the 'Reducing Burdens and Releasing Capacity letter in March 2020 and this has affected overall compliance.	Agree mandatory training recovery plan and targets	31/03/21	On target	Lisa Ward	Carol Offer	Resource
						Deliver L3 competences to PES staff through 2020/21 mandatory face to face training	31/03/21	On target			
						Review and agree year 2 & 3 rolling programme for L3 competences for Paramedics	31/03/21	On target			
8	UEC	HR and OD	H	The provider should ensure action is taken to improve staff appraisal rates in line with trust targets.	The Trust had continued to make improvements in appraisal compliance prior to the inspection but accepts that further work was required to meet target. The position has now been impacted by the cessation of appraisals in line with the 'Reducing Burdens and Releasing Capacity letter in March 2020 and this has affected compliance.	Review compliance targets as part of recovery plan	31/03/21	On target	Lisa Ward	Carol Offer	Resource
						Revise and simplify paperwork	31/03/21	On target			
						Develop a broad range of resources to support and develop managers confidence	31/03/21	On target			
						Continue to support through management meetings	31/03/21	On target			
9	UEC	Service Delivery	H	The provider should ensure it continues to take appropriate actions to improve ambulance response times in line with nationally agreed targets.	The senior team within Service Delivery are operating within their meeting structures across a Performance Management Framework reporting, monitoring and taking action to sustain current delivery of ARP standards. Further works through Building Better Rotas and through ORH will aid the plans to sustain delivery of ARP.	Continue with performance management framework, BBR and review of resource v demand through ORH and with commissioners.	31/03/21	On target	Steve Hynes	Q&P	Q&P
10	UEC	Service Delivery	M	The provider should ensure it takes appropriate actions to improve consistency in the provision of clinical contact shift supervision across the regional teams.	The senior team through the recovery plan are undertaking a return to staff contact shifts to ensure a consistent approach exists across the regional footprint.	Monitor through Performance Management Framework, and through Sector Quality Visits	31/03/21	On target	Steve Hynes	Q&P	Q&P

Chairs Assurance Report

Name of Committee/Group:	Quality and Performance Committee	Report to:	Board of Directors
Date of Meeting:	15.06.20	Quorate (yes/no):	Yes
Chair:	Mr R Groome	Executive Lead:	Ged Blezard, Director of Operations Dr Chris Grant, Medical Director Maxine Power, Director of Quality, Innovation and Improvement
Members present:	Mr G Blezard , Director of Operations Mr M Forrest, Deputy Chief Executive Dr C Grant, Medical Director Mr R Groome, Non-Executive Director (Chair) Dr D Hanley, Non-Executive Director Prof M Power, Director of Quality, Innovation and Improvement Prof R Thomson, Associate Non-Executive Director	Key Members not present:	Prof A Chambers
Board Assurance Risks Aligned to Committee:	<p>SR01: 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>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</p>		

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Chairs Assurance Report

Key Agenda Items	RAG	Key Points	Action/Decision
Patient Story		<ul style="list-style-type: none"> A patient story was presented, advising members of an incident within the Emergency Operations Centre. It was noted that a number of areas of good practice and learning were identified. 	<ul style="list-style-type: none"> Noted and received the moderate assurance from the report.
Board Assurance Framework		<ul style="list-style-type: none"> The Committee reviewed the 2020/21 COVID-19 strategic risk, as approved by the Board of Directors on 25th March 2020. Noted that the opening position of the BAF and the Q1 2020/21 review was currently in progress and would be reported to the Board of Directors on 29 July 2020. Noted that that since the last reported position to Committee in May 2020, (i) One risk was currently in the holding area awaiting review pertaining to national Infection Prevention and Control Public Health England Guidance not being checked for updates, (ii) Zero risks had increased in score, (iii) Three risks had decreased in score pertaining to PES ARP performance standards, staff being face fit tested for FFP3 masks and some category of patients not receiving an emergency ambulance due to the introduction of card 36, (iv) zero risks had been closed, and (v) One risk was currently being tolerated that was pertaining to the recovery of National Clinical Quality Audit Data.. 	<ul style="list-style-type: none"> Noted and received the moderate assurance from the report. The Q1 2020/21 review was currently in progress and would be reported to the Board of Directors on 29 July 2020.
Care Quality Commission Inspection Report		<ul style="list-style-type: none"> Members received the latest Care Quality Commission (CQC) Inspection Report published on 5th June 2020, for assurance. Noted that the Trust has received a 'good' rating as a result of the two unannounced core services inspections 	<ul style="list-style-type: none"> Noted and received assurance from the update. CQC action plan to be reported to future meetings of this committee.

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Chairs Assurance Report

		<p>in February 2020 of the Urgent and Emergency Care and Emergency Operational Control Services.</p> <ul style="list-style-type: none"> The Trust did not receive any 'Must Do' requirements from the CQC during this inspection, however, the Trust did receive 9 'Should Do' recommendations. 	
2020-21 Clinical Audit Timelines		<ul style="list-style-type: none"> It was noted that the 2020/21 clinical audit programme had the capacity to meet the National Ambulance Clinical Quality Indicator timelines. 	<ul style="list-style-type: none"> Noted and received assurance from the update. Welcomed further updates.
Health and Safety Executive Response		<ul style="list-style-type: none"> An update was received in relation to the Health and Safety Executive response. Members received an update that safe processes were in place. 	<ul style="list-style-type: none"> Noted and received assurance from the report.
Lessons Learnt Publication from the Non-Clinical Learning Forum		<ul style="list-style-type: none"> The committee received assurance that that the Non-Clinical Learning Forum was discharging one of its term of reference functions to ensure the production of a disseminated publication. 	<ul style="list-style-type: none"> Noted and received assurance from the update.
Learning from Deaths: Quarter 4 2019/20 Review		<ul style="list-style-type: none"> A dashboard was presented to members and it was noted that this was the start of an iterative process of reporting and would develop into a more sophisticated reporting mechanism as the Trust received further guidance and training to improve learning in this area. 	<ul style="list-style-type: none"> Noted and received moderate assurance from the update. Noted the dashboard and the publication to the Trust public account as evidence of the Trust's developing engagement with a formal process of learning from deaths. Welcomed future quarterly updates.
Integrated Performance Report		<ul style="list-style-type: none"> A report was received by the Committee containing data relating to quality, effectiveness and operational performance. 	<ul style="list-style-type: none"> Noted and received moderate assurance from the update.

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Chairs Assurance Report

		<ul style="list-style-type: none"> Noted all ARP targets had been achieved and was due to be a number of interventions. The 111 service is experiencing a sustained impact of activity due to Covid-19. 	<ul style="list-style-type: none"> Welcomed future updates. Requested consideration be given to arranging a Board development session to review the options available to sustain performance. IPR to be presented to the Board of Directors.
Mandatory Commander Training		<ul style="list-style-type: none"> A report was received to provide members with an update of the current NWAS position in relation to compliance with the national standards for NHS ambulance service command and control, specifically in relation to the individual responsibilities of the commanders. 	<ul style="list-style-type: none"> Noted and received moderate assurance from the update. Welcomed future quarterly updates.
NWAS Annual Heatwave Plan		<ul style="list-style-type: none"> Received the annual heatwave plan. 	<ul style="list-style-type: none"> Noted and received assurance from the update.

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Chairs Assurance Report

Quality and Performance Committee

Name of Committee/Group:	Quality and Performance Committee	Report to:	Board of Directors
Date of Meeting:	20.07.20	Quorate (yes/no):	Yes
Chair:	Prof A Chambers	Executive Lead:	Dr Chris Grant, Medical Director Maxine Power, Director of Quality, Innovation and Improvement
Members present:	Prof A Chambers (Chair) Mr S Hynes, Deputy Director of Operations Mr M Forrest, Deputy Chief Executive Dr C Grant, Medical Director Mr R Groome, Non-Executive Director Dr D Hanley, Non-Executive Director Prof M Power, Director of Quality, Innovation and Improvement Prof R Thomson, Associate Non-Executive Director	Key Members not present:	Ged Blezard, Director of Operations
Board Assurance Risks Aligned to Committee:	<p>SR01: 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>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</p>		

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Chairs Assurance Report

Key Agenda Items	RAG	Key Points	Action/Decision
Patient' Story		<ul style="list-style-type: none"> • A patient story was presented, advising members of an incident relating to Mental Health and drug abuse. • Noted that the Trust is now engaged in multi-agency collaborative working with external stakeholders to share data and best practice in order to prevent suicide prevention and support mental health patients. • A number of areas of good practice and learning were identified relating to safeguarding practices. 	<ul style="list-style-type: none"> • Noted and received the moderate assurance from the report.
Board Assurance Framework		<ul style="list-style-type: none"> • The Committee received the opening position of the BAF. Members noted the Q1 2020/21 review was in progress and that the updated risk profile was reported to the Executive Leadership Committee on 10 July 2020 agreed by the Audit Committee on 10 July 2020, for onward reporting to the Board of Directors on 29 July 2020. • Noted that (i) 1 risk was under review by the Risk Lead pertaining to the reduction in patient journey capacity, (ii) zero risks had increased in scores, (iii) zero risks had decreased in scores, (iv) zero risks had been closed, and (v) one risk was being tolerated pertaining to the recovery of National Clinical Quality Audit Data. 	<ul style="list-style-type: none"> • Noted and received the moderate assurance from the report.
Care Quality Commission Action Plan Update		<ul style="list-style-type: none"> • Members received an overview of the CQC 'Should Do' Action plan. • Noted the Trust has accepted the 10 'should do' recommendations within its latest two CQC Inspection reports and has assigned Assurance Committees and Executive/Senior Manager leads to each of the recommendations to ensure they are addressed as required. • The Quality, Innovation and Improvement Directorate are currently developing a plan that will describe how the 	<ul style="list-style-type: none"> • Noted and received assurance from the update. • CQC action plan to be reported to future meetings of this committee.

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Chairs Assurance Report

		Trust aims to progress its current CQC status of 'Good' to 'Outstanding', for reporting to a future Q&P Committee. The aim is to present the plan to the September Committee meeting and November Board of Directors meeting.	
Medicines Management Updates		<ul style="list-style-type: none"> An update was received in relation Medicines Management for Q1 2020/21. The Committee noted the work being undertaken to support NWAS in its requirements to comply with legislation and good practice with medicines. Noted that proactive work to support minimising medicine related errors, extending the scope of paramedics and working in partnership with MHRA, APN, NASMeD and NARU was being undertaken. 	<ul style="list-style-type: none"> Noted and received assurance from the report.
Chairs Assurance Report from the Clinical Effectiveness Management Group held on 7th July 2020.		<ul style="list-style-type: none"> Members received assurance report from the Clinical Effectiveness Management group held on 7th July. Noted the work being done on controlling and mitigating identified risks. 	<ul style="list-style-type: none"> Noted and received assurance from the update.
Chairs Assurance Report from the Safety Management Group held on 7th July 2020		<ul style="list-style-type: none"> The Committee received an Assurance Report from the Safety management Group held on 8th July 2020. Recommended that timescales for delivery of actions be reported to the Committee. 	<ul style="list-style-type: none"> Noted and received assurance from the update.
Integrated Performance Report		<ul style="list-style-type: none"> A report was received by the Committee containing data relating to quality, effectiveness and operational performance. Noted all ARP targets had been achieved as a result of the impact of COVID-19 and the increase in resources and reduced demand. Noted that NHS111 metrics show special cause variation due to the call volumes as a result of COVID-19. 	<ul style="list-style-type: none"> Noted and received moderate assurance from the update. Welcomed future updates. Requested that associated risk to sustaining performance be reflected in the BAF.

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Chairs Assurance Report

		<ul style="list-style-type: none"> Noted the ongoing work to sustain current performance post COVID-19. Recommended that associated risks to securing sustainability be reported in the BAF. 	
PTS Update		<ul style="list-style-type: none"> The Committee received a report on the Patient Transport Service (PTS) position against contracted activity and Key Performance Indicators (KPIs) for each contract as at Month 2. Noted and discussed the overall PTS service performance. 	<ul style="list-style-type: none"> Noted and received moderate assurance from the report.
CFR performance Report		<ul style="list-style-type: none"> The Community Engagement and Blue Light Collaboration Lead joined the Committee to provide an update on Community First Responder activity. Noted CFR activity during COVID-19 and the support provided to the Trust. Noted the numerous support provided by volunteers to staff in terms of welfare. 	<ul style="list-style-type: none"> Received Assurance from the report and recommended recognition of the work done by the CFR team
Urgent and Emergency Care Strategy Update		<ul style="list-style-type: none"> The Committee received the Urgent and Emergency Care (UEC) Strategy, as approved by Trust Board in March 2019, which outlined the Trust's commitment to delivering an integrated response model over the next five years. Noted there were a number of learning opportunities as a result of changes or decisions made during COVID-19 pandemic which have informed Trust recovery plans in order to enable NWAS to reach a 'new normal' by sustaining performance improvements, supporting staff wellbeing, scaling up and embedding improvements and ultimately ensuring the delivery of the strategic objectives outlined within the U&EC strategy. Noted a strategy refresh would be undertaken in Q2 in order to reflect upon lessons learned within the first year 	<ul style="list-style-type: none"> Received assurance from the report.

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Chairs Assurance Report

		<p>of strategy implementation which will inform the strategic objectives for year 2 onwards.</p> <ul style="list-style-type: none"> • Noted that Year 2 (2020/21 Q2 onwards) UEC Transformation objectives would be developed to incorporate the output of year 1 reviews, options appraisals and achievements; COVID019 learning and change4s in project priorities within COVID-19 recovery plans. • That a Year 2 UEC Strategy implementation would be developed and presented to the Board of Directors alongside the refreshed strategy by Q2 2020/21.d next steps. 	
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Chairs Assurance Report

Name of Committee/Group:	Resources Committee	Report to:	Board of Directors
Date of Meeting:	24.07.20	Quorate (yes/no):	Yes
Chair:	Mr M O'Connor	Executive Lead:	Carolyn Wood, Director of Finance Lisa Ward, Interim Director of Organisational Development Ms M Power, Director of Quality, Innovation and Improvement
Members present:	Mr M O'Connor, Non-Executive Director (Chair) Mr R Groome, Non-Executive Director Mr D Rawsthorn, Non-Executive Director Ms C Wade, Associate 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	Key Members not present:	Mr G Blezard, Director of Operations
Board Assurance Risks Aligned to Committee:	<p>SR02: 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>SR04: 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>SR05: 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>		

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	<p>SR07: 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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Key Agenda Items		Key Points	Action/Decision
Board Assurance Framework		<ul style="list-style-type: none"> • Six new risks had emerged • One risk had increased in score – <ul style="list-style-type: none"> ○ 3193 - Vehicle availability due to vehicles attending Fleet Workshops • Two risks had decreased in score <ul style="list-style-type: none"> ○ 2480 – Unsupported software and hardware ○ 2748 – Capacity and project management expertise in the IT team • Three risks have been closed - <ul style="list-style-type: none"> ○ 2766 – Invoking terms of lease for 111 Middleton ○ 2976 – Delivery of CIP schemes in 2019/20 ○ 3159 – PTS overspends against plan during 2019/20. • Noted that a refresh of the Digital Strategy would commence in August. 	<ul style="list-style-type: none"> • Noted the assurance provided.
CQC action Plan		<ul style="list-style-type: none"> • Updates received in relation to the actions put in place in response to the workforce related Should Do recommendations of the recent CQC inspection. • Received assurance that an appropriate action plan has been developed to meet the workforce related Should Do recommendations and that work to deliver has commenced. 	<ul style="list-style-type: none"> • Noted the assurance provided.
Freedom to Speak up Action Plan		<ul style="list-style-type: none"> • Received updates on outstanding actions from Freedom to Speak up Action Plan. • Noted that COVID-19 has had a significant impact on the actions identified in the plan, in particular the work to review the Disciplinary Policy. 	<ul style="list-style-type: none"> • Noted the assurance provided. • Noted the Action Plan would be reported to July Board along with Q1 Freedom to Speak up Activity.

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Chairs Assurance Report

		<ul style="list-style-type: none"> Noted the appointment of Freedom to Speak of Guardian. 	
Think NHS 111 First Programme		<ul style="list-style-type: none"> Noted that work is being undertaken to capitalise on current ED attendance behaviour to prevent a surge in ED attendance. Noted NHS services' new approach to urgent and emergency care and the collaborative work will be done across organisational boundaries to ensure patient access the right emergency care. Noted North West approach to Think 111 and the overarching Governance Arrangements. 	<ul style="list-style-type: none"> Noted the assurance provided.
Financial Performance – Month 3		<ul style="list-style-type: none"> The position for the Trust at June 2020 (Month 3) is a breakeven position against the emergency plan (Apr-Jul). Income is over recovered by £8.511m, pay overspend is £5.682m and non-pay overspend is £2.829m. The Trust has assumed additional income from NHSE/I of £3.245m for June, as per the national guidance for the retrospective top-up payments The financial risk rating metrics have been removed under the COVID-19 financial framework, and monthly submissions to NHSE/I have been redesigned to collect a minimum dataset, but include the reporting of the additional expenditure incurred in responding to the COVID-19 pandemic. Noted that Trust achieved the Better Payment practice code for June 2020. 	<ul style="list-style-type: none"> Noted the 2020/21 reported financial performance as at 30 June. Supported the presentation of Month 5 and Month 6 financial report to Board.
2020/21 Financial Plans		<ul style="list-style-type: none"> The Committee received an update relating to the next steps in relation to national financial framework. 	<ul style="list-style-type: none"> Noted the update on the latest available information on the national financial framework.

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Chairs Assurance Report

Agency Performance against ceiling		<ul style="list-style-type: none"> • Noted that the Trust has received no notification of any change to its annual agency ceiling, the ceiling is therefore assumed to remain at the 2019/20 ceiling of £3.109m • The actual expenditure, to the end of Quarter 1 is £1.433m, which is due to the response phase of the COVID-19 pandemic. • In relation to the agency price cap, wage cap and approved supplier framework rules the Trust has reported no breaches during 2020/21 on the monitoring returns which are submitted through to NHS England / Improvement (NHSE/I). • Noted that the agreed agency usage in place to transfer staff to NHS bank or recruit substantively. 	<ul style="list-style-type: none"> • Noted the assurance provided.
Annual Review of PES private ambulance Spend		<ul style="list-style-type: none"> • The expenditure on private ambulance services in 2019/20 was £3.621m, an increase of £1.072m on the prior year. • Noted that increase in expenditure was largely due to utilising private providers to support increased resources from the roster review investment whilst recruitment to substantive posts was in progress. • Noted that the expenditure on private providers was impacted by the onset of COVID-19 and the rapid increase in resources required has led to an increase spend at the start of 2020/21. 	<ul style="list-style-type: none"> • Noted the assurance provided.
Reference Cost		<ul style="list-style-type: none"> • Over the last twelve months, the Trust has seen an increase in its RCI by +1 from 91 to 92. • The Trust has made significant progress towards implementation of the CTP standards, and an associated PLICS system which is required to enable submission of incident level costs. • The project is well underway, progressing satisfactorily and on line to achieve with project timeframes. 	<ul style="list-style-type: none"> • Noted the assurance provided.
Procurement Report		<ul style="list-style-type: none"> • The Trust's Procurement Strategy is actively progressing. 	<ul style="list-style-type: none"> • Noted the assurance provided.

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		<ul style="list-style-type: none"> • The tender and waiver process audit actions have been implemented. • The Committee noted the support of procurement in the Trust's response to COVID-19 and the achievement of being accredited Level 2 for the NHS Procurement and Commercial Standards. 	<ul style="list-style-type: none"> • Commended the team in supporting the Trust during COVID-19 and for their achieving Level 2 of the NHS Procurement and Commercial Standards.
Estates Update		<ul style="list-style-type: none"> • In terms of vehicle servicing and inspections, the target of 75% completion of planned maintenance has been achieved. • The target to achieve 100% MOT tests has been achieved each month. • Each PES & PTS vehicle is scheduled to have a deep clean every 6 weeks +/- 7 days with a Trust agreed target of 85% completion. In the period February '20 to May '20 the Trust averaged over 91% completion against target. • In terms of assurance, the Trust has a constant level of reportable accidents across the Trust, with both the frequency rate and average costs per claim below the average for ambulance trusts. The highest area of reportable accidents comes from hitting immobile property. • The Trust aims to achieve and maintain a 7 year replacement cycle of the PES Ambulance fleet. • The Trusts Sustainability Steering Group (SSG) is currently undertaking a review of all sections within the SDAT model, and will then develop an action plan for improvement along with realistic target dates for action completions. • Compliance within the estate is monitored and reviewed using a Statutory Compliance Audit Tool. • The Trust is actively involved and a key ambulance lead, with both the NHSI ERIC and NHSI Ambulance teams to develop ERIC and the model ambulance. 	<ul style="list-style-type: none"> • Noted the assurance provided.

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Chairs Assurance Report




Estates, Fleet and Facility Management Covid -19 key Actions		<ul style="list-style-type: none"> Maintenance in the workshops has remained unchanged; non-scheduled work i.e. running defects etc. has dropped substantially resulting in a vehicle off road reduction of 50% against business as usual. Noted that fast response to light conversion of vehicles, including the flexible and adaptive logistical management and coordination to achieve this across 5 counties in a short time. 	<ul style="list-style-type: none"> Noted the assurances provided. Commended the team for working swiftly to align with the demands of COVID-19.
Key Workforce Indicators		<ul style="list-style-type: none"> As a result of the impact of COVID-19, appraisals were paused in March 2020 in line with national guidance and as a result completion rates have decreased to 76% overall with PES rates at 81% and PTS at 69%. A revised target as part of recovery planning is 85% for March 2021. The Trust had moved to competence based reporting for mandatory training. The aim has been for staff to complete their classroom based training and their online training before their competence expires, thus maintaining compliance across the year at 95%. Sickness has seen a slight decrease which overall is at 6.3% in May this include COVID related illness. The vacancy position remains strong; planned growth is now included in the establishment to reflect a true vacancy position against budgeted resources. The HR case management position shows high numbers as a result of the pause in progressing ER casework due to COVID-19. E- Learning mandatory training developed and staff were trained on donning and doffing procedure. The Paramedic upskilling target of 100% was achieved by March 2020. Noted that work will be done on a robust plan and process to improve mandatory training compliant. 	<ul style="list-style-type: none"> Noted the assurance provided 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

Covid Workforce Assurance Report		<ul style="list-style-type: none"> Members were presented with COVID 19 Governance consideration as recommended by MIAA. The Trust developed a more detailed document focusing on financial governance to assist with the assessment of the specific arrangements. Completed the recommended checklist to support reviews of Human Resources (HR) governance 	<ul style="list-style-type: none"> Noted the assurance provided in the report.
Revised Workforce Strategy		<ul style="list-style-type: none"> Noted the key areas of completed activity as indicated in the recovery plan Noted that progress has been seen against the majority of the indicators although some have fallen short of the overall target set for year 1. Inclusion, development and vacancy goals have shown very good progress, with turnover also improving in key areas. Inclusion, development and vacancy goals have shown very good progress, with turnover also improving in key areas. 	<ul style="list-style-type: none"> Recommended the revised Workforce Strategy to Board for approval Noted progress in the workforce indicators in the first year of the strategy Noted the assurance that there is a robust recovery plan resulting from the impact of COVID-19 on the workforce which underpins the Workforce Strategy identifying both immediate recovery actions and resumption of improvement work.
Flu Campaign		<ul style="list-style-type: none"> Noted the overview of the Lessons learnt update from the 2019/20 Flu Campaign which resulted in 67.3% of frontline staff being vaccinated and assurance on plans to deliver the Flu Campaign 20/21. Noted that alternative vaccine available this year to allow uptake form religious group who didn't partake in the campaign last year. 	<ul style="list-style-type: none"> Noted the assurance provided. Welcomed future updates.

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

		<ul style="list-style-type: none"> • Noted that engagement had commenced with Race Forum to provide an understanding in to the reason for lower uptake among BME staff. • 5,500 vaccines have been purchased this year against an uptake last year from 4598 staff. • Noted that uptake might be low due to animal testing and the egg content in the vaccine, but reassured that the provision of an egg content free vaccine should improve uptake. 	
<p>EDI Annual Reports and Annual Data Submissions</p>		<ul style="list-style-type: none"> • During 2019/20 the Trust continued its work to recruit a workforce representative of the community that it serves with activities including a further cohort for the Pre-Paramedic Degree Programme and the delivery of a number of Pre-employment programmes within the Patient Transport Service and Emergency Operation Centres. • The ongoing development of staff networks and forums reflects continued progress to effectively engage and ensure that all staff have a voice. • In Q4 of 19/20 the Trust held EDS2 internal and external stakeholder events to review and discuss the ongoing work in support of patients, communities and staff • Patient engagement activities continue play a significant part in the measurement of quality healthcare provision • Data in relation to our workforce shows that representation for key diversity groups has increased over the last 12 months and reflects the positive impact of the engagement with diverse communities. 	<ul style="list-style-type: none"> • Noted the assurances provided. • Welcomed future updates.

	<p>No assurance – could have a significant impact on quality, operational or financial performance;</p>
	<p>Moderate assurance – potential moderate impact on quality, operational or financial performance</p>
	<p>Assured – no or minor impact on quality, operational or financial performance</p>

Chairs Assurance Report

Digital Strategy Progress Update		<ul style="list-style-type: none"> • The key updates are aligned to the key drivers in the digital strategy and digital objectives in the integrated business plan. • High level objectives linked to the Integrated Business plan have been refreshed. • Key working during the COVID response included: remote working, enabling increased call taking and the nightingale hospital. • Key innovation work ongoing includes Safecheck and video triage. We will be working with the Innovation Agency to develop an Intellectual Property agreement for Safecheck • The Q1 position for BAF risk SR07 has seen a reduction from 16 to 12. This is due to securing additional resource, significant progress with cyber security and reduction in unsupported systems • Noted mitigated and reduced risks. 	<ul style="list-style-type: none"> • Noted the assurances provided in the report. • Welcomed future updates.
Chairs Assurance Report from the Information Management Group held on 7 th July 2020		<ul style="list-style-type: none"> • Members received assurance form report from Information Management Group held on 7th July 2020. • Noted that outstanding action have been completed. 	<ul style="list-style-type: none"> • Noted and received assurance from the update.
Information Commissioner Office Audit Report		<ul style="list-style-type: none"> • There still appears to be no formal sign off process in place to provide assurance that staff have read and understood key policies – this process is in Phase 2 of the Internet/Intranet project – this project has been delayed because of COVID 19. • Noted that high risks actions identified have been completed. 	<ul style="list-style-type: none"> • Noted the assurance provided in the report.
Directorate Objectives: 2019/20 end year Position		<ul style="list-style-type: none"> • Members received the details of the year-end position for the directorate objectives for 2019/20 including the assessment of the impact of Covid19 on the last quarter of 2019/20. 	<ul style="list-style-type: none"> • Noted the assurance provided 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

		<ul style="list-style-type: none">• Noted that the new BRAGG rating to be use across the Trust, but Corporate rating will be retained.	
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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



REPORT

Board of Directors

Date:	29 July 2020
Subject:	Equality, Diversity and Inclusion Annual report 2019/20
Presented by:	Lisa Ward, Interim Director of Organisational Development
Purpose of Paper:	For Assurance
Executive Summary:	<p>The Equality, Diversity and Inclusion Annual Report aims to provide the Board and the public with an overview of the work undertaken over the last 12 months in support of the equality, diversity and inclusion agenda.</p> <p>The report provides an overview of work which has contributed to the general duties. During 2019/20 the Trust has continued its work to recruit a workforce representative of the community that it serves with activities including a further cohort for the Pre-Paramedic Degree Programme and the delivery of a number of Pre-employment programmes within the Patient Transport Service and Emergency Operation Centres.</p> <p>The ongoing development of staff networks and forums reflects continued progress to effectively engage and ensure that all staff have a voice. Together this supports the development of a culture representative of the staff. The work on the WRES and Gender action plans continues with involvement from colleagues outside the OD Directorate increasing.</p> <p>In Q4 of 19/20 the Trust held EDS2 internal and external stakeholder events to review and discuss the ongoing work in support of patients, communities and staff. The events were well received and provided an opportunity to showcase the variety of work in place to support the EDS2 themes. The attendees were given the opportunity to grade and feedback in the progress and this resulted in increased grading's for each theme under the EDS2 framework. The outcome of the grading exercise was presented to Resources Committee for approval in March.</p> <p>Patient engagement activities continue play a significant part in the measurement of quality healthcare provision and over the last year the Patient Engagement Team engaged with 17,242 patients through a range of methods and approaches. The work to establish the patient and public involvement panel will further enhance engagement work with hard to reach groups in the future.</p> <p>Data in relation to our workforce shows that representation for key diversity groups has increased over the last 12 months and reflects the positive impact of the engagement with diverse communities.</p>

	<p>The Trust's current objectives were first published in 2016 and the cycle is now complete. The report outlines the considerable progress made against the objectives. This includes an improved position in the Trust's workforce representation and female leadership. In addition the 2019 NHS Staff Survey results indicates a continuing reduction in the number of staff reporting issues of bullying or harassment. During the lifetime of the objectives, considerable progress has been made to train our staff in dementia awareness along with the recruitment of mental health practitioners to improve our delivery of care to those with dementia. The report notes that there has been limited progress made against the objective to improve patient data. However, this objective will be fulfilled by the roll out of the ePRF system over this coming year.</p> <p>Whilst the report is looking back on progress over 2019/20, the work undertaken around equality issues to support the COVID-19 response is also cited. During the pandemic there has been increased engagement with our Staff Networks and Forums providing the opportunity for the Trust to understand the concerns of staff. This will inform our learning and development of priorities for this year and beyond.</p> <p>During the pandemic there has been an increased focus on appropriate Health and Wellbeing support with specific initiatives taking account of ED&I concerns. This has included the appointment of an NWSA volunteer chaplaincy support worker, the commencement of a Religion and Belief forum and guidance to support staff returning from maternity leave during the pandemic.</p> <p>The ED&I priorities for this year have been reviewed as a result of COVID-19, taking account of the Workforce Strategy and the Board Development day held in late 2019. The priorities will focus on leadership and governance, engagement, representation, training and wellbeing.</p> <p>The formal Trust equality objectives for the next four years will be finalised and brought back to Resources Committee and Board.</p>									
Recommendations, decisions or actions sought:	<p>The Board of Directors is recommended to:</p> <ul style="list-style-type: none"> • Receive assurance on progress around the equality, diversity and inclusion agenda. • Approve publication of the Annual report on the trust website, incorporating the EDS2 ratings. 									
Link to Strategic Goals:	Right Care	<input type="checkbox"/>		Right Time	<input type="checkbox"/>					
	Right Place	<input type="checkbox"/>		Every Time	<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 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"/>
Are there any Equality Related Impacts:	<p>The EDI Annual Report supports the Trust to demonstrate its compliance with the Public Sector Equality Duty and outlines its work</p>									

	both in respect of employment and patient engagement to promote improved diversity and experience.
Previously Submitted to:	Executive Leadership Committee/ Resources Committee
Date:	22 nd July 2020/24 th July 2020
Outcome:	Recommended for approval

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1. PURPOSE

1.1 The purpose of this report is to present the Annual Equality, Diversity and Inclusion Report 2019-20 to the Board of Directors for approval.

1.2 The report aims to highlight all the work that has been achieved over the past year in relation to the Equality, Diversity and Inclusion (ED&I) objectives and to discuss in more detail plans for this year. In addition, the report will also provide an overview of the work that has taken place during the COVID-19 pandemic and how the experiences will inform future work.

2. BACKGROUND

2.1 The Public Sector Equality Duty, which arises from the 2010 Equality Act, imposes requirements on public sector organisations. The General Duty requires public sector organisations to:

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

2.2 There are also specific duties relating to the publication of information, demonstrating compliance with the Duty and the publication of equality objectives.

2.3 The Annual Equality, Diversity and Inclusion Report provides a single document where we can set out all the relevant data but also celebrate the significant work undertaken across the People and Patient Engagement teams to improve equality, diversity and inclusion. The report presented is the third Equality, Diversity and Inclusion Annual Report and covers activities during 2019/20.

2.4 The report has been previously presented to the Executive Leadership Committee (ELC) and the Resources Committee. Both approved the Annual report for publication. ELC recognised the importance of taking a collegiate approach to fleshing out the detailed plans required to drive this agenda forward across all directorates and will be undertaking further work in the near future which can be shared at future Board and Committee meetings.

3. SUMMARY OF KEY AREAS

3.1 Much of the information incorporated in the Annual Report has already been shared with the Resources Committee and Board in our regular reporting cycle including the data relating to WRES, WDES and gender equality.

3.2 As a result this report aims to celebrate all the additional good work that has been achieved during the last 12 months.

3.3 **Recruitment**

3.4 During 2019/20 the Trust has continued its work to recruit a workforce representative of the community that it serves with activities including the recruitment of a further cohort for the Pre-Paramedic Degree Programme and delivery of a number of Pre-employment programmes. Over the last year the Trust has also hosted several small targeted local events and promoted events too, rather than attend large council or Job Centre Plus events. This approach has helped us speak to more diverse groups of people about opportunities.

3.5 **Staff Networks and Forums**

3.6 The Trust continues to develop the staff networks and forums to provide opportunities for staff with particular characteristics to share their experiences.

3.7 Over the past year the Trust has significantly developed and progressed the staff networks and forums. The LGBT network has continued to develop; highlights for the network have included attendance at the National Ambulance LGBT conference in Birmingham in October 2019, with the NWAS Chair facilitating a workshop on attitudes towards HIV patients, and the launch of the NWAS NHS Rainbow Badge scheme in February 2020.

3.8 The Disability Forum has continued to develop. Four forums were held during the year to March 2020. Internal and external speakers supported the sessions with a range of staff, managers and staff side representatives attending. There is an action plan in place to support Trust development with issues arising out of the forum.

3.9 The Race Equality Forum continues to evolve and has been supported by the Chair of the National Ambulance BME Network, who attended the October 2019 meeting. The forums are open for all staff to come and hear what NWAS is doing to address inequalities relating to race which are seen through the annual reporting of the Workforce Race Equality Standard (WRES). The Forum has provided a useful way in which to engage with our BME staff during the COVID response and has been supported through the attendance of a number of Directors.

3.10 The NWAS Armed Forces Network continues to grow and develop. Network members have been supported to attend conferences about their dual role of being part of the Armed Forces and within the NHS. The network members have worked in partnership with the Corporate HR Team to showcase their work and were able to attend the HSJ Awards to celebrate the recognition of being shortlisted for the Reservist Support Award.

3.11 The first cohort of the Empowering Women in Leadership was successfully completed this year, with a number of attendees going on to be successful in obtaining promotional roles.

3.12 The work on the WRES and Gender action plans continues with involvement with colleagues outside the OD Directorate increasing. This engagement supports the progression and development of this work.

- 3.13 The ongoing development of staff networks and forums reflects continued progress to effectively engage and ensure that all staff have a voice and support the development of a culture representative of the staff.
- 3.14 **EDS2**
- 3.15 In Q4 of 19/20 the Trust held EDS2 internal and external stakeholder events to review and discuss the ongoing work in support of patients, communities and staff. The events were well attended and received positive feedback and resulted in attendees increasing the grading's for each theme under the EDS2 framework. The detailed outcomes of the EDS2 grading were presented to Resources Committee in March 2020.
- 3.16 **Recognition**
- 3.17 The Trust has also received ongoing recognition of their work to support equality, diversity and inclusion:
- Corporate HR Team shortlisted for Personnel Today award in the category of 'Diversity and Inclusion – Public Sector Award' in November 2019 – reflecting our work across all areas of equality
 - Corporate HR Team shortlisted in partnership with our Armed Forces Network for the HSJ award for Supporting Reservists in November 2019 – reflecting our work supporting the Armed Forces family
- 3.18 **Engagement activity**
- 3.19 An overview of the public and patient engagement activity undertaken by the Patient Experience, Communications and Organisational Development Teams is also included within the appendices of the Annual report. This provides assurance of engagement with diverse patient groups and shows the breadth of work being undertaken to seek patient feedback, improve access to services and to promote awareness of our services and employment opportunities. This represents a significant contribution to our general duties to advance equality of opportunity and to foster good relations.
- 3.20 Patient engagement events play a significant part in the measurement of quality healthcare provision. Our Patient Engagement Team engage with and obtain feedback from our patients across all service areas and over the last year 17,242 patients have provided feedback using a range of methods and approaches. Whilst the use of quantitative data via surveys provides an important form of feedback, the use of qualitative feedback via face to face engagement with community and patient groups helps to triangulate and validate the data received.
- 3.21 Over the past year the Trust has delivered 5 community engagement events, in each county across the region between July 19 and October 19. The events were supported by Ambulance front line colleagues. In total 248 persons from 108 community groups and organisations attended the events, which were held at community venues in each NWS footprint county area respectively.

3.22 In 2019/20, the Board approved a further opportunity for engagement with NWS patients and the public through the creation of the NWS Patient and Public Panel (PPP). The facilitated patients to co-produce and make improvements. By the end of 19/20 the Trust had 69 Patient and Public Panel members fully inducted with many already involved in the work of the trust.

3.23 The report appendices also outline engagement activities with diverse communities with 33 large football community group events that have been attended by the trust. These ranged from; National Disability Awareness Days, LGBT PRIDE Events, Health Mela Events, University Fresher Fairs, Health Fairs and Open Days. During 2019/20, the Trust held over 32 face to face targeted focus group sessions using the acclaimed patient experience board game.

4. **Employment Monitoring**

4.1 The report also outlines the data in relation to our workforce and shows that representation in the workforce for key protected characteristics has increased over the last 12 months as a percentage of the workforce. Work continues to support the increased representation across key protected characteristics with dedicated objectives in the Workforce strategy along with dynamic actions plans that have been developed at the Staff networks and forums.

5. **EQUALITY OBJECTIVES**

5.1 The Trust's current objectives were first published in 2016 and the cycle is now complete. The Annual report outlines the progress that has been made against each objective. The following is a summary position against each objective:

5.2 **Objective 1** - To continue to seek to improve the diverse representation of the workforce with particular focus on:

- Improving levels of employment from BME communities, measured through improving non-white Black and Minority Ethnic Groups, including White non-British Groups from the current level of 2.97%
- To improve levels of representation of women in operational management and leadership positions from 22.7%.

5.3 **Progress:** As at 31st January 2020 the Trust workforce from BME backgrounds was at 4.68%. Non-White British staff have increased to 8.23% of the workforce. Both represent an increase since the objective was set.

The levels of female representation in operational management and leadership positions has increased from 22.7% to 30.41%. This has been supported by the introduction of mandatory gender pay gap reporting. Quarterly meetings are held to review progress on three main themes: recruitment, flexible working and career progression.

5.4 **Objective 2** - To deliver improvements in staff experience of bullying, harassment and violence at work as measured through annual staff survey results.

Progress: Staff reporting in the NHS Staff survey that they have been bullied and harassed by their managers has reduced from 18.4% (2016 results) to 14.2% (2020 results), which is better than average for our Sector.

Alongside this there has been the ongoing development and expansion of the peer support networks such as TRiM, Blue Light Champions and Peer Supporters.

The Trust had been poised to launch the 'Treat me Right campaign' prior to the start of the pandemic. This campaign aims to target bullying and harassment awareness and included a toolkit for staff and managers. The campaign launch will be diarised at an appropriate point as the Trust continues with its recovery plans following the pandemic.

- 5.5 **Objective 3** - To map gaps in available patient data and identify options for improvement.

Progress: The implementation of an electronic patient record system (ePRF) to support mapping patient data has been delayed and will be rolled out over the next year.

- 5.6 **Objective 4:** To map the current provision of services offered to and by the Trust to appropriately manage patients presenting with dementia; identify gaps and plan the Trust's future dementia strategy.

Progress: Dementia Friends Dementia Awareness sessions have been provided to over 6500 staff to date and it remains part of induction and mandatory training.

- 5.7 The Trust's Mental Health and Dementia Strategic Plan includes a specific recommendation to implement dementia training in line with the Health Education England's Dementia Training Standards Framework. Work is being done nationally to develop both Tier One and Tier Two Training for consistency across all Ambulance Trusts.

Within PTS, bookings now include gathering information as to whether the patients have a diagnosis of dementia or cognitive impairment to ensure that staff who provide support are aware of this and the need to ensure patients are safely handed over at their destination.

Since the inception of the objectives the Trust now has substantive mental health practitioners within the Clinical Hub and our 111 service.

6. **IMPACT OF COVID-19**

- 6.1 The current pandemic has undoubtedly impacted on all aspects of the Trust. However, it is important to review and consider the response that has been made in relation to ED&I issues and if there is learning and considerations that need to be taken in our priorities for this year and beyond.

- 6.2 During the early stages of the pandemic there was emerging evidence of the disproportionate impact of COVID-19 on BME communities. As more information came out nationally regarding the increased risk of COVID-19 on BME groups, the Trust organised for all staff to have an individual risk assessment. All recorded BME

staff were sent a letter from the Trust in early May 2020 and the inequalities have featured in the Chief Executive weekly briefings to all staff.

- 6.3 There has been increased engagement with the Race Equality Forums with meetings held at least monthly where previously this was once every four months. There has been senior support for each forum with the most recent having the Trust Chair and Chief Executive in attendance.
- 6.4 Initial feedback from the forum was that staff felt the Trust response, and that of the NHS as a whole, was slow during the initial phase of the pandemic, as they felt that the disproportionate impact was visible before published data became available. However, the Trust has worked hard to ensure that there has been more visible Trust leadership and acknowledgement of the impact of COVID-19 on BME communities and this has been received positively.
- 6.5 Staff from the forum have offered to be contacts/champions for minority staff in their area to make sure a range of voices are heard at the meetings. In addition there is a forum rep attending the WRES meetings. The forum has a twitter account run by a member of the forum. We are discussing the options for transforming the forum into a more formal network and will be progressing this during the remainder of the year.
- 6.6 Engagement with other forums has been facilitated through video conferencing and the Armed Forces quarterly network were able to have a virtual meeting to ensure work was on track to support the preparation for the Reserves Day celebrations in June. Social media presence was widespread and the flag was raised at several Trust sites.
- 6.7 The LGBT network has ensured a visible presence on social media. A quiz was held for network members as a way of keeping contact on an informal basis. Plans are underway to celebrate Manchester Pride virtually later in the summer. A virtual network meeting is scheduled for July.

7. HEALTH AND WELLBEING

- 7.1 A variety of support has been made available to staff to support Health and Wellbeing throughout the pandemic. From an equality perspective there have been some specific initiatives and work which has included:
- Establishment of chaplaincy support via acute hospitals
 - Appointing and promoting an NWAS volunteer chaplaincy support worker
 - Additional guidance developed – e.g. for staff returning from maternity leave during the pandemic
 - Multi-faith, Race Equality Forum and Disability Forum pages updated with additional support.
 - Commencement of a Religion and Belief forum
- 7.2 There will be continued work to develop the wellbeing response to COVID-19 including further development of an in-house Chaplaincy offer.

8. WORKFORCE ED&I PRIORITIES FOR 2020-21

8.1 The priorities for this year have been reviewed as a result of COVID-19, as well as taking account of the Workforce Strategy and the Board Development day held in late 2019. The following areas will be included in the objectives for this year:

8.2 Leadership & governance

During this year there will be an increased focus on having Executive visibility to support the development of ED&I work. Some of the planning for this work commenced earlier in 2020, but was paused due to COVID-19. This work includes:

- Establish executive champions for key characteristics & establish sponsorship of forums/networks
- Establish ED&I management group reporting to Resources & Q&P Committee
- Commit to new equality objectives and targets
- Refresh Equality Impact Assessment approach and its use at Board
- Implement reverse mentoring to develop understanding of senior leaders
- Embed EDI data more effectively in reporting

8.3 Engagement

As demonstrated in the review of 2019/20 there have been considerable strides in the development of our engagement with staff. For this year the aim is to focus on the following:

- Undertake Cultural survey – this will enable an analysis of underlying experience of different groups.
- Development of Staff networks and Forums – the intention is to move forums into networks where possible. This will allow the development of a supporting infrastructure and Board backed action plans
- Develop ‘safe space’ communications/engagement routes

8.4 Representation

The report shows that the Trusts continue to improve its representation. However, there is need to develop actions to ensure the continuation of the positive trajectory:

- Review of key recruitment interview & assessment processes to improve quality and inclusivity
- Continue to develop internal and external positive action programmes to support improvements in representation
- Improve representation on interview panels
- Engagement with HEIs in relation to their recruitment to Paramedic programmes

8.5 Training

The delivery of diversity training through core induction, mandatory training and leadership induction forms part of the Workforce Strategy. To support this it is intended that managers and leaders need to have an appropriate level of ED&I

training. It is therefore intended that the objectives will include the establishment diversity and inclusion competencies required of leaders and managers. This will ensure that the completion of the training can be monitored and managed appropriately. It should be noted that leadership training is not expected to resume until later in the recovery phases but this foundation work will inform the mandatory elements of the essential learning programme.

8.6

Wellbeing

As detailed above during the pandemic there has been some focused work to support the wellbeing of staff. This work will continue to develop with a focus on the following areas:

- Ensure that our staff with protected characteristics stay safe during the COVID pandemic through effective management of the risks they face and wellbeing support
- Explore multi-faith and chaplaincy provision to support staff wellbeing
- Continue development of mental health interventions in line with strategic mental health plan.
- Engage with managers to understand the support they require to appropriately support mental health issues.

8.7 The formal Trust equality objectives will be finalised and brought back to the Board of Directors for approval later in the year.

8.8

The Director of Strategy and Planning has already presented the strategy for patient engagement work, incorporating protected groups to Executive Leadership Committee.

9. LEGAL and/or GOVERNANCE IMPLICATIONS

9.1 The publication of the Equality, Diversity and Inclusion Annual report will enable us to demonstrate compliance with our statutory duties under the Public Sector Equality Duty Regulations 2011 and will contribute to the CQC Well Led KLOE.

10. RECOMMENDATIONS

10.1 The Board of Directors is recommended to:

- Receive assurance on progress around the equality, diversity and inclusion agenda.
- Approve the publication of the Annual report on the trust website, incorporating the EDS2 ratings.

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Annual Equality, Diversity and Inclusion Report 2019-2020

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INTRODUCTION

This is the third Annual Report on Equality, Diversity and Inclusion, which covers the work carried out over the year from April 2019 to March 2020. At the time of writing we are in the middle of the coronavirus pandemic and with the clinical evidence about the virus indicating those with certain chronic illnesses, males, older people and those from Black and Minority ethnic backgrounds are more severely affected, never was the place of diversity in our communities and workplaces more visible.

Keeping our staff and patients from diverse backgrounds safe during this difficult period has been our key priority and listening to the experiences and concerns of our staff has never been of more importance.

This report documents our progress against the requirements of the Equality Act 2010 and Public Sector Equality Duty. Information is also shared about our work using the Equality Delivery System 2 framework to show progress in reducing staff and health inequalities. The mandatory gender pay gap report, Workforce Race Equality Standard and Workforce Disability Equality Standard are also featured.

We continue to work with partners across the region and nationally in collaboration on activities and to share best practice about inclusion. We work proactively to be visible as an employer of choice across all our communities. We strive to reduce the health inequalities faced by our most vulnerable patients across the North West.

As this pandemic subsides, we hope to emerge as a more resilient, more compassionate and considerate organisation for all our staff and patients and continue to keep diversity and inclusion as a vital aspect of each step forward.

LISA WARD

Director of People

SERVICE INFORMATION

Our Service

North West Ambulance service provides emergency, urgent care and non-emergency services 24 hours a day, 365 days per year to those in need of medical treatment and transport. Our highly skilled staff provide life-saving care and advice to patients in the community.

Our core services are delivered through four distinct service lines. These are:

- **Paramedic Emergency Service (PES)** – This is the best known part of our service dealing with emergency and urgent patients. 999 calls will initially be dealt with through one of our Emergency Operations Centres (EOC) who will answer and assess the call. EOC will then determine the most appropriate response which might be a telephone conversation with a clinician or through sending an appropriate ambulance crew or a solo responder to clinically assess and provide advice, treatment, referral or transport.
- **Patient Transport Service (PTS)** – PTS provides essential transport for non-emergency patients who cannot make their own way to, from or between hospitals, outpatient clinics and other treatment centres or who need regular treatment such as dialysis. Our staff undertake around 1.4m patients journeys a year caring for seriously ill patients across the counties of Greater Manchester, Lancashire, Cumbria and Merseyside
- **111** – The Trust delivers the 111 service for the North West region. This service was introduced to make it easier for people to access local NHS healthcare services in England. It provides non-emergency medical help fast, and is available 24 hours a day, 365 days a year. We triage over 1.6 million calls per year.
- **Resilience** – This team supports the trust in planning its response to significant and major incidents and delivering services associated with the Trust's statutory responsibilities under the Civil Contingencies Act 2004. It also manages our Hazardous Area Responses teams (HART) and Medical Emergency Response Incident Team (MERIT) to ensure that we can respond effectively to any major incident or emergency which requires specialist support.

We have over 6600 staff employed across core and support services, supported by temporary, bank and agency staff. We also have hundreds of volunteers working as Community First Responders and Car Drivers.

People We Serve

The area covered by the organisation makes it the second largest ambulance Trust in England. We provide services to a population of 7.5 million people across a

geographical area of approximately 5,400 square miles. This region is punctuated by several cities and towns; other parts of the footprint are sparsely populated and rural with significant distances to hospitals.

The Trust footprint is split into three main areas – Cheshire and Merseyside; Greater Manchester; Cumbria and Lancashire. Strategic capacity and support services are led centrally from the Trust Headquarters in Bolton.

Vision and Values

The Trust **vision** is to be the best ambulance service in the UK. Our strategic goal is to deliver the right care, at the right time, in the right place, every time.



Our approach is to make sure that clinical decisions are taken early in the patient journey to ensure that no patient is needlessly waiting.

Our values form the foundation of and drive the whole organisation ensuring that we lead by example and create the right culture and conditions for patients to receive the right care.

- Working together for patients
- Compassion
- Improving Lives

- Respect and Dignity
- Everyone counts
- Commitment to Quality of Care

The vision has a clear link to equality and care provision. We want everyone to have personalised care. The more we know about local populations, the better we can care for their local health needs. Knowledge of the population can inform training needs of staff too. The more staff are heard and feel valued, the better the care they can offer. NWAS carries out a range of activities, large and small, to work towards the right care for each individual, every time.

IMPROVING EQUALITY DIVERSITY & INCLUSION

Strategy

The Trust aims to ensure that patients are at the heart of what we do. The purpose of the Workforce Strategy is to set how we will develop, engage and empower our workforce to deliver our vision to be *'The best ambulance service in the UK, by providing the right care, at the right time, in the right place every time'*. The Workforce Strategy sets out our strategic workforce priorities and our approach to enabling the changes required in our workforce to support delivery of the Trust's strategic objectives.

Specific objectives arising from the Workforce Strategy for 2019-2020 focused on:

- Gender progression into operational leadership positions
- Improving levels of representation in the workforce from BME communities and the experiences of ethnic minority staff within NWAS
- Development of a network for staff with an interest in disability in the workplace – where staff can learn more about disabilities and work with the Trust to improve the experiences of staff (this work supports the implementation of the WDES too)
- Violence and aggression, Harassment and Bullying – a range of activities to improve the experience of staff, including training and promoting routes of support and how to report

This annual report will provide information about each of these areas of focus.

The General Equality Duty (GED)

The Equality Act 2010 places general duties on public sector bodies and requires them to have “due regard” to:

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

The General Duty clearly identifies the need to embed equality, diversity and inclusion into decision making at both an organisational and individual level so that we can respond appropriately to the needs of individuals and work to minimise or remove disadvantages experienced by people as a result of their protected characteristic.

How we have met the General Equality Duty in 2019-2020

The following gives some highlights of the key areas of work which have contributed towards the requirements of the GED in 2019-2020.

Patient Engagement

Patient engagement is recognised nationally as a fundamental measure of quality healthcare provision. It is only through active listening, recording feedback and acting on patients' insight that the trust can respond and implement change to reflect patient needs. Our Patient Engagement Team engage with and obtain feedback from our patients across all service areas, including our Paramedic Emergency Service (PES), Patient Transport Service (PTS), the NHS 111 Service and our Urgent Care Desk. A significant 17,242 patients have provided feedback this year using a range of methods and approaches. See Figure 1 below.

2019 - 2020 PE Programme - Survey Methods <i>(01 Apr 2019 - 31 Mar 2020)</i>		Completed Returns	% of Total
Patient Transport Service	<i>(Postal/Telephone)</i>	3,878	22.5%
Paramedic Emergency Service	<i>(Postal/Telephone)</i>	2,981	17.3%
Urgent Care Desk Service	<i>(Postal)</i>	713	4.1%
NHS 111 Service	<i>(Postal)</i>	2,857	16.6%
PTS FFT	<i>(SMS Text)</i>	6,309	36.6%
PTS FFT	<i>(Post cards)</i>	96	0.6%
PES FFT - <i>See and Treat</i>	<i>(SMS Text)</i>	367	2.1%
PES FFT - <i>See and Treat</i>	<i>(Post cards)</i>	41	0.2%
TOTAL		17,242	

Figure 1 - Survey Methods Table - * Please Note: All data as at 31 March 2020

An extensive patient engagement programme was successfully completed during 2019/20. We use a number of methods to elicit feedback including postal surveys, community engagement activities, focus groups and Friends and Family Test (FFT) comments cards on ambulances. We also offer the opportunity for our patients to provide FFT feedback comments using SMS text messaging. Figure 2 below shows a summary of survey response feedback data including FFT by quarter.

Patient Engagement Programme Surveys <i>Postal/Telephone</i> <i>(01 April 2019 - 31 Mar 2020)</i>	Cared for appropriately with Dignity, Compassion and Respect <i>(Strongly Agree/Agree)</i>					Overall Service Received <i>(Very Good/Fairly Good)</i>					Recommend Ambulance Service to Friends and Family <i>(Extremely Likely/Likely)</i>				
	2019 - 2020	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Patient Transport Service	95.2%	96.6%	94.8%	95.0%	95.4%	97.7%	95.9%	96.1%	95.8%	96.0%	94.1%	96.1%	95.0%	94.9%	95.3%
Paramedic Emergency Service	95.6%	97.0%	97.4%	96.4%	96.8%	96.1%	96.9%	96.7%	96.6%	96.7%	96.6%	96.9%	97.0%	96.8%	96.9%
Urgent Care Desk Service	94.0%	92.4%	92.5%	91.4%	92.2%	92.0%	84.8%	87.6%	89.1%	85.5%	98.0%	90.2%	92.0%	89.1%	90.5%
NHS 111 Service	n/a	n/a	n/a	n/a	n/a	89.8%	92.7%	92.0%	94.5%	92.5%	90.0%	92.2%	92.6%	94.9%	92.7%

Figure 2 - Survey Response Feedback Data Including FFT by Quarter

Feedback received in the last 12 months, shows a general high regard for ambulance services and in particular the care and treatment provided by staff. A high 96.80% of PES patients told us that they were ‘treated with dignity, respect, kindness and compassion’. *“What more can I say? Felt reassured by the two paramedics that attended. Talking to myself and my daughters calmly, explaining what they were doing. Very knowledgeable and attentive, checking and monitoring me all the time I was with them” (PES)*. 95.40% of PTS users stated the same. *“My father says the staff were friendly and caring. It is reassuring to know staff were kind and respectful as Dad is vulnerable and has a cognitive impairment” (PTS)*. 91.29% of Urgent Care Desk service users told us that ‘staff were polite, respectful and listened to their concerns’ (Figure 7). *“Sensible professional advice provided, helpful liaison with GP. I was frightened by the degree of pain I was in and would not have called an ambulance otherwise. Triage process was reassuring.”(UCD)*

Reporting

Board receive a monthly dashboard of FFT patient feedback results. Quarterly data on all patient engagement initiatives themes and feedback reports are shared with Quality and Performance Committee. The Patient and Public Panel receives regular trust briefings and a Panel newsletter and community groups receive summary reports following their involvement and attendance at county based community events. Recommendations for service improvements are introduced via 111, PES and PTS learning processes respectively.

Patient stories continue to be a powerful tool to describe patients' experiences and any learning outcomes that have been achieved. These are presented bi-monthly to the Board of Directors, Quality Committee, to staff as part of their mandatory training, and are part of education and awareness campaigns. The patient stories have included experiences related to maternity, visual impairments, mental health, dementia and older people. Increased development of filming skills within the communications and engagement team has supported in-house production of patient stories.

Public and Community Engagement



Whilst patient surveys provide us with a real insight into the care and treatment that patients have received, another method we use to gain qualitative feedback is by face to face engagement with community and patient groups within our region. The Trust successfully delivered 5 community engagement events, in each county across the region between July 19 and October 19. The events advertised to community groups as 'Meet the #Ambulance Stars' further to the popular NWS TV programme was delivered by the trust's communication and engagement team supported by Ambulance front line colleagues. Including those that were available to attend having featured in the TV programme and senior management. 248 persons from 108 community groups and organisations attended

the 5 events, which were held at community venues in each NWS footprint county area respectively. Each venue was handpicked to ensure attendance from a range of diverse community groups and organisations from within that locality area. Attendees were able to participate in a number of facilitated exercises to provide their insight, thoughts and feedback on our key ambulance service lines of Patient Transport Service (PTS), Paramedic Emergency Service (PES) and NHS 111.

Further qualitative data is captured at equality and diversity community events and focus groups across the region. Our trust 'Patient and Community Engagement Guidance Framework' presently under review, helps us plan our approach and engagement activities as well as inform the trust's annual improvement plans.

The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. These are cited as: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity. Figure 1 below shows protected characteristic groups' engagement in 2019/20.

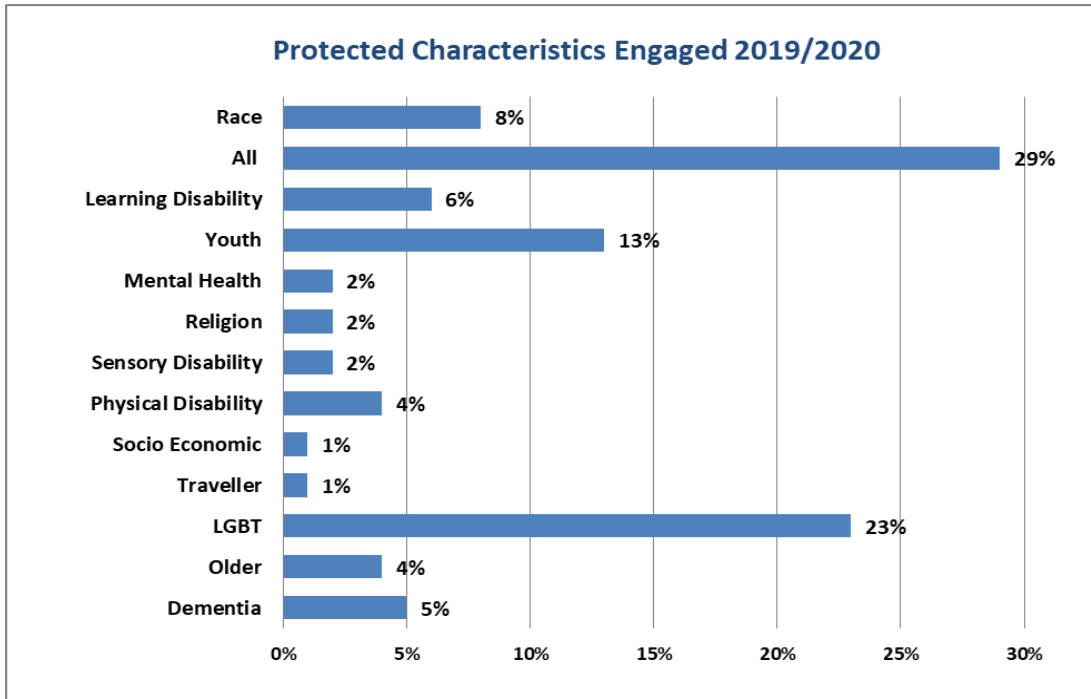


Figure 1 - Protected characteristic groups engaged with during 2019/20

Patient and Public Panel

Until 2019/20 the trust’s patient, public and community engagement programme mainly focused on; the Friends and Family Test (FFT), patient surveys, community engagement at high footfall public events, via patient focus groups and sharing learning through patient story videos.

In 2019/20, an opportunity to further strengthen trust engagement with NWS patients and the public was approved by trust Board - to allow patients to co-produce and make improvements that really matter to them, leading to the creation of the NWS Patient and Public Panel (PPP). A key objective of the panel is to ensure inclusivity via a three-level structure to allow members to choose how to be involved, depending on the commitment they can make. Members can choose to be in the following groups: ‘consult’ is virtual, making the most of digital channels to interact with members who can get involved whenever or wherever they choose; ‘co-produce’ panel members work together on short-term projects using co-production techniques; ‘influence’ members take an ongoing, active role in high-level meetings to enhance decision making and discussions

Currently (end March 2020) we have 68 Patient and Public Panel members fully inducted and with many already involved in the work of the trust. The demographics of Patient and Public Panel members show that membership from the Cheshire and Lancashire regions is slightly below the target representation for those areas currently. Gender balance across members is in line with our regional and workforce profile. Panel membership from those declaring a disability has been over and above the initial target, which is positive. We are underrepresented by members from the younger age brackets, which will be considered in future Patient and Public

Panel recruitment plans. A breakdown of panel member's involvement along with demographics can be found below at Figure 2:

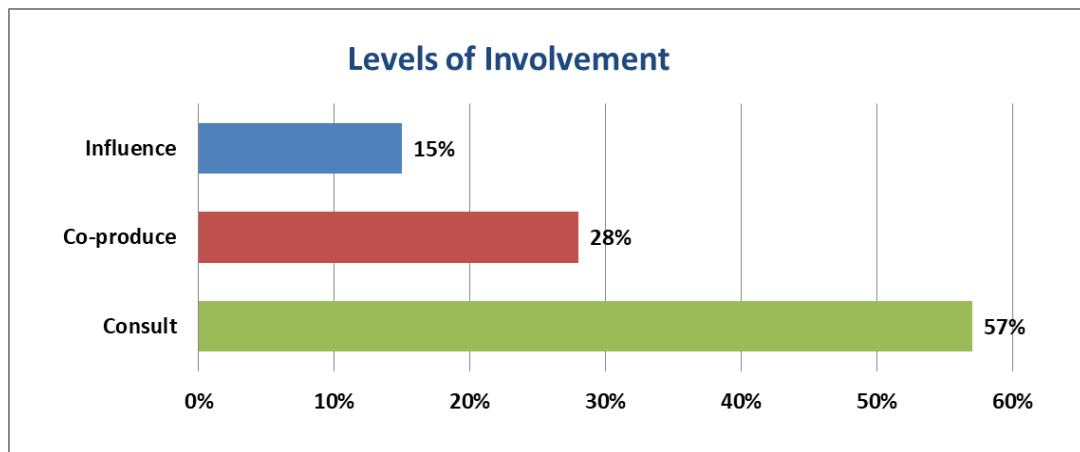


Figure 2: Showing PPP Levels of Involvement by percentage

To date (end March 2020), there have already been a total of 24 Patient and Public Panel involvement requests from staff at the trust since the first cohort of inducted panel members in September 2019. Already delivered, Panel involvements have been extremely varied from providing feedback virtually on our Patient and Public Panel materials such as our welcome handbook and panel postcards to attending Area Learning Forums across our localities. Staff requests for involvement are via completion of a pro-forma to specify what level of involvement is required from a Patient and Public Panel member.

Engagement Activities

Patient and Community engagement activities during 2019/20 have enabled us to:

- Receive advice and feedback from a range of our hard to reach and vulnerable patient groups on how to improve access to ambulance services.
- Enhance opportunities for our staff and managers to further understand culturally sensitive ambulance service provisions
- Increase awareness with a range of our communities on our ambulance service provision
- Understand some of the barriers with employment access for under-represented groups. E.g. BME groups in operational roles.
- Provide reassurance for our patient groups, the general public and communities that we take community engagement seriously and that all feedback received from our patient and community engagement activities is valued and where required will be acted upon.
- Promote partnership working with many of our hard to engage and vulnerable groups including with CFR volunteering opportunities and our Patient and Public Panel (PPP) membership.

- Develop awareness with our North West communities in relation to how the trust provides specialist ambulance health inequalities support with e.g. stroke, cardiac arrest, diabetes, dementia, mental health and obesity.
- Tackle a number of perceptions associated with Ambulance mental health support.

Examples of some of the feedback received include:

- *Older community need help to understand what a real emergency is' and 'I knew I was not well but my daughter insisted on calling 999. At the time, you always think that it may pass and you may get better. You just do not want to bother people.'* (Focus group engagement)
- *"The event went beyond what I was expecting. Was very informative"* (Merseyside community event)
- *'I went to hospital on the public bus - the nurse was annoyed that I had not used PTS so he called them to pick me up.'* (Focus group engagement)
- *'More is needed to inform/educate public about 111 and when to ring'.* (Cumbria community event)

Patient and Community Engagement Aims

The trust's patient and community engagement aims (presently under review) during 2019/20 included:

1. To engage with a range of communities, specialist patient groups and their champions on 'What to expect from the ambulance service'.
2. To develop understanding of how to access ambulance services with community groups.
3. To use feedback from specialist patient groups to inform service improvement and to share information on the changes which have been made as a result.

Engagement highlights and activities delivered during 2019/20 to support these aims include:

- Engagement activities with diverse communities as detailed in the Community Engagement Activity Plan 2019/20 (Appendix1). The plan identifies a minimum 33 large footfall community group events that have been attended by the trust. These ranged from; National Disability Awareness Days, LGBT PRIDE Events, Health Mela Events, University Fresher Fairs, Health Fairs and Open Days. A trust 5 year Community Engagement Guidance Framework 2020/25 is presently under development to ensure attendance at high footfall community events remains centrally logged with the communications and PE team, consistency of information to be relayed at the events is shared with all staff attending and there remains an opportunity to receive good practice feedback on our attendance.

- An ongoing co-design review with Patient and Public Panel members to support and capture patient feedback from equality and diversity patient community groups. During 2019/20, we captured feedback from over 32 face to face targeted focus group sessions using our nationally acclaimed patient experience board game.
- 'What Happens When You Dial 999 and 'What to Expect From Ambulance Services' leaflets have been shared at a minimum of 33 community engagement events.
- Easy read Friends and Family Test (FFT) comment postcards - were reviewed and co-designed with community groups with the new nationally mandated FFT question for implementation 01 April 2020. These have made available on all NWS ambulance vehicles both PES (emergency and urgent care) and PTS.

Feedback, Learning and Service Improvements

An analysis of the feedback received from patients provides us with focus areas for our annual work programme, themes for learning and the opportunity to make service improvements. Activities during 2019/20 include: (Steph checking date is correct with Yunus)

- During the year from feedback received at our 5 community events and at our PPP taster and induction events, we quickly realised that there were low levels of general public awareness about our core Ambulance services, what are our PES incident response times are, whether NHS 111 is a 24 hour 7 day service and patients incorrectly thinking that being taken into ED by Ambulance means they would be seen quicker. As a result, the trust has already delivered 2 NWS service communication campaigns in particular on social media on PES and NHS 111 to enhance this awareness.
- As a result of our attendance at visually impaired forums, board game engagements, patient story to Board and from FFT survey feedback, we co-designed a 'NWS Transportation of Assistance Dogs Guidance' with local and National Guide Dogs Associations. The guidance is in line with 'The Equality Act 2010' which ensures reasonable adjustment considerations for disabled persons who are reliant on assistance dogs when accessing our services. The guidance will be approved for trust wide adoption in 2020.
- Feedback from our community groups attending the 5 community events disclosed that there was a public perception with re thinking there was a marked absence of mental health knowledge for our ambulance crews. Following on from this, we shared the trust's 3 year mental health and strategic plan website link with all attendees
- Further feedback at our 5 community events asked us to explore and communicate with attendees how accessible PES and NHS 111 is for people from the deaf communities. We have worked with Action for Hearing Loss and the NHS111 'Interpreter Now' service in conjunction with 2 members of the trust PPP and their Deafway organisation to further understand this and to provide the appropriate reassurance for our deaf community groups in the region.
- Postal survey FFT, patient satisfaction and dignity and respect data shows a high regard for the Ambulance service and in particular our frontline crews. This data

when collated on a quarterly basis to share with Trust Board was viewed very favourably. A decision was taken that this information would also be good learning for the trust in particular operational staff when also presented to service line SMT's. This will be a key feature going forward.

Recruitment

Work has been ongoing to ensure recruitment and selection methods are inclusive, without unnecessary barriers for candidates to negotiate. Along with staff side leads, the guidance relating to the job evaluation process has been revised, ensuring job description and person specification documentation is accurate and inclusive.

NWAS has attended a range of different events to showcase the variety of frontline and support roles available to those looking for a career within the ambulance service. The events we attend are selected to ensure diverse and underrepresented groups are made aware of opportunities, some of which are detailed in the Community Engagement and Widening Participation section below.

The paramedic pre-degree programme has continued. Led by the Positive Action Officer, this programme involves community engagement work to seek applications from candidates with the right values and qualifications to study to be a paramedic at university, but who may be lacking operational experience. The programme offers operational experience to successful candidates. Working with three partner universities, we are also able to offer all candidates a guaranteed university interview for a BSc Hons Paramedic Practice degree course. Candidates recruited to the programme have been offered permanent employment with the Trust as Ambulance Care Assistants.

Everyone approaching an NWAS stand as part of our external engagement work is given personalised support; this is the case, whether they were eligible for the pre-degree programme or not. This work has contributed to improved levels of representation from BAME communities during the last 12 months.

Positive action messages remain on Trust adverts. NWAS is signed up as a Disability Confident Committed employer, giving reassurance to candidates with disabilities about the level of support they can expect as candidates and onwards as employees of the Trust.

The TRAC system is used by the HR Hub to support the administration of the recruitment process. The team is able to produce and analyse reports about the diversity of candidates for roles, which helps the Trust prioritise areas of work.

Youth Engagement, placements and other programmes of work

The trust provides placements for Healthcare Cadets across Greater Manchester, Cheshire and Mersey and Cumbria and Lancashire receiving placement opportunities from January- May to assist them in gaining vital experience of the ambulance service environment to make informed career choices for future career aspirations. These individuals often progress on to university in Health care degrees.

The trust also provides bespoke work experience opportunities for learners within areas such as IT and corporate environments.

NWAS has provided Pharmacy Students from Liverpool John Moores University with placements to offer exposure to the sector too.

23 students who attended placements gave feedback in response the question: *How do you feel about your placement and your own wellbeing (e.g. was it suitable, did it meet your expectations, was it a positive experience)?* Below includes some of the positive comments received:

- *I really enjoyed the placement. It was interesting to see the role of the pharmacist outside of a hospital/community setting.*
- *It was very interesting and helpful.*
- *Yes, I really enjoyed the placement with NWAS. It was very informative and the two medicine governance facilitators explained the process of the medication etc extremely well. They showed us the drug pouches, cabinet and the ambulance itself kitted out with medication, I would recommend.*
- *Very interesting to learn more about the ambulance service and the role of pharmacy within that sector. Safe and warm environment.*
- *The placement was suitable and it was a positive experience.*
- *Very well.*
- *I had a lot of positive experience and it was very interesting.*
- *It was a positive experience*

100% of students:

- felt that overall the tasks given to complete at placement were compatible with their degree programme.
- felt that the placement built on or contributed to their degree subject knowledge.
- would recommend this placement to other students.

NWAS has also supporting 8 young individuals in obtaining vital work exposure within the Fleet Mechanic environment to enable them to gain sector specific skills and knowledge whilst working towards their Level 2 Vehicle Maintenance qualification in their FE College.

The Trust has continues to hold the Fair Train Gold award. Fair Train's Work Experience Quality Standard is not just a highly respected accreditation; it is also a rigorously tested and widely proven step-by-step guide to making the specific work experience valuable, fulfilling, rewarding and the best possible uses of resources.

The Work Experience Quality Standard is a national accreditation which recognises those organisations offering high quality work experience opportunities to their learners, and managing risk effectively. It also acts as a framework for development to help organisations to plan, run and evaluate high quality work experience programmes.

*'North West Ambulance Service NHS Trust has been and continues to be extremely impressive in its delivery of Work-Based Learning/Work Experience. It thoroughly deserves our **Fair Train Work Experience Quality Standard** status at Gold, our highest level, and was one of the first NHS organisations to achieve this accreditation level.*

We have always been conscious of the Trust's passionate commitment to Work-Based Learning/Work Experience and of its understanding of the benefits this activity brings to all parties – but especially, of course to the participants/learners. The Trust is always thorough and meticulous in this work and its dramatic increase in outputs, i.e. numbers of placements, has been achieved without quality ever being sacrificed.

We often cite North West Ambulance Service NHS Trust as a shining example of an organisation which is making a truly determined effort to engage and attract future employees, which is SO important to the NHS, with which we are in a 5-year partnership to help develop the healthcare workforce of tomorrow.'

Rod Natkiel, CEO Fair Train

The Trust has delivered a number of Pre-employment programmes within the Patient Transport Service and Emergency Operation Centre. The pre-employment programme aims to support individuals who have been unemployed and are seeking employment within our sector. As well as working with Job Centre Plus directly, we have promoted the programmes at numerous community venues and through our community network contacts to make sure applications are received from a diverse group of candidates. They attend a supported employability programme and placement exposure to the operational area to prepare for application and recruitment into the chosen field. These have led to successful progression into employment for individuals on programme. The last program in the Lancashire area saw 9 out of 12 candidates' successful gaining employment within NWAS.

NWAS has also undertaken a Skills club with 'Back on Track' in Manchester. This is a learning centre in central Manchester, where they work with adults who are going through a process of recovery or rehabilitation. They support around 750 people every year who have been through problems with alcohol or drugs, offending, homelessness and mental health. The projects enable people to build the skills they need to lead meaningful and fulfilling lives. The skills club runs over a number of weeks where skills such as team work, BLS and career next steps are delivered to these individuals, in a bid for them to gain skills and confidence for their futures.

The Trust has delivered a number of Pre-employment programmes within the Patient Transport Service and Emergency Operation Centre. The pre-employment programme aims to support individuals who have been unemployed and are seeking employment within our sector. They attend a supported employability programme and placement exposure to the operational area to prepare for application and recruitment into the chosen field.

NWAS has also undertaken a Skills club with young individuals that are currently in care. The skills club runs over a number of weeks where skills such as team work, BLS and career next steps are delivered to these young individuals.

Community Engagement and Widening Participation

As well as our approach to patient and public engagement the Trust also attends a range of community events to promote recruitment and development opportunities to support our approach to Widening Participation in employment and training.

NWAS is committed to the development of apprentices as part of its future workforce model and has successfully registered with the Skills Funding Agency as an apprenticeship employer-provider.

Through our strategy to increase the diversity of our workforce, the Trust has attended a number of events to promote NWAS as an employer of choice. Advice, information and guidance is offered by staff so communities and individuals know where we advertise and about the range of roles, including our apprenticeship positions. Through attending the events, our staff can spend time discussing any barriers or particular needs of individuals and groups to enable future career aspiration to be attained.

We receive positive feedback from attendees at these events and whilst we cannot attend all recruitment events held in the region, we prioritise events such as the Big Bang and Regional skills show events where we can spend time with students and teachers with a view to ensuring they know about the roles and requirements. Priority is also given to events where there is potentially a diverse group of attendees or attendance from a group that is underrepresented in the workforce currently. Any schools or other venues which we are unable to visit can be informed about a high footfall event in the local areas we are scheduled to attend, or we can also share information with them electronically and refer them to social media, as appropriate.

Over the last year we have also hosted several small local events and promoted events too, rather than attend large council or Job Centre Plus events. This approach has helped us speak to a wider variety of people about opportunities. We have also made use of local newspapers to promote events and social media, depending on the events and the target audience. NWAS was pleased to attend the first Manchester Council Job Fair in 2019 aimed at getting local people with disabilities back into work or into the career of their choice.

For the paramedic pre-degree programme, the roles were available in Greater Manchester/Lancashire. As such the Programme was promoted at events across the North West including seven bespoke events in key demographic areas. Information was also published in Asian Life magazine and Asian Image website, which covers the North West; and was disseminated to contacts across the target area. Partnership working and networking has been ongoing throughout the Programme, engaging with over 100 organisations including local authorities, DWPs, voluntary and community sector, faith organisations, BME networks, community hubs, careers hubs, and the faith sector, including mosques, temples and gurdwara, together with strategic partnership working with Edge Hill University, Liverpool John Moores University, and University of Central Lancashire, which offer the paramedic degree programme.

The list of schools and events visited where jobs and careers have been promoted can be found on Appendix 2:

Apprenticeships

NWAS is committed to the development of apprentices as part of its future workforce model has continued to be registered with the Education and Skills Funding Agency as an apprenticeship employer-provider.

Following an OFSTED inspection which took place in November 2019, the trust was delighted to announce that it had received an overall effectiveness rating as good.

Areas which were assessed were quality of education, behaviour and attitudes, personal development, leadership and management and the overall apprenticeship programmes. The development of behaviour and attitudes and the personal development of apprentices were both rated as Outstanding in the Trust with quality of education, leadership and management and overall apprenticeship programmes were rated as good.

The inspection report highlighted many positives, including; leaders have implemented an effective training programme that responds to the identified shortages of roles, tutors plan training in a logical way, apprentices receive good support from practice based educators, mentors accurately assess knowledge, skills and behaviours, just to name a few. It said that a high proportion of apprenticeships complete their qualifications and achieve high grades, and they effectively use the knowledge and skills gained to support patients receiving emergency care.

The report also stated that apprentices want to be the best they can be to provide the best possible care for their patients and service users. One of the comments made by an apprentice involved in the inspection said of their role, which was quoted within the report, "When you put on your uniform, it changes you; you feel a sense of pride."

The trust started to offer apprenticeships in May 2017 and currently has 279 apprentices on standards based apprenticeships. 240 follow the associate ambulance practitioner (AAP) apprenticeships and standard based apprenticeship at level 4, and the remaining follow the emergency services contact handler (ESCH) standards based apprenticeship at level 3. Overall 400 staff have been recruited through apprenticeships.

Many staff are undertaking apprenticeships in our ever growing portfolio these also include:

- x5 - Diploma in Business Admin level 3
- x4 - Team Leading level 2
- x2 - Network Engineering Level 4
- x1 - Learning & Development Level 3
- x4 - Assistant Accountant Level 3
- X2 - Vehicle Maintenance Level 2
- X1 – Vehicle Maintenance Level 3
- X1 – Diploma in Management Level 3
- 1 Community Specialist Paramedic on Advanced Clinical Practitioner Level 7

Partnership working with the Armed Forces

Work has been ongoing with the Armed Forces sector, with partnership working being developed across the North West with armed forces hubs, support networks and charitable organisations to share good practice and to promote career opportunities at North West Ambulance Service. The Widening Participation Team and Positive Action Officer have supported virtual and actual careers events across the trust footprint and have joined forces with NHS trusts, the Careers Transition Partnership and the North West Armed Forces HQ to plan future collaborative careers events.

One to one support with regards the recruitment process is offered to service leavers transitioning into civilian employment and veterans, including support on career pathways, writing effective applications and interview skills. 25 service leavers and veterans have received this level of support.

The Trust is also involved in the NHS Step into Health Programme, which is a first access programme to facilitate career transition from the military into civilian employment. NWAS has also begun the use of the Step into Health candidate

monitoring system which enables at point communication/referral and IAG with candidates looking to access careers in the ambulance service.

The Trust is also involved in the NHS Step into Health Programme, which is a first access programme to facilitate career transition from the military into civilian employment. We also held our third Insight Day for service leavers and veterans and provided the opportunity for attendees to find out about roles and career opportunities within the Trust.

Staff Training

Equality, Diversity and Human Rights is embedded in all induction training in the Trust for new starters. Furthermore all staff are required to complete refresher training on an annual basis covering equality, diversity and human rights as part of their mandatory training. For frontline staff this training is also embedded through scenarios which are discussed and debated in a face to face group to test people's learning.

In addition, frontline staff will also receive training on differing aspects of care which may vary from year to year, for example dementia or learning disabilities. This training helps to equip staff to deliver the right care to patients, taking into account their needs.

As well as all managers completing their mandatory training on an annual basis, they are also able to access a suite of training sessions to support their role and EDHR is embedded within this training.

HR Masterclass sessions are available for all managers and these are run on a quarterly cycle throughout the year. Existing managers can access these sessions as required and new managers are expected to attend these sessions as part of their induction during their first year in post so that we can ensure that they are equipped to support their staff effectively, taking account of their individual needs.

The 'Be Think Do' leadership programme continues to be reviewed and revised as appropriate, seeking to embed those behaviours expected of our managers and leaders. This includes ensuring managers are thinking about the protected characteristics of the staff within their teams – as to what the barriers and enablers may be to individuals within their teams.

A career development pathway was also developed, with a view to empowering female staff in operational roles to fulfil their potential within NWAS. An evaluation of the feedback forms has shown that attendance on the course has been a positive experience for candidates. Several staff have applied for and obtained promotions since starting the programme.

In addition, the Trust recognises the need to identify when bespoke training is required. A Workforce Equality session was designed and delivered to the HR Hub during summer 2019 with the aim of supporting the team who manage the Trust's

recruitment processes. A Board Development session took place in December 2019 and made use of the lived experience of staff from the Race Equality Forum and LGBT network.

The training team themselves have been on a learning journey relating to workforce equality and inclusion over the last 12 months. An equality awareness session was designed and delivered to staff within the Driver Training Team in November 2019. Two bespoke equality awareness sessions were also delivered to CPT managers and the wider training team in February and March 2020 to support the embedding of inclusion into training programmes. A follow up session will be scheduled during 2020-2021.

Several of the staff forums have included guest speakers to share their knowledge about a particular topic or condition to stimulate debate. A range of external conferences have been attended on different areas of equality, including: national ambulance sector conferences on Race and LGBT; conferences on developing staff networks; disability summit; armed forces conferences; Race Equality Change Agent Programme. Trade union and staff network colleagues are encouraged and supported to attend. NWAS has again promoted information and resources available to staff via the Employers Network for Equality and Inclusion.

Staff Networks and Forums

NWAS has made huge strides in the last 12 months in the development and support of the networks and forums. Each of these avenues provide opportunities for staff with particular characteristics to share their experiences. This allows the organisation and colleagues to learn, support and ultimately improve the working culture for everyone. There are clear links to the improved patient care we can provide when we understand, recognise and support our differences.

There is an established NWAS LGBT Network. Over the last 12 months, Committee members have been assigned specific tasks to support the network, based on the themes of the action plan. This approach has been effective in increasing the profile and visibility of the network, as well as members directly contributing to discussions about equality through representation at a Board Development session and with Training Managers. Further to the colourful Pride 2019 summer season, highlights for the network have included attendance at the National Ambulance LGBT conference in Birmingham in October 2019, with the NWAS Chair facilitating a workshop on attitudes towards HIV patients, and the launch of the NWAS NHS Rainbow Badge scheme in February 2020. NWAS staff survey results published in February 2019 were shared with the Network in April 2019. The Network were represented at the Trust Strategy Launch in autumn 2019 alongside colleagues from the Organisational Development Directorate.

The Disability Forum has continued to develop. Four forums were held during the year to March 2020. January 2020 saw the achievements of the previous 12 months

presented to the group. Internal and external speakers have supported the sessions with a range of staff, managers and staffside representatives attending. Colleagues from Procurement and the Communications Team have supported workshop discussions; the Trust Freedom to Speak Up Guardian has also presented and participated in the sessions. Quotes from attendees included:

'This event was very informative. I found the personal stories very moving . I can honestly say I feel living with disabilities and how they can affect our mental health, well- being and inclusion in the workforce is now better understood...'

'I will use the handouts not only to inform me better but the Team I manage and my manager.'

Data relating to the Workforce Disability Equality Standard (WDES) has been presented and will continue to be shared with the group. Two attendees from the Forum have since attended the operational WDES meetings and next steps include a pilot of the Disability Passport, which was unfortunately delayed due to the pandemic.

Forums took place in July 2019, October 2019 and January 2020 to hear about the experiences of staff from ethnic minority backgrounds. The development of the Race Equality Forum has been supported by the Chair of the National Ambulance BME Network, who attended the October 2019 meeting. The forums are open for all staff to come and hear what NWAS is doing to address inequalities relating to race which are seen through the annual reporting of the Workforce Race Equality Standard (WRES). In February 2020 the Corporate HR Team met with a mix of staff who are new to these discussions in NWAS, or who have engaged with the team about race equality in recent years. These discussions about how to take the Forum forward into the future possibly into a network and how to raise the profile of the work which NWAS is doing, will continue during and after the pandemic passes. A page has been set up on the intranet in support of this Forum and contact details appear on an 'NWAS Staff Networks' poster which has been promoted across the Trust.

The NWAS Armed Forces Network has gone from strength to strength since the first meeting in October 2018. The Network was involved in the review of the Trust Armed Forces and Reserves Policy, which included an increase to 10 days paid leave for training camps. The group now has their own logo and recognised Armed Forces Day in June 2019 with an event held at Ladybridge Hall, open to staff, managers and military staff working on honorary contracts with the Trust. The event was attended by external partners too. Network members have been supported to attend conferences about their dual role of being part of the Armed Forces and within the NHS; members have worked in partnership with the Corporate HR Team to showcase their work and were able to attend the HSJ Awards to celebrate the recognition of being shortlisted for the Reservist Support Award.

Dignity at Work

The Dignity at Work policy was jointly reviewed with staff in 2019 and changes were made in relation to ensuring the wording of the policy was more user friendly and additional support details were also included within the appendices. The 'Be Think Do' leadership programme continues to ensure that managers are equipped to be sensitive to conflict and aware of how they can seek to reduce it within their teams.

A new training course, 'Is it Really Banter?' was successfully piloted and has subsequently been included in the L&D offering. The course is aimed at staff and is seeking to explore what is and isn't acceptable language within the workplace. The staff networks were instrumental in developing course content with lived experience scenarios to ensure the course is relevant and effective. Real-life examples of language used by staff towards staff are discussed during the session, with a particular focus on the impact language can have with regards to protected characteristics. Plans are being developed to consider how this training can be more firmly embedded within management induction.

The Trust has continued to promote and support the work of the Freedom to Speak Guardian. In 2019/20, a revised policy and procedure was amalgamated from the existing Raising Concerns at Work Policy and Procedure and the Freedom to Speak up Guidance in order to avoid unnecessary confusion to which process/procedure should be followed in the event of 'speaking up'. The Guardian has also attended staff network meetings to promote the process and hear staff views.

The Trust is finalising their Treat Me Right campaign which provide information and guidance to all staff on expected behaviours and support options.

Policy Development

All new and existing policies, procedures and guidance is developed in partnership with Staff Side and management colleagues through our Policy group and where appropriate through specialised consultation with affected groups. The Trust continuously supports the development of best practice and has reviewed policies, procedures and guidance on: Supporting staff with Specific Learning Difficulties, Breastfeeding Guidance, Equality, Diversity and Inclusion Policy, Armed Forces and Reserves Policy and Domestic Abuse Guidance.

Health & Wellbeing

The Trust continues to make progress with supporting the health and wellbeing offer for staff ensuring that there is also effective staff engagement. The work around health and wellbeing contributes significantly to equality, diversity and inclusion, particularly with its focus on supporting mental health issues and developing support for staff to help eliminate barriers.

We have a number of communication tools we use to keep staff informed and updated on all support available for Health & Wellbeing and 'Invest in Yourself' is the Trust's approach that aims to support staff in improving health and wellbeing both in

and out of the workplace. We have developed and created specific support pages within our staff Intranet, Invest in Yourself site and the Staff App. We also utilise social media for promotion of Health & wellbeing support and this way, it makes support available 24/7 and accessible for all staff.

The Trust recognises that improving mental health is an important issue for staff who may face challenging situations on a daily basis. We have launched an EAP service which is available for all staff and accessible 24/7 for telephone support. This enhances our current support offering including OH provisions such as counselling/therapy and the many resources available for supporting Health & Wellbeing.

We have a number of support networks and interventions for staff including the PTS Peer Support network, Blue Light Champions and Trauma Risk Management (TRiM) which aims to support staff who have been affected by traumatic events experienced within work. There is a 111 peer support network but the pandemic has delayed the roll out of similar work within the Emergency Operations Centres. These support networks help to assess staff's mental health fitness and signpost those showing signs of poor mental health early to support to help prevent the development of longer term issues. We are currently reviewing all of the support available to staff via the Mental Health framework as part of the wider workforce strategy.

We currently offer staff benefits which contribute to the Health & Wellbeing of staff. This is a staff portal where there is access to discounts/home electronics/cycle to work scheme and further support and guidance around Health & Wellbeing.

There are a number of other Health and Wellbeing initiatives including participating in a suicide prevention working group, quarterly fitness challenges via Kaido and adhoc staff engagement incentives such as kindness nominations.

Compliments, Memberships and Awards

NWAS maintains Disability Confident Employer (Level 2) status until November 2020. We continue to use a workplan to ensure progress continues to be made to improve the experience of candidates and staff with disabilities.

We remain signed up the Race at Work Charter, as signed up in December 2018.

In November 2018, we were delighted to be a winner in the individual Positive Action category and shortlisted as a team for the Champion of Equality and Diversity award at the Asian Fire Service Awards. It was fantastic to therefore be invited to speak about our Positive Action work at the North Region Positive Action workshop of the Asian Fire Service Association in September 2019. We were able to share the progress from the local approach to advertising particular opportunities and the work taken to increase the visibility of inclusion within NWAS.

NWAS have maintained out membership of the Employers Network for Equality and Inclusion (enei). This has ensured we are able to access resources and external benchmarking on embedding a culture of equality and inclusion.

We have been fortunate to receive external recognition of our work on equality over the last 12 months. We were shortlisted by the HSJ Awards for the category of Reservist Support in November 2019. It was fantastic to be one of three teams within NWAS to be shortlisted and to attend on the night alongside colleagues from the Armed Forces Network.

The team were also shortlisted for the Personnel Today Awards in November 2019, in the category for 'Diversity and Inclusion – Public Sector Award'. Unfortunately we missed out on the night but the recognition was another reminder of the huge steps we have made.

Working with colleagues – regional, national and trade unions

NWAS continues to participate as a member of the National Ambulance Diversity Forum (NADF), which meets quarterly to share best practice of diversity with colleagues from across the ambulance sector and use expertise to inform AACE how national or NHS initiatives on inclusion may impact on the sector. We also invited the Programme Manager from the NADF to speak at the Board Development session on Equality which was held in December 2019.

Trust representation at the National Ambulance LGBT Network is undertaken by the NWAS LGBT Network. However the Corporate HR Team will also link in directly with the National Ambulance LGBT Network as required too. We enjoyed hosting a quarterly Committee meeting for the national network at our Estuary Point site in November 2019. There is a shared LBGT action plan between the team and the LGBT network.

The National Ambulance BME Forum continues to develop and NWAS has been engaged with the Forum. The Chair was invited to speak to at the Race Equality Forum held in Haydock in October 2019. There was good Trust representation at the national conference in October too.

The Trust has continued to link in with North West NHS Equality and Diversity Leads meetings and smaller regional meetings when possible.

NWAS continues to take a partnership approach to equality. The team has supported trade union representatives to attend conferences and encouraged attendance at Trust-held staff forums and update events. There was trade union representation at the EDS2 internal stakeholder session in January 2020. We welcomed two of our commissioners to the internal event too, who were unable to attend the external stakeholder event scheduled for February 2020.

Specific Duty

In addition to the General Duties, the Public Sector Equality Duty sets out requirements for the public sector to:

- Publish relevant, proportionate information demonstrating their compliance with the Equality Duty
- To set themselves specific, measurable equality objectives

Although this annual report itself sets out how the Trust has been working to meet its equality duties, this section looks at how the specific duties have been met.

Employment Monitoring Information

NWAS publishes data on an annual basis to show a breakdown of the characteristics of who works for the Trust. Similar data about applicants, those shortlisted and those who started employment with the Trust are also published. The employment monitoring data has been published on the Trust website and relates to 31st December 2019. The recruitment data covers the period 1st January 2019 to 31st December 2019.

A summary of some of the data is available at Appendix 3.

Equality Objectives

The Trust is required under the Specific Duties to prepare and publish one or more specific and measurable equality objectives which will help to further the aim of the equality duty. The objectives must be published every four years. The Trust's current objectives were first published in 2016 and so that cycle is now complete. The Trust progress for the objectives is provided here:

Objective 1

To continue to seek to improve the diverse representation of the workforce with particular focus on:

- Improving levels of employment from BME communities, measured through improving non-white Black and Minority Ethnic Groups from the current level of 2.97% and Non-White British Groups from the current level of 5.2%.
- To improve levels of representation of women in operational management and leadership positions from 22.7%.

Progress:

- As at 31st January 2020 the Trust workforce is made up of staff from BME backgrounds at 4.68%. This represents a trend which has increased from 2.97% when this objective was set. This increase is a result of continued community engagement with recruitment as a key feature. The OD Directorate

has committed to sustaining the role of a Positive Action Officer, which has been an enabler to the progress of this objective about the ethnic diversity of staff. With reference to the objective above, Non-White British staff have increased to 8.23% of the workforce. It should be noted that in future reports, NWAS will seek to only mirror the language and categories used within the WRES guidance from NHS England when monitoring the racial diversity of staff for consistency and clarity. We recognise that language changes though and we will continue to link in with our staff and external partners to keep our language about race and identity as up to date as possible.

- The Trust activity in support of the WRES metrics has also supported this objective. There has been an increased focus on staff survey results looking at the staff experience of minority groups, which supports engagement and retention.
- The Corporate HR Team has built up relationships with staff, including most recently in the format of the Race Forums, and also with external colleagues across the sector and wider NHS, to share experiences and best practice on the theme of race equality within healthcare settings.
- With regards to gender, the levels of female representation in operational management and leadership positions has increased from 22.7% to 30.41%, reflecting the development and initiatives to support women progressing in leadership roles.
- The introduction of mandatory gender pay gap reporting has supported the work taking place in the Trust relating to female representation. Quarterly meetings are held to review progress on three main themes: recruitment, flexible working and career progression. It is thought that the activity carried out is supporting this work. A barrier to further progress has been the availability of vacancies at a senior level for staff to move into.

Objective 2

To deliver improvements in staff experience of bullying, harassment and violence at work as measured through annual staff survey results.

Progress:

- The staff survey results show a reduction in bullying, harassment and abuse from managers as reducing from 18.4% to 14.2%, which is better than the sector average for this issue. The question relating to 'the last experience of bullying and harassment reported' has increased which is a testament to continued efforts to promoting an open and honest culture specifically through Freedom to Speak Up. The Guardian has continued to be promoted across the Trust and embedding as a route for harassment and bullying concerns to be raised.
- Peer Support networks have extended to 111 and EOC and continues to grow in the Patient Transport Service. Peer Supporters are specifically trained to

understand where to access support for bullying and harassment.

- The Violence and Aggression Group continues with progress work in support of this objective and one of the most recent changes made is that of the ambulance signage to highlight violence/aggression or abuse will not be tolerated and incidents will be reported to the police.
- Our Treat me Right campaign, targeted at bullying and harassment, is due to launch officially over the next couple of months. We have developed a guidance toolkit along with posters and fold out cards with all guidance/support being aligned to our existing Dignity at Work Policy. The toolkit documents and information will support staff and managers and act as an early intervention tool in regards to workplace conflict/bullying and(or) harassment.

Objective 3

To map gaps in available patient data and identify options for improvement.

Progress:

The implementation of an electronic patient record system (ePRF) was identified as the preferred option for delivering this improvement in mapping patient data. There have been delays to the project and it is now due to roll out later in 2020.

Objective 4

To map the current provision of services offered to and by the Trust to appropriately manage patients presenting with dementia; identify gaps and plan the Trust's future dementia strategy.

Progress:

- Dementia Friends Dementia Awareness sessions have continued to be provided across the trust with over 6500 staff receiving this training to date; this remains part of induction and mandatory training.
- There are a number of modules within ESR which are related to supporting people living with dementia that our staff are able to access.
- On 10th October 2019, the Trust launched our Mental Health and Dementia Strategic Plan which has a specific recommendation in terms of developing and implementing dementia training that is in line with the standards within Health Education England's Dementia Training Standards Framework and work is being done nationally to develop both Tier One and Tier Two Training for consistency across all Ambulance Trusts.
- Within our PTS we now ensure that for all bookings taken, our staff ask if the patient has a diagnosis of dementia or cognitive impairment so that staff who provide support are aware of this and the need to ensure patients are safely handed over at their destination.

- The knowledge and skills of mental health practitioners continue to be utilised within the Clinical Hub and we now also have mental health practitioners within our 111 service.
- We are piloting the use of MP3 Players within one area of our PTS to ascertain if this reduces agitation in people with dementia who are travelling to appointments.
- In 2020/2020 we plan to consider how adopting the Butterfly Scheme will enhance patient experience within PTS, discussions have commenced and the work is in its early stages of development.

The Trust is currently refreshing its Equality Objectives and will be publishing its new objectives later in 2020.

Equality Delivery System (EDS2)

The Trust uses a national framework, the Equality Delivery System (EDS2) to measure progress against reducing health inequalities and improve staff experience. The framework covers all nine protected characteristics and disadvantaged groups against four overarching themes.

The objective is to assess health inequalities and provide better working environments, free of discrimination, for people who use, and work for, the Trust. The tool sets out four goals around equality, diversity and human rights. Within the four goals, there are 18 standards or outcomes, against which we assess and grade our equality performance. The focus of the EDS2 outcomes is on the things that matter the most for patients, communities and staff.

- Better Health outcomes for all
- Improved Patient access and experience
- Empowered, engaged and well supported staff
- Inclusive leadership at all levels

Work has taken place across the footprint to improve outcomes for staff and patients. The work is varied and includes both short-term and long-term pieces of work.

As part of the EDS2 framework, the Trust is obliged to share our progress on equality with both internal and external stakeholders.

At the end of a three year cycle, and as part of an open and transparent approach to the work we carry out on reducing inequalities, the Trust shared the work about all four themes with all stakeholders during the period 2019-2020.

For the internal event which was held in January 2020, staff from a range of roles were invited to Ladybridge Hall. Members of the NWAS LGBT network and from the Armed Forces network were invited to the internal event, along with staff who had been part of the Empowering Women cohort. Trade union colleagues were invited too and staff who are currently or recently graduated apprentices also attended.

External stakeholders who attended included representatives from Clinical Commissioning Groups, Healthwatch, patient groups and members from the Patient Public Panel.

Following the market stall and presentation at each event, attendees had an opportunity to grade the Trust activity. They also had a booklet summarising activity to aid their decision-making too.

The grading information from both stakeholder events has been collated and is presented as Appendix 4. A proposed Trust grading, having considered the input from these groups, is proposed.

The information shows an increase in grading in each theme overall. Grades were taken on the views of that particular group on that day.

Next EDS2 cycle and EDS3

The Trust is nearing the end of the first year of this next cycle of the EDS2 framework. The cycle will run from April 2019 until March 2022. The Trust is therefore following a three year plan for equality progression, as within the framework guidance.

The evidence in support of the goals and themes is currently being collated from the different teams for the first year of this cycle. This process allows the teams to continuously review their activity and progress in supporting the needs of different groups of staff or patients.

Workforce Race Equality Standard (WRES)

NWAS published the data for the Workforce Race Equality Standard during summer 2019. As last year, an action plan was also published with a view to the plans in place reducing the inequalities in the experience of working at the Trust which exist between White and Black and Minority Ethnic (BME) Staff. The strategy adopted focuses on workforce representation, looking specifically at frontline operational roles, and the staff experience aspects of the WRES.

Meetings are held twice a quarter to review progress against objectives to ensure that there is momentum across the Trust relating to this work. The visibility of this work has also increased, with a presentation about the WRES at a Board Development session in December 2019 and relevant data shared at the Race Equality Forums.

The WRES data published showed improvements in staff experience for BME staff. Views on career progression, discrimination and abuse all pointed to a more positive

working environment. The data showed an overall increase in CPD and non-mandatory training opportunities across the all areas.

Activity in support of the WRES since publication last autumn has included:

- Metrics on non-mandatory training/CPD and career progression - Nwas was well represented by frontline staff and managers at the National Ambulance BME conference October 2019. Opportunities for courses targeted at BME staff, such as from NHS England or NW Leadership Academy, are promoted and support offered to applicants and successful candidates.

- Board representation and staff experience metrics – A Board Development session was held December 2019 on equality, with staff stories and a national speaker on race. There has been visible engagement by the Board about this agenda since that session.

- All staff experience metrics – The Race Equality Forum has continued to develop, supported by the Corporate HR Team. A session was held in February 2020 with staff to review first 12 months of the Race Forum and collaboratively set a shared agenda for the next forum. A representative of the Forum will attend WRES meetings in future.

The detail of the WRES results can be found on the Trust's website at:

<https://www.nwas.nhs.uk/publications/workforce-race-equality-standard-wres-2019-data/>

Gender Pay Reporting

The Trust published the statutory gender pay gap information during the spring of 2020 on both the government and Trust websites. The data was taken from 31st March 2019, in line with national guidance.

Overall representation of female staff has increased within the workplace from 45.62% to 46.83%. Female representation within each quartile of staff has also increased.

The information shows an hourly (average) mean pay gap of 8.85% between male and female employees. The hourly median rate of pay reveals 8.28% difference in pay. This part of the data shows a slight worsening of the gap in pay at both the median and the mean. It should be noted that the actual hourly rate increased for both male and female staff over this 12 month period, up 68p to £16.09 for men and up 46p to £14.66 for women.

The action plan focuses on recruitment, career progression and flexible working to enable progression of women within the organisation into the higher pay quartiles. Most external recruitment takes place into entry level posts which appear in the lower quartiles of pay and success in improving representation in these areas through recruitment can impact of the overall pay gap. The Trust has also focused on positive action programmes to support female progression into operational management positions, through our award winning Women in Leadership

programme and this has delivered improvements in representation in the upper quartile of pay over the last 12 months.

Much of the activity that has taken place in support of this work will not bring overnight changes to the data. Many of the reasons behind this ongoing gap are structural and will take time to work through because they rely on the successful promotion and recruitment of women into senior positions, which do not have the same turnover as other roles in the organisation.

Information about the Trust gender pay gap can be found on our website at:

<https://www.nwas.nhs.uk/about/valuing-staff/gender-pay-gap/>

Workforce Disability Equality Standard (WDES)

NWAS published the data for the WDES metrics for the first time in September 2019. The data showed the differences in staff and candidate experience when comparing those who have disclosed a disability and those who have not. The data was drawn from ESR and the staff survey. The data relating to representation showed a mixed picture across the Trust but we know that there are currently high levels of staff not disclosing disability. Recruitment data showed a positive picture in that there is no discrimination identified but the staff survey data showed a consistently poorer experience for our disabled staff.

An action plan was produced and focused on the following areas:

- Improving disability recording.
- Ensuring the existing Bullying and Harassment working group reviews the experience of disabled staff and considers bespoke interventions.
- More in-depth analysis of data on career progression and discussion of barrier
- Improving staff voice through development of the disability forum.
- Reviewing the outcomes of the WDES in relation to the review of the sickness procedure due in 2020.
- Improving portability and review of reasonable adjustments

Actions and Progress during 2019-2020

- Disability Forum – there have now been 4 Disability Forums during 2019 with the next scheduled for January 2020. They have been well attended to date with the January meeting to look at progress and achievements, as well as priorities for the coming year.
- WDES meetings – these take place every 6-7 weeks to review progress.

- Disability Passport – work is underway with a pilot area selected. The passport was due to be trialled during Quarter 4 but that had to be delayed. Information from a variety of sources, including from trade union colleagues, was used to draft the passport.
- Culture – A focus group with Zeal took place with forum members in January on the work 'Moving towards an outstanding culture'.
- Communications – work is ongoing for the visibility of the Forum. In the meantime, there have been items in the bulletin relating to support available to staff and managers relating to disability in the workplace.

PRIORITIES FOR 2020-2021

The Trust will continue its focus on improving practice in the key areas identified through data analysis and qualitative feedback and embedded in our Equality Objectives and action plans. In particular we will focus on the following areas:

- ***Improving senior leadership and oversight of the Inclusion agenda***
- ***Explore multi-faith and chaplaincy provision to support staff wellbeing***
- ***Establish diversity and inclusion competencies required of leaders and managers; develop the required training offered***
- ***Development of staff networks & engagement, including effective infrastructure and Board support***
- ***Review of key recruitment interview & assessment processes to improve quality and inclusivity***
- ***Continue to develop internal and external positive action programmes to support improvements in representation***
- ***Ensure that our staff with protected characteristics stay safe during the COVID pandemic through effective management of the risks they face and wellbeing support***

We look forward to seeing the Patient Public Panel to continue to develop and embed the patient and public voice in service delivery and review within NWAS.

We will listen to staff about the changes that can be made, large and small, to improve their working environment.

We will continue to grow together as a dynamic and compassionate organisation to work for and provide the individualised care every patient should expect.

Appendix 1 - Community Engagement Activity Plan 2019/20

Key: Communications and Engagement

Patient Engagement

Patient and Public Panel

<u>April 19</u>	Objectives /Reason for Engagement	Protective Characteristic (user group)	Update/ Action
6 April 19 – Preston Health Mela – University of Lancashire – Preston, Lancashire	<ul style="list-style-type: none"> • Access • Awareness • Patient and Public Panel information 	Race (80)	Complete – Contacted attendees that showed interest in Panel
2 nd April - Lung Cancer Support Group - Pendleton Gateway, 1 Broadwalk, Salford	<ul style="list-style-type: none"> • Patient Engagement Board Game • Awareness • Education • Access 	Cancer support (20)	Complete - Feedback received and shared on Community Engagement Matrix
9 th April - Liverpool Jewish Community Centre, Liverpool	<ul style="list-style-type: none"> • Patient Engagement Board Game • Awareness • Education • Access 	Religion (15-20)	Complete - Feedback received and shared on Community Engagement Matrix
10 th April - Learning Disability and Autism Workforce Meeting - Royal Preston Hospital	<ul style="list-style-type: none"> • Awareness • Access • Education • Networking 	Learning Disabilities and Autism (20)	Complete
12 th April - Sahir House – HIV Support Centre, Liverpool	<ul style="list-style-type: none"> • Patient Engagement Board Game • Awareness • Education • Access 	HIV Support (10)	Complete - Feedback received and shared on Community Engagement Matrix

18 th April - Gynaecology Support Group - Altrincham Methodist Church, Altrincham	<ul style="list-style-type: none"> • Access • Awareness • Education • Patient Engagement Board Game 	Cancer support (15)	Complete
26 th April - Making Space Dementia Group - Broadbent Luncheon Club, Lord Lane, Failsworth, Manchester	<ul style="list-style-type: none"> • Access • Awareness • Education • Patient Engagement Board Game 	Dementia support (15-20)	Complete - Feedback received and shared on Community Engagement Matrix
May 19	Objectives /Reason for Engagement	Protective Characteristic (user group)	Update
18 and 19 May 19 – Tatton Park Country Show – Knutsford, Cheshire	<ul style="list-style-type: none"> • Access • Awareness • Information on service 	All (200)	Complete – Staff thanked for attending
Silloth Green Day – Sunday 26 May –Silloth, Cumbria	<ul style="list-style-type: none"> • Access • Awareness • How to do CPR 	All (100)	Complete
3 rd May Blackpool Tower - 1st Health and Wellbeing Roadshow	<ul style="list-style-type: none"> • Access • Awareness • Education • Patient Engagement Board Game 	All (100)	Complete
21 st May - Formby Older Persons Forum - Formby Luncheon Club, Formby, Liverpool	<ul style="list-style-type: none"> • Access • Awareness • Education • CPR Training 	Older community (30)	Complete - Feedback received. Group felt CPR training was very useful and beneficial.
22 nd May – Dementia Hub	<ul style="list-style-type: none"> • Access 	Dementia (100)	Complete

- Southport Fire Station, Manchester Rd, Southport	<ul style="list-style-type: none"> • Awareness • Education • Networking 		
22 nd May - Southport Glaucoma Support Group - Royal Clifton Hotel & Spa, Southport	<ul style="list-style-type: none"> • Access • Awareness • Education • Patient Engagement Board Game 	Visual Impairment (40)	Complete - Feedback received and shared on Community Engagement Matrix
29 th May - Salford Mental Health Forum, Pendleton Way Salford	<ul style="list-style-type: none"> • Access • Awareness • Education • Patient Engagement Board Game 	Mental Health (20)	Complete
<u>June 19</u>	Objectives /Reason for Engagement	Protective Characteristic (user group)	Update
6 June- Blackpool Pride – Blackpool, Lancashire	<ul style="list-style-type: none"> • Participate in PRIDE parade • Awareness • How we support LGBT 	LGBT Public (100)	Complete
15 June - Cumberland Show – Brisco, Cumbria	<ul style="list-style-type: none"> • Awareness • Promote Patient and Public Panel • CPR demonstrations 	All Persons – Socioeconomic (70)	Complete – Positive feedback received and shared
22 June –GM Windrush – Manchester, Greater Manchester	<ul style="list-style-type: none"> • Awareness • Information • Promoting Patient and Public Panel 	BME (100)	Complete – Contacted attendees that showed interest in the Panel
29 June – Silloth Pride – Silloth, Cumbria	<ul style="list-style-type: none"> • Participate in PRIDE parade • Awareness • How we support LGBT 	LGBT Public (50)	Complete

30 June – Aintree Fun Day – Aintree, Merseyside	<ul style="list-style-type: none"> • Awareness • Promoting Patient and Public Panel 	All persons (30)	Complete
4 th June - St Catherines Hospice Carers Group - Lostock Hall, Preston	<ul style="list-style-type: none"> • Access • Awareness • Education • Patient Engagement Board Game 	Cancer support (20)	Complete - Feedback received and shared on Community Engagement Matrix
7 th June - Learning Disability Health Day - Chorley District Hospital, Chorley	<ul style="list-style-type: none"> • Access • Awareness • Education • Patient Engagement Board Game • Networking 	Learning Disability (100+)	Complete
12 th June Rochdale Mental Health carers group - The Clock Tower, Rochdale	<ul style="list-style-type: none"> • Access • Awareness • Education • Patient Engagement Board Game 	Mental Health (20)	Complete
12 th June – Rethink Mental Health group. Accrington	<ul style="list-style-type: none"> • Access • Awareness • Education 	Mental Health	Complete
19 th June - St Helens and Knowsley Health Fair for Learning Disabilities, St Helens	<ul style="list-style-type: none"> • Access • Awareness • Education • Patient Engagement Board Game • CPR Awareness 	Learning disabilities (100+)	Complete

26 th June - 'LINK' Older Persons Forum - The Parish Church of Saint Anne, Liverpool	<ul style="list-style-type: none"> • Access • Awareness • Education • Patient Engagement Board Game • CPR Awareness 	Older community (20)	Complete
July 19	Objectives /Reason for Engagement	Protective Characteristic (user group)	Update
6 July - Carnforth Rotary Fun Day – Carnforth, Lancashire	<ul style="list-style-type: none"> • Awareness • Promoting Patient and Public Panel 	All persons (50)	Complete – Contacted attendees that showed interest in Panel
7 July - Preston Fire and Ambulance Open Day – Preston, Lancashire	<ul style="list-style-type: none"> • Access • Awareness 	All persons (150)	Complete
7 July – Warrington Mela – Warrington, Cheshire	<ul style="list-style-type: none"> • Access • Awareness • Promote Patient and Public Panel 	Race (50)	Complete
11 th July – Patient and Public Panel Taster Event - Ladybridge Hall, Greater Manchester	<ul style="list-style-type: none"> • Promote the Panel • Awareness of the Trust and Panel • Recruit Panel members 	All persons (15) Disability <ul style="list-style-type: none"> • Physical (1) • LD (1) • MH (3) 	Complete – Invited attendees to Panel Induction event
13 July -Appleby Carnival - Appleby, Cumbria	<ul style="list-style-type: none"> • Access • Awareness • Promote Patient and Public Panel 	All persons (50)	Complete
14 July – Disability Awareness Day –	<ul style="list-style-type: none"> • Access • Awareness 	Disability <ul style="list-style-type: none"> • Physical (60) 	Complete

Warrington, Cheshire		<ul style="list-style-type: none"> • SD (10) • LD (5) • MH (15) Dementia (30)	
21 July - Emergency Services Day – Salford, Greater Manchester	<ul style="list-style-type: none"> • Awareness • CPR demonstrations 	All persons (200)	Complete
21 July –Trafford Live - Trafford, Greater Manchester	<ul style="list-style-type: none"> • Access • Awareness 	All persons (50)	Complete
27 July –Liverpool Pride – Liverpool, Merseyside	<ul style="list-style-type: none"> • Awareness • Access • FT membership 	LGBT Public (200)	Complete
27 July - Cheadle Mosque Open Day – Stockport, Manchester	<ul style="list-style-type: none"> • Access • Awareness 	Race(100)	Complete
5 th July - Bury 'Breathe Easy' - The Parish Hall, St James' Church, Bury	<ul style="list-style-type: none"> • Access • Awareness • Education • Patient Engagement Board Game 	Lung /breathing condition support (20)	Complete
29 th July Greater Manchester 'Meet the ambulance' event - The Limelight Centre, Old Trafford, Manchester	<ul style="list-style-type: none"> • Engaging with local communities • Raising awareness and education around different service lines 	All (83)	Complete – Feedback received and summary of evaluation produced. Shared with attendees and with wider NWS colleagues on intranet page.
August 19	Objectives /Reason for Engagement	Protective Characteristic (user group)	Update
4 August - Knowsley	<ul style="list-style-type: none"> • Awareness 	All persons (80)	Complete

Flower Show, Merseyside	<ul style="list-style-type: none"> Promoting panel 		
17 August – Bolton Fire Open Day – Bolton, Greater Manchester	<ul style="list-style-type: none"> Awareness Access Promoting CPR 	All persons (50)	Complete
18 August – Mayoral 999 Day – Oldham	<ul style="list-style-type: none"> Access Awareness 	All persons (50)	Complete
24 and 25 August – Manchester Pride, Central Manchester	<ul style="list-style-type: none"> Awareness Access FT membership 	LGBT Public (300)	Complete
25 August – Cumbria Road Safety Event – Carlisle, Cumbria	<ul style="list-style-type: none"> Access Awareness Promoting CPR Ambulance demonstrations 	All persons (50)	Complete
September 19	Objectives /Reason for Engagement	Protective Characteristic (user group)	Update
4 th September Patient and Public Panel Taster Event - Ladybridge Hall, Greater Manchester	<ul style="list-style-type: none"> Promote the Panel Awareness of the Trust and Panel Recruit Panel members 	All persons (10) Race (3) Religion (3) Disability MH (1)	Complete – Invited attendees to Panel induction event
7 September – Lancaster Ambulance Station – Lancaster, Lancashire	<ul style="list-style-type: none"> Access Awareness Promoting CPR Ambulance demonstrations 	All persons (50)	Complete
16 September – UCLan Fresher Event – University of Lancashire, Preston, Lancashire	<ul style="list-style-type: none"> Awareness Promoting 111 Promoting Patient and Public Panel 	All persons (200)	Complete

16 th September – Merseyside ‘Meet the ambulance’ event - Southport Community Centre, Southport	<ul style="list-style-type: none"> Engaging with local communities Raising awareness and education around different service lines 	All (59)	Complete – Feedback received and summary of evaluation produced. Shared with attendees and with wider NWS colleagues on intranet page.
17 September – Cumbria University Fresher Event – Carlisle, Cumbria	<ul style="list-style-type: none"> Awareness Promoting 111 Promoting Patient and Public Panel 	All persons (200)	Complete
18 September – Manchester University Fresher Event – Manchester, Greater Manchester	<ul style="list-style-type: none"> Awareness Promoting 111 Promoting Patient and Public Panel 	All persons (150)	Complete
19 th September – Patient and Public Panel Induction Event – Ladybridge Hall, Greater Manchester	<ul style="list-style-type: none"> Induct Panel Members Awareness of core services (PES, PTS and NHS 111) Facilitate Co-production Training 	All persons (16) <ul style="list-style-type: none"> Race (1) Religion (2) Disability Physical (1) MH (3) 	Complete – Panel Members inducted
20 September – Salford University Fresher Event – Salford, Greater Manchester	<ul style="list-style-type: none"> Awareness Promoting 111 Promoting Patient and Public Panel 	All persons (250)	Complete
21 September – Egremont Crab Fair – Cumbria	<ul style="list-style-type: none"> Access Awareness 	All persons (50)	Complete - Contacted attendees that showed interest in Panel

22 September – Chester Pride – Chester, Cheshire	<ul style="list-style-type: none"> • Awareness • Access • FT membership 	LGBT Public (100)	Complete
24 th September Cumbria 'Meet the ambulance' event - The Oval, Workington	<ul style="list-style-type: none"> • Engaging with local communities • Raising awareness and education around different service lines 	All (29)	Complete – Feedback received and summary of evaluation produced. Shared with attendees and with wider NWS colleagues on intranet page.
25 September – Liverpool John Moores Fresher Event – Liverpool, Merseyside	<ul style="list-style-type: none"> • Awareness • Promoting 111 • Promoting Patient and Public Panel 	All persons (200)	Complete - Contacted attendees that showed interest in Panel
25 September – Chester University Fresher Event – Chester, Cheshire	<ul style="list-style-type: none"> • Awareness • Promoting 111 • Promoting Patient and Public Panel 	LGBT Public (50)	Complete
28 September – Cumbria Pride – Carlisle, Cumbria	<ul style="list-style-type: none"> • Access • FT membership • Promoting Patient and Public Panel 	All persons (150)	Complete
28 September – Chorley Health Mela – Chorley	<ul style="list-style-type: none"> • Access • Awareness 	Race (25)	Complete
October 19	Objectives /Reason for Engagement	Protective Characteristic (user group)	Update
14 th October – Cheshire 'Meet the ambulance' event - Northwich Memorial Court,	<ul style="list-style-type: none"> • Engaging with local communities • Raising awareness and education around different 	All (36)	Complete – Feedback received and summary of evaluation produced. Shared with attendees and with wider NWS colleagues on intranet page.

Northwich	service lines		
28 th October – Lancashire ‘Meet the ambulance’ event - The Grand Venue, Blackburn, Lancashire	<ul style="list-style-type: none"> Engaging with local communities Raising awareness and education around different service lines 	All (41)	Complete - Feedback received and summary of evaluation produced. Shared with attendees and with wider NWS colleagues on intranet page
<u>November 19</u>	Objectives /Reason for Engagement	Protective Characteristic (user group)	Update
4th November – Patient and Public Panel Taster Event – Estuary Point, Merseyside	<ul style="list-style-type: none"> Promote the Panel Awareness of the Trust and Panel Recruit Panel members 	All persons (10) Disability <ul style="list-style-type: none"> SD (4) LD (1) MH (1)	Complete – Invited attendees to induction event
5 th November Ainsdale Older Persons Forum - Ainsdale Methodist Church, Southport	<ul style="list-style-type: none"> Access Awareness Education Patient Engagement Board Game 	Older community (20)	Complete - Feedback received and shared on Community Engagement Matrix
11th November Crosby Older Persons Forum - Crosby Library, Liverpool	<ul style="list-style-type: none"> Access Awareness Education Patient Engagement Board Game 	Older community (20)	Complete - Feedback received and shared on Community Engagement Matrix
12 th November - Bootle Older Persons Forum, Bootle	<ul style="list-style-type: none"> Access Awareness Education Patient Engagement Board Game 	Older community (20)	Complete - Feedback received and shared on Community Engagement Matrix. We have been invited back to visit the Sefton Older persons forums in 2020.
13th November – Patient	<ul style="list-style-type: none"> Promote the Panel 	All persons (11)	Complete – Invited attendees to

and Public Panel Taster Event – Broughton, Lancashire	<ul style="list-style-type: none"> • Awareness of the Trust and Panel • Recruit Panel members 	Disability <ul style="list-style-type: none"> • SD (2) 	induction event
14 th November Wirral Dementia Services Showcase, New Brighton	<ul style="list-style-type: none"> • Access • Awareness • Education • Patient Engagement Board Game • Networking 	Dementia (50-100)	Complete – We received a thank you email from the organiser and we will be invited back next year.
14 th November - Deafway Accessibility - Deafway, Brockholes Brow, Preston	<ul style="list-style-type: none"> • Access • Awareness • Education • Networking 	Deaf accessibility (1)	Complete – We will continue to work with Deafway to look at how we can improve our accessibility for our patients who are deaf and hard of hearing. We will meet with the Deafway group in 2020 to play the board game.
15 th November - Visual Impairment Forum - County Hall, Fishergate, Preston	<ul style="list-style-type: none"> • Access • Awareness • Education • Networking 	Visual impairment (20)	Complete
19 th November – Patient and Public Panel Taster Event- Ladybridge Hall, Greater Manchester	<ul style="list-style-type: none"> • Promote the Panel • Awareness of the Trust and Panel • Recruit Panel members 	All Persons (8) Disability <ul style="list-style-type: none"> • Physical (1) • SD (1) • LD (1) • MH(1) 	Complete – Invited attendees to induction event
21 st November - Green bank School, Northwich	<ul style="list-style-type: none"> • Access • Awareness – careers and wound care. • Education 	Autism (10-15)	Complete – We have been invited back to the school at a future date.

25 th November Patient and Public Panel Induction Event – Estuary Point , Merseyside	<ul style="list-style-type: none"> • Induct Panel Members • Awareness of core services (PES, PTS and NHS 111) • Facilitate Co-production Training 	All persons (11) Disability <ul style="list-style-type: none"> • SD(4) • LD(1) • MH(1) 	Complete – Panel members inducted
26 th November - Connecting East Lancashire – Access Fund – Broughton	<ul style="list-style-type: none"> • Access • Awareness • Education 		Complete – Initial discussions to see how we can work together in future.
27 th November Orrell Trust – Onwards Together, Bootle	<ul style="list-style-type: none"> • Access • Awareness • Education • Patient Engagement board game. 	Older Community (15-20)	Complete - Feedback received and shared on Community Engagement Matrix.
<u>December 19</u>	Objectives /Reason for Engagement	Protective Characteristic (user group)	Update
3 rd December - Patient and Public Panel Induction Event – Ladybridge Hall, Greater Manchester	<ul style="list-style-type: none"> • Induct Panel Members • Awareness of core services (PES, PTS and NHS 111) • Facilitate Co-production Training 	All persons (11) Race (1) Disability SD (2) MH(1)	Complete - Panel members inducted
19 th December Wirral Dementia Alliance, Wallasey.	<ul style="list-style-type: none"> ○ Engaging with vulnerable groups ○ Awareness/education 	Dementia	Complete - Invited to visit again in future.
<u>January 20</u>	Objectives /Reason for Engagement	Protective Characteristic (user group)	Update
<u>February 20</u>	Objectives /Reason for Engagement	Protective Characteristic	Update

		(user group)	
Stepping Stones Learning Disabilities, Southport	<ul style="list-style-type: none"> • Access • Awareness • Education • Patient Engagement board game. 	Learning Disabilities	In progress
Salix Homes – Tenancy Support Services 49 Nansen Close, Streford	<ul style="list-style-type: none"> • Access • Awareness • Education 	Tenancy Support	In progress
24 th February – Patient and Public Panel Taster Event - Estuary Point, Merseyside	<ul style="list-style-type: none"> • Promote the Panel • Awareness of the Trust and Panel • Recruit Panel members 		In progress
26 th February- Patient and Public panel Taster Event – Ladybridge Hall, Greater Manchester	<ul style="list-style-type: none"> • Promote the Panel • Awareness of the Trust and Panel • Recruit Panel members 		In progress
26 th February – Southport Older Persons Forum - Lord Street, Southport	<ul style="list-style-type: none"> • Access • Awareness • Education • Board game engagement 	Older Community	In progress
27 th February – Community Links, Blackburn	<ul style="list-style-type: none"> • Access • Awareness • Education 	<ul style="list-style-type: none"> • All 	In progress
<u>March 20</u>	Objectives /Reason for Engagement	Protective Characteristic (user group)	Update
2 nd March – Patient and Public Panel Taster Event	<ul style="list-style-type: none"> •Promote the Panel •Awareness of the Trust and Panel 		In progress

– Broughton, Lancashire	<ul style="list-style-type: none"> • Recruit Panel members 		
3 rd March – Emerging Futures, Crewe	<ul style="list-style-type: none"> • Access • Awareness • Education 	Tenancy Support	In progress
4 th March – Deafway Accessibility, Deafway, Brockholes Brow, Preston	<ul style="list-style-type: none"> • Access • Awareness • Education Board game engagement 	Deaf accessibility	In progress
5 th March – Patient and Public Panel Taster Event – Northwich Ambulance Station, Cheshire	<ul style="list-style-type: none"> • Promote the Panel • Awareness of the Trust and Panel • Recruit Panel members 		In progress
9 th March – Patient and Public Panel Taster Event – Salkeld Hall, Cumbria	<ul style="list-style-type: none"> • Promote the Panel • Awareness of the Trust and Panel • Recruit Panel members 		In progress
12 th March – Patient and Public Panel Induction Event – Estuary Point, Merseyside	<ul style="list-style-type: none"> • Induct Panel Members Awareness of core services (PES, PTS and NHS 111) • Facilitate Co-production Training 		In progress
16 th March – Patient and Public Panel Induction Event – Ladybridge Hall, Greater Manchester	<ul style="list-style-type: none"> • Induct Panel Members • Awareness of core services (PES, PTS and NHS 111) • Facilitate Co-production Training 		In progress
18 th March – Patient and Public Panel Induction	<ul style="list-style-type: none"> • Induct Panel Members • Awareness of core services 		In progress

Event – Broughton, Lancashire	(PES, PTS and NHS 111) <ul style="list-style-type: none"> Facilitate Co-production Training 		
25 th March – Manchester Carers Centre, North Manchester Community Wellbeing Centre	<ul style="list-style-type: none"> Access Awareness Education Board game engagement 	Carers Support	In progress
26 th March – Patient and Public Panel Induction Event – Salkeld Hall, Cumbria	<ul style="list-style-type: none"> Induct Panel Members Awareness of core services (PES, PTS and NHS 111) Facilitate Co-production Training 		In progress
30 th March – Patient and Public Panel Induction Event – Northwich Ambulance Station, Cheshire	<ul style="list-style-type: none"> Induct Panel Members Awareness of core services (PES, PTS and NHS 111) Facilitate Co-production Training 		In progress
31 st March – Maghull Older persons forum,	<ul style="list-style-type: none"> Access Awareness Education Board game engagement 	Older Community	In progress

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Appendix 2: Widening Access and Positive Action events 2019-2020

Date	Event	Location	Reason for attending
16.04.2019	Lancashire County Council –pre-employment scoping	Lancashire	Pre-employment program start up/ scope
17.04.2019	NHS and JCP	Cheshire West, Wirral and Halton locality	Pre-employment program start up /scope
17.04.2019	Closing the Diversity Gap across the Public Sector – Jobs Fair	Wythenshawe	Jobs Fair
18.04.2019	Southway Housing Group - Jobs Fair	Burnage	Jobs Fair
23.04.2019	Open Day	Manchester	Pre-employment
23.04.2019	Blackburn Jobs Fair	Blackburn	Jobs Fair
25.04.2019	Interviews of community applicants	Manchester	Pre-employment
25.04.2019	Cadet HART Day	Manchester	Work experience activity 16-19 year old cadets
26.04.2019	Interviews of community applicants	Manchester	Pre-employment
29.04.2019 – 30.04.2019	Pre-employment program delivery	Manchester	Pre-employment
01.05.2019 – 03.05.2019	Pre-employment program delivery	Manchester	Pre-employment
07.05.2019	Open Day	Preston	Pre-employment
07.05.2019	Preston Hospital Careers Fair	Preston	Jobs Fair
08.05.2019	Tap Into Talent Jewish Jobs Fair	Manchester	Jobs Fair
09.05.2019	Interviews of community applicants	Preston	Pre-employment
10.05.2019	Jigsaw Homes - Spring Jobs Fair	Manchester	Jobs Fair
13.05.2019	Pre-employment program delivery	Manchester	Pre-employment
14.05.2019 – 16.05.2019	Pre-employment program delivery	Preston	Pre-employment
20.05.2019 – 22.05.2019	Pre-employment program delivery	Preston	Pre-employment
28.05.2019 – 30.5.2019	Pre-employment program delivery	Preston	Pre-employment
30.05.2019	Wythenshawe Jobs Fair	Manchester	Jobs Fair
03.06.2019	Meeting with Walking with the wounded	Manchester	Scoping support
03.06.2019	Pre-employment program delivery	Preston	Pre-employment
06.06.2019	Blackburn Community Engagement	Blackburn	Community engagement
18.06.2019	Lancashire Armed Forces Hub - Train the Trainer session	Preston	Armed Forces
20.06.2019	Bolton Community Engagement	Bolton	Community engagement
21.06.2019	Cadet Celebration	Trust footprint	Work experience activity 16-19 yr old cadets completion
21.06.2019	Bury Islamic Centre – careers session	Manchester	Pre-degree/careers awareness session
26.06.2019	Blackburn Community Engagement	Blackburn	Community engagement
26.06.2019	Lancashire Council of Mosques – careers awareness	Blackburn	Careers information session
28.06.2019	NWAS Reserves Celebration Day	Bolton	Reserves Celebration Day
02.07.2019	Big Bang	Liverpool	Stem event all ages
03.07.2019	Bolton Council of Mosques- open careers session	Bolton	Pre-degree/careers awareness session
10.07.2019	Bangor Street Community Centre – careers session	Blackburn	Pre-degree/careers awareness session
11.07.2019	Tameside Hospital Careers	Tameside	Jobs Fair

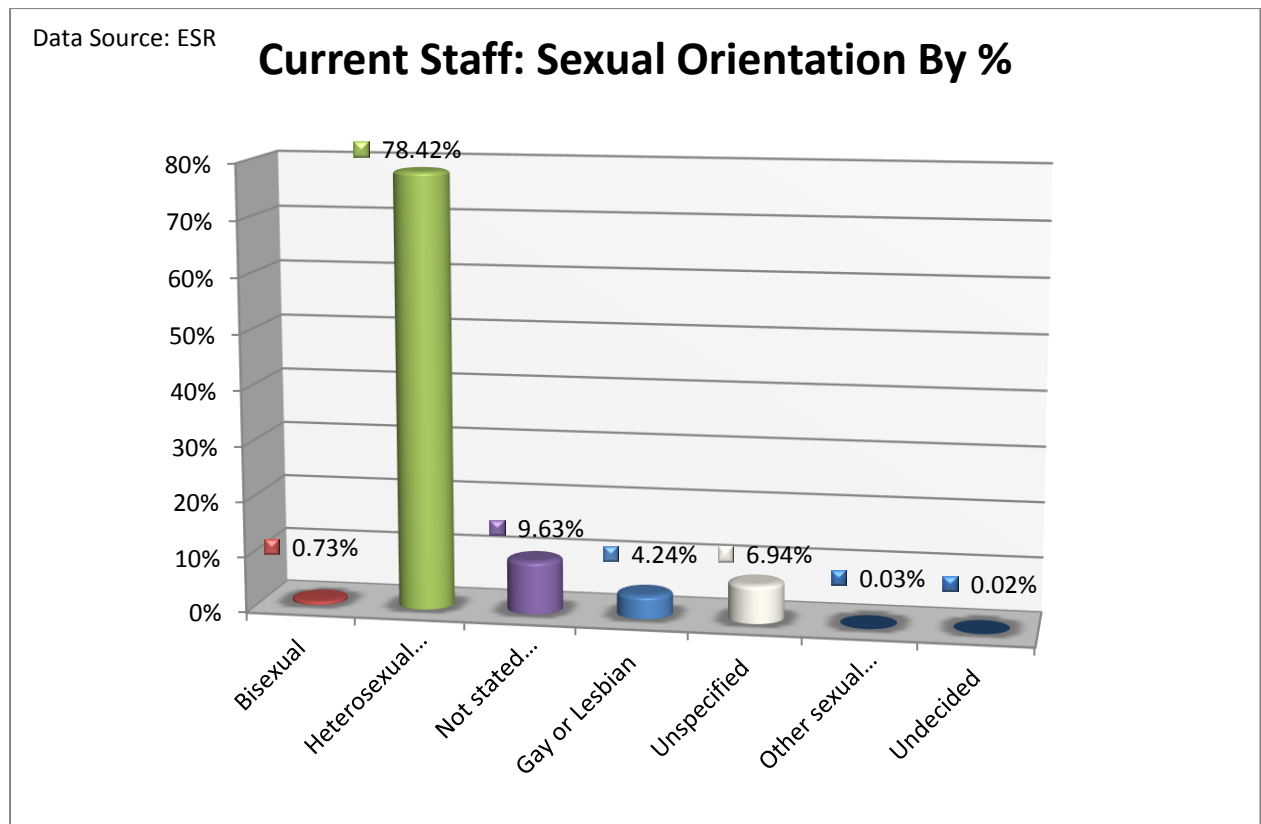
12.07.2019	Pendle Prospects Jobs Fair	Pendle	Jobs Fair
16.07.2019	North West NHS Employers Armed Forces Network	Liverpool	Armed Forces
17.07.2019	STEM Speed Dating – Manchester University	Manchester	Careers session
24.07.2019	Collabor8	Bury	Careers
29.07.2019	Disability Awareness training	Bolton	Disability Awareness Training
31.07.2019	NHS + JCP + Local Authority collaborative group meeting	Cheshire West, Wirral and Halton locality)	Pre-employment program start up /scope and jobs
06.08.2019	Step into Health live chat	Trust footprint	Careers IAG
07.08.2019	Cheshire Armed Forces Covenant Partnership Committee meeting	Cheshire	Armed Forces
15.08.2019	Back on Track Skills club	Manchester	Skills club
30.08.2019	Strawberry Field meeting with NWS	Liverpool	Work experience scoping
03.09.2019	Cheshire Armed Forces Covenant Armed Forces Symposium	Chester	Armed Forces
09.09.2019	The Grange Academy	Runcorn	Careers event
10.09.2019	Pre-Degree Interviews	Bolton	Pre-Degree Interviews
11.09.2019	The Growth Company	Manchester	Jobs Fair
12.09.2019	Defence Transition Services Consultation Event	Burnley	Armed Forces
18.09.2019	Year 11 World of Work Day	Urmston	Careers Carousel
18.09.2019	Warrington Jobs Fair	Warrington	Jobs Fair
19.09.2019	Blackburn is Hiring	Blackburn Cathedral	Jobs Fair
24.09.2019	Careers speed network	Wigan	Careers
25.09.2019	Bury Careers Event	Bury	Careers
26.09.2019	Get Oldham Working	Oldham	Jobs Fair
02.10.2019	Bolton DWP Jobs Fair	Bolton	Jobs Fair
02.10.2019	Blackburn Jobs Centre	Blackburn	Pre-employment program start up /scope and jobs
03.10.2019	Burnley Job Centre	Burnley	Pre-employment program start up /scope and jobs
04.10.2019	Accrington Job Centre	Accrington	Pre-employment program start up /scope and jobs
07.10.2019	Futures 4 Me Event	Bolton	Careers
09.10.2019	Grange Academy	Runcorn	Careers
09.10.2019	St Helens High School	Liverpool	Careers
10.10.2019	Upton-by-Chester High School	Chester	Careers
11.10.2019	Wythenshawe Jobs Fair	Manchester	Jobs Fair
18.10.2019	Employability Fair - Ready Steady Work	Burnley	Jobs Fair
21.10.2019	Open Day	Blackburn	Jobs Fair
22.10.2019	Trafford Apprenticeship Fair 2019	Trafford	Careers/Jobs
22.10.2019	Comms Community Engagement	Blackburn	Community Engagement
24.10.2019	Interviews of community applicants	Blackburn	Pre-employment
28.10.2019	Pre-employment program delivery	Accrington	Pre-employment
28.10 to 15.11.2019	Pre-degree Programme delivery	Bolton	Pre-degree Programme
29.10.2019 – 30.10.2019	Pre-employment program delivery	Accrington	Pre-employment
01.11.2019	Back on Track Skills Club	Manchester	Skills Club
07.11.2019	Careers convention	Liverpool	Careers
08.11.2019	Back on Track Skills club	Manchester	Skills club
15.11.2019	Back on Track Skills club	Manchester	Skills club
18.11 to	Pre-degree Programme Support	Greater Manchester	Pre-degree Programme

22.11.2019	Week delivery		
19.11.2019	Community Engagement with OMCVS	Manchester	Community engagement
20.11.2019	Cheshire Armed Forces Covenant Partnership meeting	Chester	Armed Forces
22.11.2019	Back on Track Skills club	Manchester	Skills club
29.11.2019	Back on Track Skills club	Manchester	Skills club
05.12.2019	Careers event	Birkenhead	Careers
05.12.2019	North West NHS E&D Forum and afternoon CPD Workshop	Preston	E&D Forum
06.12.2019	Back on Track Skills club	Manchester	Skills club
09.12.2019	Careers Fair Fazakerley High School	Liverpool	Careers
13.12.2019	Back on Track -celebration	Manchester	Skills club
07.01.2020	Cadet Induction to NWAS	Blackpool	Work Experience
08.01.2020	Cadet Induction to NWAS	St Helens	Work Experience
08.01.2020	Cadet Induction to NWAS	Southport	Work Experience
09.01.2020	Cadet Induction to NWAS	Salford	Work Experience
09.01.2020	Cadet Induction to NWAS	Bury	Work Experience
09.01.2020	Cadet Induction to NWAS	Ashton	Work Experience
10.01.2020	Cadet Induction to NWAS	Penrith	Work Experience
10.01.2020	Cadet Induction to NWAS	Dislington	Work Experience
13.01.2020	Careers Fair Countess Chester	Chester	Careers
15.01.2020	Career Market Halewood Academy	Manchester	Careers
21.01.2020 - 31.01.2020	Strawberry field candidate	Liverpool	Work Experience
23.01.2020	Harmonize Academy	Liverpool	Careers
30.01.2020	Broughton Hall Careers Fair	West Derby	Careers
04.02.2020	Lancashire Armed Forces Covenant Hub	Preston	Armed Forces
11.02.2020	Knutsford Academy Careers Fair	Knutsford	School Careers Fair
13.02.2020	CTP Employment Fair	Salford	Armed Forces Careers Fair
27.02.2020	Jobs Fair	Huyton	Jobs Fair
28.02.2020	Cansfield School Careers Fair	Wigan	School Careers Fair
06.03.2020	Liverpool Careers Fair	Liverpool	Jobs Fair
10.03.2020	AEG Service Leaver Employment Fair	Wigan	Military Careers Fair
11.03.2020	Tri-service Recruitment event	Burnley	Jobs Fair

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Appendix 3: Annual Employment Monitoring Information

Sexual Orientation:

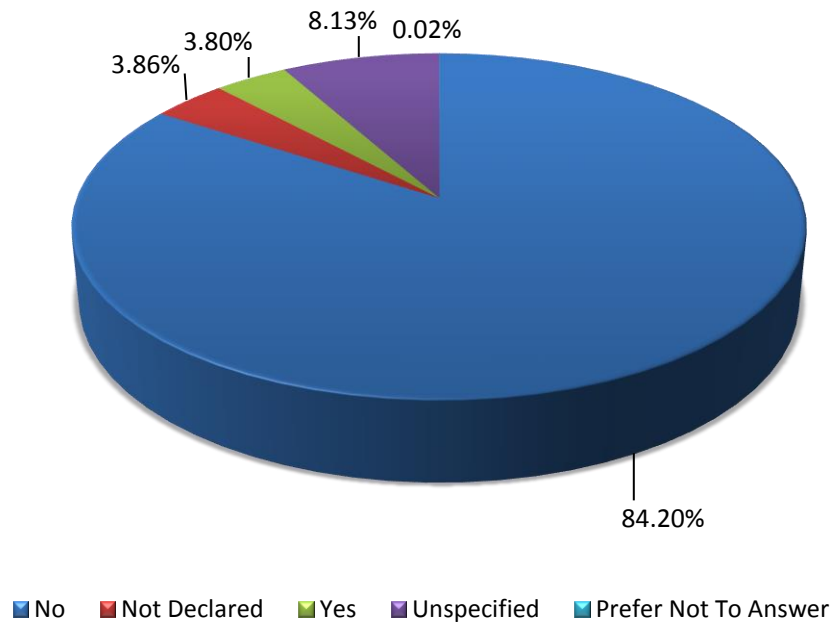


The gay and lesbian categories has increased again from 3.81% to 4.24% staff this year. The rate remains lower than what would be expected of the general population. The figures for bisexual and hetero sexual staff have also increased. There has been a continued reduction in non disclosure from over 20% at the end of 2017 to 18.63% and then 16.57% this year.

Disability

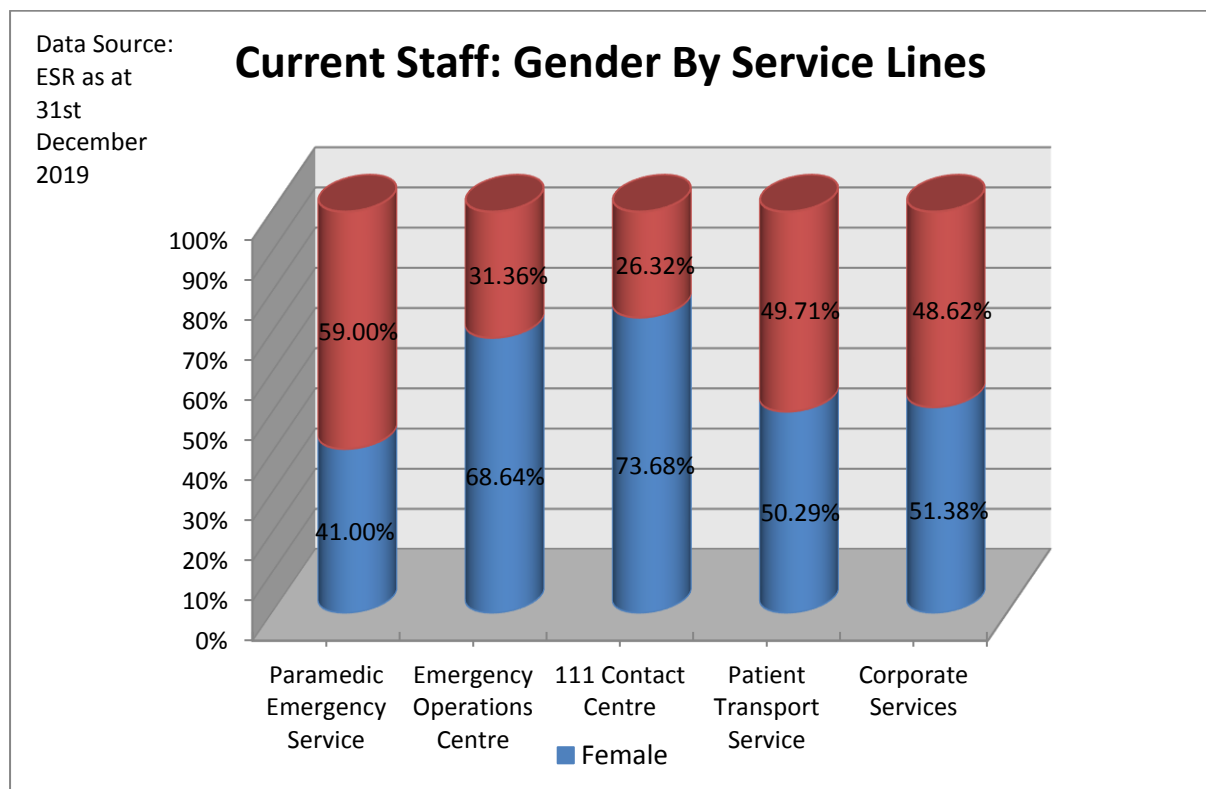
Data Source: ESR
as at
31st December
2019

Current Staff: Disability By %



Staff disclosure of disability has again risen from 3.53% to 3.80%. Those not disclosing their status as disabled or otherwise has decreased from nearly 16% just under 12%.

Gender



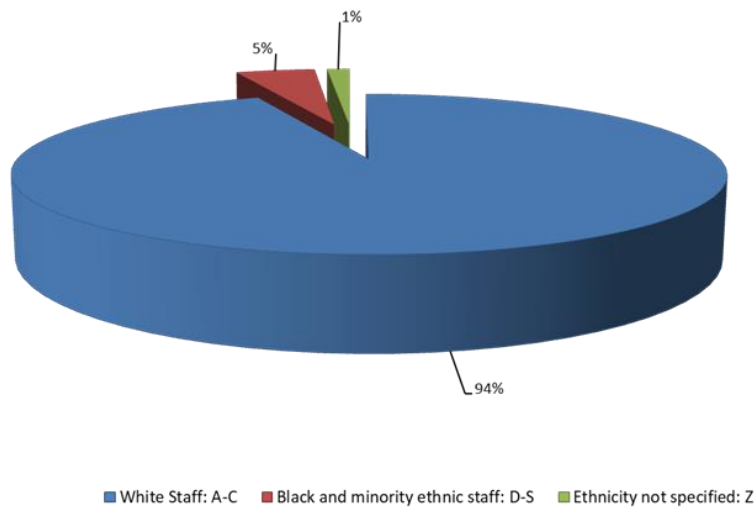
Female staff now account for 50.88% of the workforce within NWAS. This is a further increase from 47.93% the previous year. The graph above shows clear differences in where staff work within the Trust, as it has in previous years. Patient Transport Service again appears to be the service which most closely matches the Trust picture of gender balance.

Note about Trans applicants and staff: It is not possible for new starters to declare their gender to the Trust as anything other than male or female on the electronic systems used as part of the recruitment process. Staff and candidates have declared their status as transgender to the Trust over the last 12 months, but it is not possible to record this information with only the two binary measures on the electronic systems at this time and no option to record trans status. Therefore there is no information published about this currently; there is also the potential initially that the numbers will be so small as to be personally identifiable.

Current Staff: Ethnicity

Data Source: ESR as at
31st December 2019

Ethnicity of current staff in NWAS



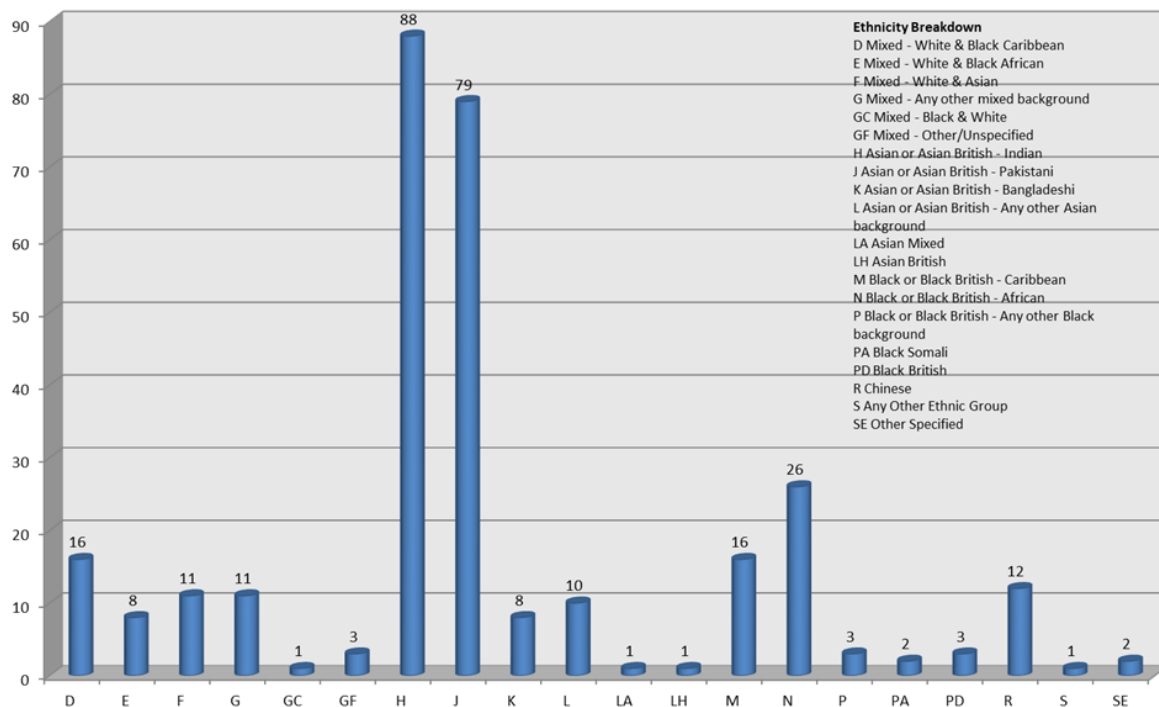
The percentage and overall number of staff from non-white groups has increased from 4.28% to 4.59% over the 12 month period. This is above the rate from two years earlier as last year showed a dip against the pattern over recent years.

NWAS retains good disclosure rates for ethnicity. Not stated or unspecified now stands at 1.31%, a reduction from 1.86%. This is well below the NHS average for non-disclosure rates.

Breakdown of current staff from non-white groups

Data Source: ESR as at 31st December 2019

Ethnicity of Current Staff: Black and minority ethnic group



Other monitoring data

Detailed data by age, religion, marital status and part-time staff can be found on our website at the following link:

[LINK TO BE ADDED HERE](#)

The following provides some narrative on the position in relation to other protected characteristics.

Religion – Following the previous pattern, non-disclosure rates for religion have again reduced, this time from 23.75% to 21.98%.

Marital Status – The number of staff for whom the Trust does not know their marital status has reduced again from 371 to 348 over this last year. While this does not appear to cause the Trust any problems, it is important that the Pensions Team are kept up to date with details by employees.

Age – The age of the workforce in various parts of the Trust has again shown a similar pattern to the previous year. The 45-54 age range again has the highest proportion of staff equating to just over 28% of staff.

Data source - All workforce data has been taken from the national NHS Employee Staff Record system at 31st December 2019.

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Appendix 4



EDS 2 Grading Scores - 3 year cycle to March 2019

Overarching Theme	Goal	EDS2 grading 2016	Internal Grading score January 2020	External Grading score February 2020	Overall proposed score February 2020
Better Health Outcomes	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Achieving	Achieving	Achieving	Achieving
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Developing	Achieving	Achieving	Achieving
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Achieving	Achieving	Achieving	Achieving
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment	Achieving	Achieving	Achieving	Achieving

	and abuse				
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	Achieving	Achieving	Achieving	Achieving
Improved Patient Access and Experience	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Achieving	Achieving	Achieving	Achieving
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Achieving	Achieving	Achieving	Achieving
	2.3 People report positive experiences of the NHS	Achieving	Achieving	Achieving	Achieving
	2.4 People's complaints about services are handled respectfully and efficiently	Developing	Achieving	Achieving	Achieving
A representative	3.1 Fair NHS recruitment	Developing	Achieving	Achieving	Achieving

and supported workforce	and selection processes lead to a more representative workforce at all levels				
	3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Achieving	Achieving	Achieving	Achieving
	3.3 Training and development opportunities are taken up and positively evaluated by all staff	Developing	Achieving	Developing (same score for developing as achieving, so marked as developing)	Developing
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing	Developing	Developing	Developing
	3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Achieving	Achieving	Achieving	Achieving
	3.6 Staff	Developing	Achieving	Achieving	Achieving

	report positive experiences of their membership of the workforce				
Inclusive Leadership	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Developing	Developing	Achieving	Developing
	4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Developing	Developing	Achieving	Developing
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Developing	Achieving	Achieving	Achieving



REPORT

Board of Directors

Date:	29 July 2020
Subject:	Communications and Engagement Dashboard Report – Q1 2020-21
Presented by:	Salman Desai, Director of Strategy and Planning
Purpose of Paper:	For Discussion
Executive Summary:	<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 1 (Q1 – April-June 2020), statistical content and themes are provided on:</p> <p>Patient and public engagement</p> <p>A summary of our patient and public engagement activity for Q1, including updates on how patient and public engagement activity has adapted during the COVID-19 pandemic. It also includes the number of patient surveys sent out and the findings from them. For example, this quarter:</p> <ul style="list-style-type: none"> • A new patient, public and community engagement framework was agreed along with a specific implementation plan exploring alternative engagement channels such as online and digital tools • 3,900 patient surveys were sent out and 623 returned - this is much lower than last quarter following an agreement with NHS England and commissioners to put the majority of postal surveys on hold. From the surveys that were returned: • 95% were likely to recommend the service to friends and family • 95% said the overall service received was 'very good' or 'fairly good' <p>Patient and public panel (PPP)</p> <p>A summary of the Q1 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"> • 8 new panel members confirmed and inducted to the trust

-
- 80 panel members in total
 - 12 new expressions of interest in Q1
 - 137 panel 'voices' to call on for a piece of work
 - 25 requests for panel involvement by end of Q1

Press and public (patient) relations

A summary of our media relations activity for Q1. 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 has been a decrease in the number of incident checks due to a shift in press interest in COVID-19, and proactive interviews were limited in line with NHS England guidance. In Q1:

- 175 incident check calls
- 37 proactive media stories/interviews
- 24 statements prepared in response to press enquiries, an increase on last quarter
- 205 pieces of media coverage
- Highlights included a press release thanking staff and volunteers for their efforts during the pandemic, and the CQC 'good' rating announcement

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 Q1, we fell marginally below the target – at 89% - for the first time in more than a year. There is some leniency from the Information Commissioners Office to reflect demand on all trust departments due to the pandemic and then some delays in having the information returned, but we will be working to bring performance back above this target in Q2.

Stakeholder communications

A summary of stakeholder activity for Q1, including the number of MP letters written and bulletins issued, along with any other activity. For example, this quarter saw increase stakeholder activity, including:

- 7 stakeholder bulletins
- 3 stakeholder letters
- 17 MP letters

Publications

Details of our publications – this quarter there was a 'Your Call' special edition to share our efforts during the pandemic. As a special edition, the magazine which is usually online-only, was printed and 6,000 copies distributed. There was also the first Lessons Learned Annual Report produced this quarter.

Social media: Facebook, Twitter and Instagram

A summary of our social media statistics for this quarter. Overall, Q1 saw a significant increase in reach and engagement across all our social media channels which can be attributed to public interest in health information

relating to COVID-19, the sad news of the death of two colleagues, and the start of the BBC Ambulance documentary which is supported with a campaign of 'behind the scenes' social media activity.

Website

A summary of statistics for the website, including page views and visitor numbers. As with our social media channels, the number of page views, visitors and news story views have all increased.

External (public/patient facing) campaigns

Brief information about key campaigns that ran in Q1, including:

- Return of BBC Ambulance – 'behind the scenes' social media
- Welcome new starters
- NHS pandemic support
- NHS 72 birthday preparations

Internal projects and campaigns

Highlights and figures about the main internal communication projects and campaigns from Q1, including the rota review, Armed Forces Week, CQC operation outstanding, BAME inclusion in communications, NHS 111, urgent and emergency care transformation and project round-ups.

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 Q1:

- 74 COVID-19 bulletins
- 18 Clinical bulletins
- 9 Wellbeing Wednesday bulletins – new for this quarter
- 9 Feel Good Friday bulletins – new for this quarter
- 1,358 more staff app downloads

Films produced in-house

A summary of in-house videography activity. Q1 saw a 20% increase in the number of films produced in house – this is the third consecutive quarter where there has been an increase in the number of films produced. These included staff and public messages about COVID-19 and the introduction of 'Facebook Live' sessions by the Executive Directors.

Team news

Information about an award win this quarter for the Communications Team and recruitment to two vacancies.

Focus on...

An overview of how the Communications and Engagement Team has responded to the COVID-19 pandemic during Q1, from an internal and external

	communications perspective, as well as patient and public engagement.			
	Highlights include: <ul style="list-style-type: none"> the introduction of a staff-only Facebook group with more than 1,700 members a #BeardOff campaign to encourage staff to be clean-shaven for PPE purposes a scheme to thank children of staff by sending 900 letters out from CEO Daren Mochrie. 			
Recommendations, decisions or actions sought:	For discussion, noting and the provision of any comments.			
Link to Strategic Goals:	Right Care	<input type="checkbox"/>	Right Time	<input type="checkbox"/>
	Right Place	<input type="checkbox"/>	Every Time	<input checked="" type="checkbox"/>
Link to Board Assurance Framework (Strategic Risks):				
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.			<input type="checkbox"/>
Are there any Equality Related Impacts:	No			
Previously Submitted to:				
Date:				
Outcome:				

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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 Q1 (April - June 2020).

2. BACKGROUND

The Communications and Engagement Team have created a dashboard providing high level statistical content and themes from Q1 activity on:

- Patient and public engagement
- Patient and public panel
- Press and public (patient) relations
- FOI performance
- Publications
- 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 supported the response to COVID-19 during Q1 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

Q1 2020/21: April - June

CORONAVIRUS (COVID-19)

The Comms and Engagement Team has adapted to support the response to COVID-19, which had significant impact on 'business as usual'. This will be referenced throughout the report for Q1 2020/21 and is explained further on **pg 4**.

PATIENT AND PUBLIC ENGAGEMENT

At this time of year, the team is usually busy attending various community events to share key messages about the ambulance service and capture patient feedback. COVID-19 has affected this work but the team has adapted to meet these challenges and focused on opportunities for virtual engagement and planning for the future. Activity included:

- The 5-year Patient, Public and Community Engagement Framework 2020-25 was reviewed and approved by the Executive Leadership Committee.
- A specific implementation plan has been developed for 2020/21 exploring alternative engagement channels, e.g. online and digital tools.
- Worked with procurement regarding feedback from service users around face masks and difficulties with lip reading - exploring options for clear facemasks.

All patient postal surveys were put on hold in agreement with NHS England and commissioners. The only data collected (below) was for the national NHS 111 surveys, which explains the low figures.

The team focused on making the patient surveys available online ready for a launch in July.

3,900 Patient surveys sent out ▼ **65%**

623 (16%) returned ▼ **78%**

✓ **95%** ▲ **1%**

of respondents said the overall service received was 'very good' or 'fairly good'

✓ **95%** ▲ **1%**

were likely to recommend the service to friends and family

PATIENT AND PUBLIC PANEL (PPP)

- 8** new panel members confirmed in Q1
- 80** panel members now in total
- 12** new expressions of interest in Q1
- 25** requests for panel involvement by the end of Q1.

58 of the panel members are involved in two levels of participation meaning we have...

137 panel voices to call on for a piece of work



9 'influence' members attended a Q&A meeting with the CEO and Chair

4 panel members attended a virtual meeting including the EOC learning forum and suicide prevention workstream group

2 virtual events - one taster evening and one induction event

PRESS AND PUBLIC (PATIENT) RELATIONS

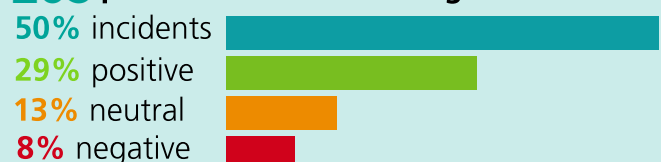
Handled **175** 'incident check' calls

37 proactive media stories / interviews ▼ **50%**

Prepared **24** statements in response to press enquiries ▲ **20%**



205 pieces of media coverage ▼ **29%**



Including:

- A number of news stories thanking staff and volunteers for their efforts as part of COVID-19
- There have been fewer interviews this quarter as we took the decision to decline many requests relating to coronavirus in the peak of the pandemic, in line with NHS England guidance
- A press release was issued to announce and celebrate our 'good' CQC rating

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. We saw a big drop in the number of incident checks this quarter as press interest shifted to COVID-19, which led to a decrease in overall coverage.

Proactive media stories have decreased following two consecutive quarters where activity was very high. The decrease is due to limitations related to COVID-19, as a decision was taken not to progress with interviews, however we were able to issue positive stories about the organisational response to the pandemic and the good CQC inspection.

There were negative news stories relating to PPE and a social media post by staff on TikTok.

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 our performance dropped just below target for the first time in more than a year.

With COVID-19 pressures, it has taken more time to get the right information back from parts of the organisation and the Information Commissioners Office has allowed some leniency of the target but the team will be aiming to improve performance in Q2.


Stakeholders: this group is external audiences such as MPs, commissioners, patient groups and other healthcare professionals / partner organisations.

36 FOIs completed
89% within 20 working day target
3 requests from the media

Topics included:

- COVID-19 figures
- Response / waiting times
- ICT contracts

PUBLICATIONS

1 Your Call magazine (COVID-19 special edition) created to share our efforts during the pandemic. It features stories of resilience, bravery, courage and kindness from staff, volunteers and the public. Highlights included interviews with Daren Mochrie and features on our digital projects and BBC's Ambulance. 

6,000 printed copies distributed (usually only available online)
2,990 online readers
4 min 50 average online reading time

1 Lessons Learned Annual Report produced and printed.

STAKEHOLDER COMMUNICATIONS

7 stakeholder bulletins **3** stakeholder letters **17** MP letters

- 3 x 'Ambulance news' bulletins inc COVID-19 updates and BBC Ambulance information, 2 x bulletins about the sad death of colleagues to COVID-19, 1 x CQC ratings announcement and 1 x patient management system bulletin
- Letters asking for acute trust support with handovers and updates about the new critical care transfer service
- MP letters in response to queries about PPE, PTS transfers, access to incidents.

FACEBOOK

50,511 total followers
4,922 this quarter
218% rate of growth in new followers

4,345,692 reach **▲105%**
644,756 engagements **▲267%**

Top post:
 Statement about the sad death of a colleague from COVID-19
3,595 shares
30,863 reactions
634,729 reach

TWITTER

49,532 total followers
3,020 this quarter
458% rate of growth in new followers

4,321,156 reach **▲141%**
313,075 engagements **▲458%**

Top post:
 BBC Ambulance: "Not all heroes wear capes, some wear headsets."
526 retweets
5,681 likes
404,547 reach

INSTAGRAM

8,004 total followers
1,186 this quarter
88% rate of growth in new followers

15,935 engagements **▲113%**
224,852 reach

Top post:
 A BBC Ambulance post about bereavement
964 likes
8,983 reach

WEBSITE

367,731 page views **▲11%**
106,172 total visitors **▲9.5%**

Most visited page:
 Careers/vacancies **74,378** views

43,617 'news' views **▲92%**

Top news story:
The sad death of a colleague from COVID-19

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 are up significantly after a drop last quarter. This can be attributed to public interest in our response to COVID-19 - illustrated by the top post, which was the sad announcement of a colleague's death. BBC's Ambulance documentary also started in June which saw us hit the **50,000 follower** mark!

TWITTER: The same trends can be seen on Twitter, where the live-tweeting of the BBC Ambulance documentary gives extra information and behind the scenes insight. This attracts lots of engagement from the public and new followers.

INSTAGRAM: The team has focused on developing the Instagram platform this quarter by updating engaging content on a more regular basis. This, coupled with the extra attention from BBC Ambulance, has helped to grow followers and engagement significantly.

WEBSITE: The increase in social media activity is also reflected in the website figures. Using links to the website in our social media posts, particularly news stories, helps to drive traffic to the website.

The careers/vacancies page always gets a boost when BBC Ambulance is aired, due to an increase in people wanting information on careers in the service.

The sad news of the death of a colleague was one of the most viewed news story pages. A link to this was posted on social media and was the most engaged with post on Facebook.

EXTERNAL (PUBLIC/PATIENT) CAMPAIGNS

- **NHS 72 Birthday** - in Q1, preparation was underway for the NHS' 72nd birthday. We prepared a number of social media and online resources to say 'Thank You Together' and join in the national celebrations which officially took place at the start of Q2 (in July). We gathered 'thank you's' from staff who wanted to publicly recognise those who helped them through the pandemic.
- **Public Health/NHS pandemic support** - we continued to support the national public health and NHS England campaigns promoting government advice and keeping people safe.
- **Welcome new starters** - a series of short features were posted on the website and social media welcoming new starters who joined the trust during the pandemic. It included those who had interesting 'day jobs' - such as musicians and actors - before joining NWS to help people during COVID-19.
- **Return of BBC Ambulance** - the return of the documentary was supported by a campaign of social media activity.

INTERNAL (STAFF) PROJECTS / CAMPAIGNS

COVID-19

- A focus on internal communications as part of our response to COVID-19 continued throughout Q1.
- This included the #BeardOff campaign - more detail on pg 4.

Armed Forces Week

- A series of promotional bulletin articles: **3** in the weekly regional bulletin, **2** in Wellbeing Wednesday and **1** in the CEO message
- **1** post on staff Facebook group

CQC (Operation Outstanding)

- Comms plan to support rating announcement
- Announced 'good' rating with staff bulletin
- Update of CQC rating posters at sites
- Briefing for Non-Executive Directors

BAME inclusion in communications

- **1** comms plan produced to ensure BAME staff and patients are represented in all work and projects undertaken by the Communications Team

Urgent and emergency care transformation

- Supported 'single patient management system' project with bulletins to 111 and clinical hub colleagues
- Produced graphics for 111 wallboards to help staff become familiar with appearance of new system

Project round-up

- To help keep staff up-to-date on the latest information relating to projects, a new round-up newsletter was produced. It will be issued after every Corporate Programme Board meeting

NHS 111

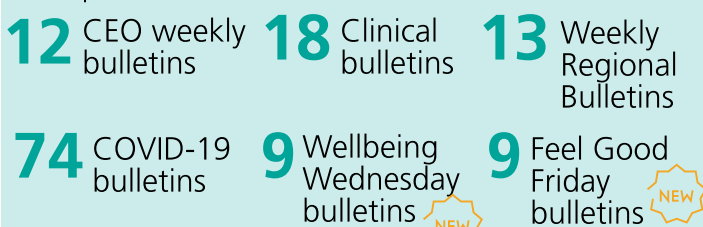
- **5** bulletins on topics including video consultations, infection prevention and control, and sickness reporting
- **3** posters and **2** newsletters
- Other work on video consultation pilot, Directory of Service updates and the community pharmacy consultation service scheme

Rota Review

- Collation of votes for Cheshire and Merseyside area
- Weekly staff bulletin updates

INTERNAL (STAFF) BULLETINS

This quarter, we issued:



plus **30** others, including operational, HR, health and safety, Rota Review and PTS.

Topics included:

- Refreshed appraisal paperwork
- Wandera deployment on mobile phones
- COVID-19 clinical and HR guidance
- Issued 2 x COVID-19 feedback surveys



FILMS

21 completed **6** underway
▲ **7** (20%)

- Medical Director and Chair messages to staff regarding COVID-19
- 2 x films for 'Beard Off' campaign
- 5 x Facebook Live sessions
- 'End of Life Care' film for staff
- CEO message to staff regarding CQC rating
- NHS 111 video consultation film for NHS Digital
- 9 x short social media films to encourage the public to stay safe when lockdown eased

Videos are filmed in-house using skills and equipment within the team. This is the highest number of films we have completed in one quarter.

STAFF APP

5,629 total downloads **+ 1,358** this quarter
Most popular pages: email, GRS and ESR

TEAM NEWS

- Received a 'mark of excellence' in the national Chartered Institute of Public Relations (CIPR) Excellence Awards in the 'In-house PR team of the year' category.
- Welcomed two new team members after appointing Jessica Gregson to the Internal Communications Officer vacancy and Susie MacKean to the Internal Communications Manager vacancy.
- An on-call buddy system was introduced to support team members on call at the peak of COVID-19
- Developed team COVID-19 recovery plan

FOCUS ON... COVID-19 response

The Communications and Engagement Team response to the COVID-19 pandemic began in January and continued throughout Q4 and into Q1 of 2020/21. Here's an overview of communications and engagement activity in Q1.

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 every day
- The daily COVID-19 email continued
- Daily summaries of trust social media accounts, including the staff Facebook group, shared with management
- Daily horizon scanning of current or potential issues
- The dedicated COVID-19 plan was followed and specific protocols were created for handling death in service - sadly implemented on two occasions with internal and external comms actions delivered
- **74** dedicated COVID-19 bulletins were issued
- Video messages for staff from Medical Director Chris Grant and Chair Peter White were recorded and shared
- The new official staff Facebook group was launched to create opportunities for two-way conversation between senior management and the wider workforce - see below for more
- Two new bulletins were introduced - Feel Good Friday, with positive news with staff, and Wellbeing Wednesday with tips and information for health and wellbeing
- Trust gifts and donations were logged and thank you letters produced as appropriate
- A scheme was launched to send thank you letters to children of staff from CEO Daren Mochrie - see below

EXTERNAL COMMS:

- Daily 'NWAS in the News' summaries circulated
- Ongoing logging of all trust stakeholder communications
- A birthday surprise was arranged for Winnie who raised thousands for the NWAS charity and turned 100 in April
- Social media messaging continued to focus on government messages to 'help us help you' by attending hospital when you need to and 'stay alert, control the virus, save lives.'
- Positive social media messaging celebrated the hard work of staff and volunteers and welcomed some of the new starters joining #TeamNWAS
- Regular stakeholder bulletins were issued
- Letters to key stakeholders, including MPs, healthcare senior managers and CEOs of other ambulance trusts, have been written as required to share the latest updates, respond to questions or to pass on condolences when colleagues have died
- Representation in comms cell calls for each local resilience forum and other NHS comms conference calls
- Press and social media statements were issued in response to the illegal raves and Liverpool football celebrations
- Collaborative work with Greater Manchester Police was undertaken to share messages about the illegal raves

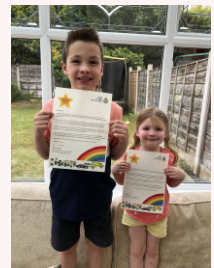
PATIENT/PUBLIC ENGAGEMENT:

- The Patient and Public Panel (PPP) and community groups were updated and frequently asked questions led to the PPP Q&A session with the CEO and Chair in June
- Membership has continued to grow and regular 'keeping in touch' calls have been made to all existing members
- Patient surveys have been taken online, moving away from postal surveys. Preparation for this was completed in Q1 ready for launch in Q2

CHILDREN'S LETTERS

- Different letters designed for various age groups
- Staff contacted Communications to request a letter for their children

900 letters were personalised, printed and posted



#BEARDOFF

Aim: to promote clean-shaven facial skin to help correct usage of PPE and support the trust's fit testing programme.

- **7** x internal articles across CEO message, Feel Good Friday and weekly bulletin
- Posters for area offices and stations
- **1** x Green Room story
- **4** x staff Facebook group posts
- **13** x Twitter and Instagram posts
- **2** x YouTube videos

The launch video starring operations manager Ian Forster hit **2,661** views on Instagram – the biggest amount of views we have had for any video on the platform to date – and **3.1k** views on YouTube

STAFF FACEBOOK GROUP

- Launched early April
- Directors were supported to set up Facebook profiles
- Promoted to staff through bulletin and COVID-19 email
- Guidance on joining and usage were produced

1,771 members by the end of Q1

Questions answered on topics inc: PPE; resus / AGPs; #BeardOff; staff swabbing and testing; track and trace; holidays / quarantine ; recovery plan; social distancing.

5 'Facebook live' sessions were held with Executive Directors

227 comments / questions in the live sessions



REPORT

Board of Directors

Date:	29 July 2020
Subject:	Workforce Strategy Annual Review
Presented by:	Lisa Ward, Director of People
Purpose of Paper:	For Decision

Executive Summary:

In line with the commitment in the Workforce Strategy, an annual review of the workforce strategy was undertaken in March 2020 and was presented to Resources Committee but approval at Board was delayed as a result of the pandemic. A further review has now been undertaken to ensure that the strategy adapts to the changing needs of the organisation and remains fit for purpose, taking into account the other Trust strategies and also the significant impact of the Coronavirus Pandemic.

The full Workforce Strategy is attached at Appendix A. In line with previous discussion with Resources Committee, the Strategy has now been updated to reflect a 3 year rolling plan which, with annual reviews, is able to adapt and respond to emerging workforce issues nationally, regionally and locally.

In summary, changes have been made to reflect the following:

- Alignment with the workforce priority identified within the overarching Trust Strategy
- Reflection of external drivers which have emerged since the strategy was written, in particular GP contract reform and the Interim People Plan. These are also reflected in the workforce challenges section
- Additions to Key Improvement Goals under Wellbeing, Inclusion and Improvement and Innovation to reflect emerging pieces of work. These include the Outstanding Culture project; the Just Culture Project and the review of partnership working arrangements.

The main changes to the Strategy since the March review reflect the impact of COVID-19 and have been reflected in the challenges and drivers. The main improvement goals, however, are felt to remain fit for purpose to address both strategic developments and more immediate challenges arising from COVID.

The main impact is in the implementation of improvement plans. The cessation or pause of key areas of work between March and June has impacted adversely on the workforce measures in place to support the

strategy, the delivery of the foundation goals, for example mandatory training and appraisal, and also has impacted on key projects which formed part of the previously agreed three year implementation plan.

As a result rather than undertake a detailed refresh of the three year implementation plan which supports the strategy at this stage, the directorate has developed a recovery plan which includes the key actions required to recover core services which have been paused as a result of COVID but also prioritises the resumption of broader improvement work which was reflected in the original implementation plan for 2020-21. This has been shared with ELC and Resources Committee and progress is continuing to be monitored.

The directorate has also reviewed the three year measures which have been set to help to measure progress against key indicators and these are shown at Appendix B. Overall we have continued to set some challenging targets, incorporating already agreed recovery plans.

It should be noted that it is intended to review our approach to representation targets as part of the EDI work this year to consider how we encompass progression as well as overall representation. It will also consider whether targets are ambitious enough to deliver rapid change but this will enable more detailed consideration of the resources required to drive more rapid change.

Appraisals had been improving pre-COVID but there has been a significant impact on compliance rates as a result of the pandemic. As a result Executive Leadership Committee has approved targets for 2020/21 at 85% which represents a 10% increase on the current position and recognises the difficulty of significantly increasing appraisals at a point when we are seeking to maintain capacity. It should be noted that national guidance supports the continued pause of appraisals.

The Strategy has been presented to both Executive Leadership Committee and Resources Committee, both have recommended approval to the Board of Directors.

Recommendations, decisions or actions sought:	The Board of Directors is recommended to: <ul style="list-style-type: none"> • Approve the revised Workforce Strategy 				
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Link to Strategic Goals:	Right Care	<input type="checkbox"/>		Right Time	<input type="checkbox"/>
	Right Place	<input type="checkbox"/>		Every Time	<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 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"/>

Are there any Equality Related Impacts:	The Workforce Strategy has identified Equality Diversity and Inclusion as a key theme and includes a number of improvement goals aimed to support the Trust in meeting its Public Sector Equality duty.
Previously Submitted to:	Executive Leadership Committee/Resources Committee
Date:	22 nd July 2020/24 th July 2020
Outcome:	Recommended for approval

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1 PURPOSE

- 1.1 The purpose of this report is to present the annual review of the Workforce Strategy to the Board of Directors for approval.

2 BACKGROUND

- 2.1 The Board of Directors approved the Workforce Strategy in December 2018, with implementation of the strategy commencing in full in April 2019. The Strategy was supported by a 3 year implementation plan and a set of workforce indicators to enable a measure of progress.
- 2.2 In line with the commitment given within the strategy the document is reviewed annually to ensure it adapts to emerging priorities. The review has been undertaken by the senior team of the People Directorate taking cognisance of the Trust Strategy and other enabling strategies that the Workforce Strategy seeks to support.
- 2.3 An initial review was undertaken earlier this year and was presented to Resources Committee in March 2020, however, in light of the Coronavirus pandemic the decision was taken not to forward the revised strategy onto Board until the impact of the pandemic could be considered.
- 2.4 In line with feedback from Resources Committee, the Strategy has now been updated to reflect a 3 year rolling plan which, with annual reviews, is able to adapt and respond to emerging workforce issues nationally, regionally and locally. The main changes to the Strategy presented today reflect the impact of COVID-19, although the main improvement goals remain fit for purpose to address both strategic developments and more immediate challenges arising from COVID.
- 2.5 The Strategy has been presented to both Executive Leadership Committee (ELC) and Resources Committee. ELC wanted to ensure clarity on links with Freedom to Speak Up referenced in the strategy and the importance of enabling and supporting effective speaking is referenced in both the Wellbeing and Improvement Goals. In addition, ELC had a lengthy discussion in relation to inclusion targets and committed to an in depth review during this year to reset the Trust's ambition in this area.
- 2.6 Resources Committee also recommended approval of the Strategy to the Board of Directors, and were assured by the intention of ELC to review the ambition and focus of inclusion targets.
- 2.7 Any changes recommended by ELC or Committee have been incorporated into the Strategy presented for approval.

3 PROPOSED REVISIONS

- 3.1 The review undertaken in March 2020 and reviewed at Resources Committee recognised there had been some significant changes in the external environment which influenced the

strategy and also that our thinking and approach, particularly in respect of cultural change had developed significantly over the previous 12 months.

3.2 The proposed changes made in March were as follows:

- *Trust Vision and Values section* - Reference is made here to the workforce priority defined in the Trust Strategy
- *External Key Drivers section* - Additions have been made to this section to reference the Interim People Plan (the full Plan is still to be published) and the proposals related to the GP Contract reform. This latter obviously reflects a key risk for the organisation.
- *Workforce Challenges* – the workforce challenges addressed through the strategy remain largely the same although specific reference has now been made to the GP Contract Reform and the Urgent and Emergency Strategy. In addition, changes have been made to specifically reflect the work around Just Culture.
- *Wellbeing* – additions have been made to the Wellbeing key improvement goals to reflect the Moving Towards an Outstanding Culture project and the welfare and support aspects of the Just Culture work
- *Equality Diversity and Inclusion* – a key improvement goal relating to the visibility of leadership around the diversity agenda has been added
- *Improvement and Innovation* – the key improvement goal relating to review of working practices has been moved to Foundations of Success reflecting that this is our business as usual. Two new key improvement goals have been added to reflect the Just Culture project and the improvement work to review the Partnership Agreement

3.3 Following our further review there are a number of changes to the Strategy which are mainly focused on reflecting the impact of COVID-19 on the workforce challenges. In summary, the main changes reflected are:

- 3.4
- Change to a rolling 3 year strategy – this reflects a recommendation from Resources Committee
 - Inclusion of a summary of the main focus of the COVID workforce response and the impact on the existing implementation plan.
 - Reflection on the CQC outcome
 - Inclusion of reference to COVID-19 in the key workforce challenges section either to identify how this has impacted or in summary to identify the ongoing challenges relating to long term mental health and wellbeing support; the need for more agile workplace planning and recruitment responses; the challenges of leadership in uncertainty and of dispersed teams
 - The Trust response to COVID-19 on the safe deployment of staff during the pandemic and the ongoing impact of safe systems of work in the deployment of staff including risk assessments and the implications emerging with regards to the disproportionate impact of COVID-19 on BAME colleagues.

3.5 In terms of the key themes and priorities, these remain valid and the key improvement goals also remain fit for purpose, although the approach and work required to deliver them will be impacted by the additional challenges associated with our experience over the last few months.

- 3.6 The main impact is in the implementation of improvement plans. The cessation or pause of key areas of work between March and June has impacted adversely on the workforce measures in place to support the strategy, the delivery of the foundation goals, for example mandatory training and appraisal, and it has also impacted on key projects which formed part of the previously agreed three year implementation plan.
- 3.7 As a result rather than undertake a detailed refresh of the three year implementation plan at this stage, the directorate has developed a recovery plan which includes the key actions required to recover core services which have been paused as a result of COVID but also prioritises the resumption of broader improvement work which was reflected in the original implementation plan for 2020-21. A full review of the 3 year plan will be undertaken in preparation for 2021 and will be presented at a future Resources Committee meeting to give clarity to the rolling three year programme of improvement.

4 WORKFORCE MEASURES

- 4.1 A set of workforce measures were agreed at the commencement of the strategy in March 2019 to help measure implementation progress. These have been revised to take account of the closing position at the end of March 2020 and the impact of COVID. These are included in Appendix B.
- 4.2 In the main we have continued to expect challenging targets to be met and reflects already agreed recovery plans, for example around mandatory training. There are a couple of areas to highlight.
- 4.3 We have continued to set a challenging target for non-COVID sickness reduction over 2020/21, although management of sickness is still being impacted by the national SPF agreement which has paused lower level sickness hearings.
- 4.4 All areas of workforce representation have improved and exceeded the targets set for March 2020. This shows a positive picture in terms of the focus on improving key inclusion metrics. Future targets have been adjusted accordingly, taking into account the limitations around recruitment this year and our ability to drive significant change.
- 4.5 It is intended to review our approach to representation targets, both in terms of scope and ambition, as part of the EDI work this year, for example, to consider how we encompass progression as well as overall representation. This will also enable more detailed consideration of the investment in resources required to drive more rapid change.
- 4.6 COVID has had a significant impact on compliance with appraisal rates having dropped to 75% by May. Although appraisals have resumed, recovery to the 95% target over the course of the remainder of the year would require significant additional appraisals to take place each month which in the context of seeking to maintain frontline capacity is not felt to be realistic. As a result Executive Leadership Committee approved a revised appraisal target for 2020/21 of 85% of staff in work.

5 LEGAL and/or GOVERNANCE IMPLICATIONS

There are no known legal implications relating to this report.

6 RECOMMENDATIONS

The Board of Directors is recommended to:

- Approve the revised Workforce Strategy



Workforce Strategy 2020 – 2023

October 2018

Recommended by	Resources Committee
Approved by	Board of Directors
Approval date	
Version number	2.6
Review date	April 2021
Responsible Director	Director of People
Responsible Manager (Sponsor)	Deputy Director of People
For use by	All Trust employees

This strategy is available in alternative formats on request.
Please contact the HR Department on
01204 498400

Change record form

Version	Date of change	Date of release	Changed by	Reason for change
0.1	19 Jul 2013		C Offer	Document creation
0.2	24 Jul 2013		C Offer	Completion of additional sections, feedback received
0.3	30 Jul 2013		C Offer	Feedback received
0.4	7 Aug 2013		C Offer	Completion of additional sections, feedback received
0.5	2 Sep 2013		C Offer	Review and feedback
0.6	2 Oct 2013		C Offer	Completion of additional sections, feedback received
0.7	18 Oct 2013		L Ward / C Offer	Completion of additional sections, feedback received
0.8	31 Oct 2013		C Offer	Final review prior to consultation
0.9	3 Dec 2013		C Offer	Feedback from consultation
1.0	6 Jun 2014		C Offer	Updated following Board of Directors agreement of three aims
1.1	11 December 2014		L Ward / C Offer	Finalised update
1.2	31 March 2016	April 2016	L Ward	Interim review to ensure strategy remains fit for purpose
1.3	17 April 2017	April 2017	L Ward	Interim review to ensure strategy remains fit for purpose
2	May 2018	June 2018	V Camfield L Ward	Full review of strategy
2.1	October 2018	October 2018	V Camfield L Ward	Amendments following consultation
2.2	October 2018	October 2018	L Ward	Amendments following consultation with EMT
2.3	October 2018	October 2018	L Ward	Amendments following EMT approval
2.4	31 October 2018	November 2018	L Ward	Board Approval
2.5	8 March 2020	9 March 2020	L Ward	End of year 1 review
2.6	9 July 2020		L McConnell	Reflect changes arising from COVID 19

Workforce Strategy 2019-2022

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INTRODUCTION AND PURPOSE

The Trust aims to ensure that patients are at the heart of what we do. The purpose of the Workforce Strategy is to set how we will **develop, engage and empower** our workforce to deliver our vision to be *'The best ambulance service in the UK, by providing the right care, at the right time, in the right place every time'*. The Workforce Strategy sets out our strategic workforce priorities and our approach to enabling the changes required in our workforce to support delivery of the Trust's strategic objectives. The Workforce Strategy is rolling 3 year Strategy which will be reviewed annually to ensure that it adapts to the changing needs of the organisation and remains fit for purpose.

We are operating in a challenging time with key national drivers such as the Five Year Forward View, Long Term Plan and the Integrated Care System Plans, combined with devolution of powers in areas such as Greater Manchester providing a complex operating environment. Responding to this environment requires innovative leadership, an agile workforce and the necessity to collaborate in new ways of working to deliver safe, effective and patient centred care.

The needs of our workforce are also changing. Shortages of key clinical staff, changing educational pathways and the changing demands of the new workforce and longer working, requires flexibility across the employee lifecycle. We also have a number of workforce challenges around recruitment and retention, terms and conditions, productivity and workforce modernisation. It is therefore important that the Workforce Strategy is a framework that we can utilise to enable our response to these challenges.

This Strategy was launched in 2019 and towards the end of 2019/20, the first year review of achievements was due to be undertaken along with the implementation plan for Year 2 however due to the impact of COVID-19 this work has been delayed whilst the Trust focused on its response to the pandemic.

The impact of COVID-19 on the delivery of the strategic objectives outlined in this Workforce Strategy have been significant. The People Directorate have focussed on improving resources and capacity during the pandemic whilst ensuring that Health and Wellbeing and changes to Terms and Conditions of employment have been implemented effectively and fairly and that staff have had access to the best possible support to keep them safe.

During 2020/21, the People Directorate will strive to deliver its recovery plan following the impact of COVID-19 on the strategic objectives within this Strategy, focusing on both recovery of our foundations of success and resuming delivery of key improvement goals within the context of a reset of the overall implementation plan.

WORKFORCE VISION

Achieving our strategic goals and making our vision a reality will not be possible without our staff. Our greatest asset is our staff and in order to fulfil our vision and meet the key drivers we need a highly skilled, committed and engaged workforce that can modernise and grow.

We have a workforce vision to **develop, engage and empower** our staff. This starts at the point of recruitment and continues throughout the employee lifecycle. Our leaders are key to enabling our staff to be motivated, caring and proud to work for the Trust.

The role of a leader is becoming ever more challenging in the current healthcare climate which is volatile, uncertain, complex and ambiguous. How we lead in these environments is therefore equally important as what we achieve.

Leadership is key to delivering the Trust vision and there needs to be a recognition and investment in the development of great leaders who are able to inspire people to act and who can nurture a positive culture. Effective people management is the starting block to creating a motivated, engaged and committed workforce.

The People Directorate plays a vital role in enabling leadership accountability through the creation of a best practice framework of policy and practice; through expertise in workforce management and organisational design; effective planning and delivery of effective transactional services; leadership development and support.

The principles of the Trust's **Be Think Do** Leadership Framework aims to get leaders to be a positive role model by understanding who they are and the type of leader they can be and seeks to support them through their leadership journey.

It is key for leaders to **be** accessible and prepared to engage with staff, leading through the uncertainty with compassion and interest. Effective leaders need to **be** authentic and healthy role models ; to **think** critically and creatively to deliver longer term change; and to act with integrity in what they **do** to challenge, influence and invest in others.

TRUST VISION AND VALUES

The Workforce Strategy is an enabler to support the Trust's overall ambition to be '*The best ambulance service in the UK, by providing the right care at the right time, in the right place, every time*'.

Workforce forms one of the key priorities in the Trust Strategy:



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

Our values form the foundation of, and drive the whole organisation, ensuring we lead by example and create the right culture and conditions for patients to receive safe and effective care every time. These values can only be achieved if we have the staff in place who share

the Trust's values and feel supported to deliver them. We need to ensure that we recruit, develop and support our staff to feel engaged and proud to work for the Trust.

The Workforce Strategy does not operate in isolation, but exists to enable the delivery of the Trust's Vision and to support the implementation of other key enabling strategies, including the Right Care Strategy (Quality) and the Right Time, Right Place Strategy (Urgent and Emergency Care). The Workforce Strategy enables 'every time' delivery of high quality patient care. As such it provides a core foundation on which future success is built.



EXTERNAL KEY DRIVERS

This strategy is shaped by key drivers in both the local and national health economy and these assist in identifying the key workforce priorities.

The *NHS Five Year Forward View* and *Long Term Plan* set out why improvements are required to support the triple aim of better health, better care, and better value. The plans set out the need to review the provision of urgent and emergency care, as well as recognising the need to develop an ambulance service which is empowered to make decisions based on the best possible outcome for the patient. The result of this is a move away from the respond and convey model of the traditional ambulance service. Instead, the Trust is working innovatively to transform the way in which we respond to patients' needs and make clinical decisions as far forward in the patient journey as possible.

The *Interim NHS People Plan* was developed collaboratively with national leaders and partners, setting a vision for how people working in the NHS will be supported to deliver care and identifies the actions NHS organisations should take to help them. The interim plan was published in 2019 with the full plan expected in 2020. This strategy has been mapped against the key themes identified in the plan to ensure that our planned improvement goals will deliver the expectations set out nationally for people management in the NHS. In particular, the focus on making the NHS the best place to work; improving leadership culture; addressing workforce shortages; and developing 21st century care, especially through support of the digital agenda.

The *Care Quality Commission (CQC)* is the independent regulator of health & social care in England and they oversee the trust's compliance with the provision of high quality care and patient safety. Our workforce clearly has a significant role in ensuring that we achieve outstanding assessment against the CQC standards and this strategy will support improvements and ongoing developments in this area, ensuring that we respond to emerging

recommendations from inspections. Following CQC assessment in 2020, the Trust has been rated 'Good' by the CQC with some areas of outstanding practice identified. We will seek to build on these areas and to work towards an overall outstanding assessment in the future. The Trust is awaiting its Well Led assessment which was delayed as a result of COVID 19.

The *Carter Review* into Operational Productivity and Performance in English Ambulance Trusts was published in 2018. This looks at the comparative performance of ambulance services and identifies unwarranted variation to help services to learn from each other. The report recognised that ambulance staff do hugely challenging jobs day in, day out and that the right level of support is critical. It highlights that levels of sickness and engagement across ambulance staff are some of the most problematic in the NHS and need to be addressed culturally. It also reinforced the underpinning workforce vision set out in this strategy to ensure that staff have effective clinical and managerial support to ensure they feel confident in treating a patient over the phone or on scene.

The proposals relating to the reform of the *GP contract* also sets out a challenging context for ambulances service. These proposals, also recognised within the Interim People Plan, identify the value of the Paramedic workforce in addressing skills shortages within primary care and provides a funding model through the GP contract to support the recruitment of Paramedics. This poses some challenges to workforce supply but also to the loss of experienced Paramedics from the ambulance workforce, which could impact on the delivery of improved non-conveyance rates and mentoring and support of the newly qualified workforce. The Trust is working to respond positively and recognise the opportunities of these developments for our workforce through rotational working models which seek to retain staff and utilise the advantages of system working for the benefits of patients.

As a Trust we also need to be responsive to the changing healthcare system set out in the aspirations of the Integrated Care Systems (ICS) and the emerging changing models of care. These plans seek to change the way services are delivered, and the health experiences and outcomes of local communities. This will impact on the way we deliver our services and how we use resources in line with the strategic intent of the plans.

As a key partner, the Trust continues to work with a variety of groups to develop a model of care that supports the needs of the communities across the region. This will result in a transformation of the way the Trust delivers care and will have a direct impact on the utilisation of the workforce.

The external environment creates both pressure and opportunities and we have structured our workforce vision and strategy to support the Trust and our workforce in meeting these challenges and opportunities, whilst remaining true to our values.

WORKFORCE CHALLENGES

The Trust vision and external environment creates a numbers of workforce challenges. The strategy aims to address these key challenges and provide a tool to measure our progress in addressing them.

Workforce Productivity

The optimisation of the workforce is a key response to the external and internal demands upon the Trust. Traditionally, changes to the workforce have been in reaction to internal developments and have been undertaken in isolation from the wider health economy. Moving forward, the Trust needs to shape the emergency and urgent care workforce for both 999 and 111 based on new models of care across the wider health economy, working closely with primary and acute providers. The changes in the landscape of the health economy requires a workforce which is flexible and has a rich mix of skills.

The Trust's Urgent and Emergency Care Strategy and supporting transformation programme has a clear objective to support the development of an integrated urgent and emergency care model of service delivery and a direct outcome of this will be a continued move away from the traditional ambulance workforce model to a multidisciplinary workforce. This will see the Trust continue to build its clinical workforce and increase the utilisation of non-paramedic clinical roles such as nurses, pharmacists and mental health specialists across our service lines, including enabling clinical support in our Emergency Operations Centre environments.

The demand and capacity review of 999 services will also help to inform how our future delivery model is shaped and this will directly correlate to how we utilise and develop our workforce. Changes to our models of delivery prompts reassessment of traditional policies and operational processes to ensure that they remain fit for purpose to meet the needs of patients and staff welfare. Clear workforce planning is required to translate the recommendations in a way which is meets the requirements of the future service delivery model with clear engagement with the workforce.

Performance against our commercial contracts in 111 and PTS challenges us to review workforce structures, career pathways and improve efficiency and productivity. The Trust Strategy recognises the value of both 111 and PTS to the future development of integrated urgent care and this strategy will support the Trust and workforce to prepare for contract change, improvement and retendering processes, if required.

Recruitment and Retention

The strategy will seek to map out the employee lifecycle and identify areas for improvement which in turn will improve our attraction and retention of staff.

The development of new and different roles within the wider health economy has led to an increased turnover amongst clinical staff and this contributes to existing skills shortages, particularly in nursing and Paramedic roles across 999, urgent care and 111 services. The impact of the GP contract reform could accelerate these risks. Whilst this is a common issue throughout the health sector, we want to develop our relationships with our partner organisations to develop new and innovative roles to meet the needs of patients, but also provide clear career pathways for our staff and in turn attract applicants to the Trust. A number of rotational pilot programmes were due to be tested during 2019/20 which have been delayed

as a result of the Coronavirus Pandemic however the Trust will be working with PCNs to understand their needs following the Pandemic and to relaunch the pilot programmes.

The development of rotational roles is key to supporting staff to have a rich and varied work programme and also help in the transformation of the way in which we provide patient care.

The main challenges for retention are in our call centre environments and the projected risks to our Paramedic workforce arising from the GP contract reform in 2021. We have comprehensive action plans for our call centres focusing on 3 key areas: improving onboarding; supporting career development and early intervention to encourage staff to stay and improving exit intelligence. In EOC and 111 plans are focusing on improving the recruitment process to ensure we are attracting the right candidates; reviewing the support offered to staff in post and improving the health and wellbeing offer.

Keeping staff safe

Our staff work in challenging environments and also face difficult personal pressures during the employee lifecycle. Engaging and supporting staff to face those challenges and to provide a holistic approach to supporting their wellbeing is crucial to ensure staff can provide the best possible care to their patients.

Staff can experience unacceptable violence and aggression when carrying out their role. As a trust we need to ensure staff have confidence in our zero tolerance approach to violence and aggression and that our prevention and support strategies focus effectively on keeping staff safe.

Unplanned absence can have a significant impact upon the Trust's ability to manage resources and deliver care. The Trust continues to take a targeted and supportive approach to ensuring that attendance is managed effectively using workforce information, Trust policies and procedures, alongside the Occupational Health Services.

The Trust also takes a holistic approach, recognising the clear correlation between health and wellbeing and staff attendance. A number of initiatives have been introduced over the last 12 months to support wellbeing. In recognition of the fact that 'one size doesn't fit all', managers are taking a localised approach to managing wellbeing, looking at the local needs of staff based on the staff survey responses.

Responding proactively to the ongoing impact of COVID-19 on staff safety and wellbeing will need to be a continuing focus. The Trust has had a safety first approach and has been proactively undertaking risk assessment for those clinically vulnerable staff and also BAME colleagues where emerging data has shown greater risk of disease. We will need to continue to engage and evaluate our wellbeing response as the pandemic moves through different phases.

Maintaining a COVID safe working environment will continue to be a challenge for the Trust as we develop new ways of working in order to protect our staff on the front line providing direct patient care and social distancing requirements in the workplace.

Terms and Conditions

The NHS Terms and Conditions provide a framework for the pay and conditions of the workforce. The Trust works closely with Trade Union partners to interpret and implement

changes to the terms and conditions. This partnership approach has been strengthened as a result of COVID 19 where the Trust has had to take a more dynamic and flexible approach to decision making guided by the Social Partnership Forum. We want to build on these new and dynamic ways of working moving forward, taking the benefits of technology and more streamlined approaches into our standard processes.

We also need to be able to innovatively approach opportunities such as rotational working to enable innovative funding and flexibility of contracts to enable working across the health sector whilst ensuring that staff are protected.

Workforce engagement and Culture

We need to ensure that the behaviours and attitudes that our leaders and staff share and use on a daily basis, reflect our values consistently. Culture determines how our staff feel about the organisation, how they understand and interpret the vision and how engaged and motivated they feel in their work.

Effective workforce engagement is key to staff feeling both valued and empowered. We recognise that we need to improve the way in which we engage with our staff and how they engage with each other.

Good engagement starts with managers and our leadership development framework, **Be Think Do** and is predicated on managers being prepared to engage with staff and form effective working relationships.

The extent to which staff feel valued and treated fairly is critical to the sense of wellbeing and productivity in work. Staff survey results and feedback around our investigation processes suggest that there is further work to do to embed the principles of Just Culture, to support the ongoing development of a learning culture and to enable a strong culture of speaking up, working in harmony with the Freedom to Speak Up Guardian to drive cultural change.

Diversity and Inclusion

Creating an inclusive culture where staff feel supported to fulfil their potential, are valued and welcomed for the diversity they bring to their role and feel that the organisation around them reflects the diversity of the communities we serve, is essential in delivering our values and encouraging innovation.

Our staff survey results show a clear disparity in the experiences of some of our staff from diverse groups, particularly those from BAME and disabled backgrounds, and this is seen in their experiences of bullying and harassment, discrimination and their views of the fairness of career progression opportunities. Although some of our the indicators in our WRES show improvements in narrowing the gaps in areas such as recruitment and access to training, this does not adequately reflect in the day to day experiences of our staff and more drive is required to create a full inclusive environment for our staff.

There also remain challenges in the diversity of our workforce representation. Again positive progress is being made in improving levels of representation from diverse groups, there is still a long way to go for this to be representative of our communities and adequately reflected in our leadership and management roles. This is confirmed through both our WRES, WDES and gender pay gap data which also reflects the particular challenges in the operational and clinical workforce.

COVID 19 has brought into very sharp focus the disproportionate health outcomes resulting from COVID 19 disease faced by our BAME and many disabled colleagues particularly in the Healthcare Sector. The Trust will continue to ensure that at all levels; nationally, regionally and locally we will take all necessary measures to protect the health, safety and wellbeing of our BAME colleagues.

Evidence shows that diversity in leadership is associated with more patient centred care, greater innovation, higher staff morale and access to a wider talent pool and to deliver the ambitions of this strategy we need to ensure that we can deliver leadership diversity.

COVID-19

The Coronavirus pandemic continues to have a profound impact on society, the economy and the work environment. The Trust has mobilised significant additional capacity and will continue to remain agile in its planning and response to be able to take action to meet the challenges of the immediate response, long term strategic transformation and emerging national plans for service changes.

The impact of the pandemic on staff wellbeing is likely to have long term implications for the mental health of our people and we need to continue to build a framework of long term wellbeing support to enable self-help, identify early interventions and provide continued support. This will need to be supported through effective engagement and leadership, often in circumstances where traditional methods of engagement have become more problematic with social distancing and a more dispersed workforce, with higher levels of home working.

The crisis has also produced positive innovations and changes in ways of working and we need to harness those changes and rapidly learn from them to embed these improvements.

WORKFORCE THEMES

The key priorities for the Workforce Strategy are organised into three key themes: **develop, engage and empower.**

DEVELOP

We aim to ensure that our staff have the Right Skills, at the Right Time and in the Right Place through effective recruitment and retention based on our core values, where everyone has the chance to **develop** their full potential and to grow with the needs of the service.

We want to create a learning culture which enables staff to continue to develop and adapt throughout their employee lifecycle, creating positive opportunities for career progression, talent management and enrichment.

ENGAGE

We recognise that to be the best ambulance service in the UK, we need our staff to actively engage in shaping that future. Listening to our staff and asking them feel part of what we do is crucial to achieving the Trust's vision.

We believe that leaders are more than just line managers, and understand the importance of how to **engage** with staff to support their wellbeing and to ensure they stay safe and by creating an inclusive culture where staff are able to recognise and speak out against discrimination and value the rich diversity amongst their workforce and the patients they care for.

EMPOWER

Our staff should feel **empowered** to lead with confidence and drive through improvement and innovation to support the ultimate aim of providing safe, effective and patient centred care every time.

Each theme has two key priorities and overall these six workforce priorities provide a framework through which the People Directorate will lead and support our staff to achieve the Trust's vision.



For each priority we outline our foundations of success. These are the core foundations that we already have in place to support these priorities but which we commit to continuing to improve and develop over the next three years.

We also set out our key goals which are the key areas of improvement to deliver our workforce vision. The plans for delivering these goals will be set out in our annual business objectives to ensure that the strategy remains both a relevant and useful tool to measure our progress and success.



RECRUITMENT AND RETENTION

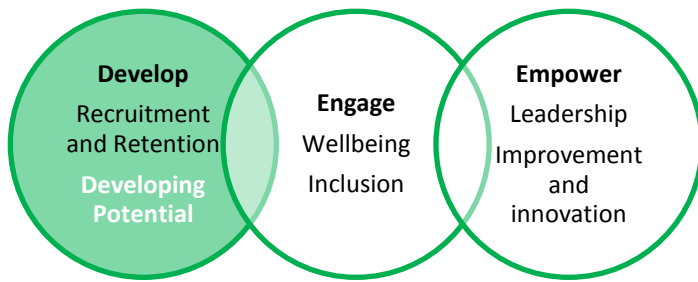
We will deliver the Right Skills, in the Right Place at the Right Time through effective workforce planning, recruitment and retention of staff.

Foundations of success

- Effective workforce planning and modelling to ensure that short, medium and long term plans accurately reflect organisation needs and address changes in workforce supply and demand.
- Developing excellence in recruitment processes. Continuously reflecting on our recruitment approaches by listening to candidates, recruiting managers and staff and using this to improve the quality of processes, innovation in attraction, improvements in onboarding, reducing the time to hire and by consistently meeting recruitment targets and reducing vacancy gaps.
- Using quantitative and qualitative data effectively to identify and manage risk, to drive improvement and to support the elimination of discrimination in our recruitment processes and improve the likelihood of appointment from shortlisting in under-represented groups

Key improvement goals:

- Reducing areas of high turnover through engagement with staff and managers to deliver positive changes in the work environment, improvements to data and intelligence gathering and the development of attractive career pathways and role design which enable our staff to continue to grow professionally.
- Embedding the **Be Think Do** leadership principles into appraisal, recruitment and progression into leadership posts across the trust delivering ongoing improvements in staff experience measured through the staff survey.
- Ensuring that our recruitment and progression positively impacts on the diversity of the workforce and delivers year on year improvements in BME, gender and disability representation.



DEVELOPING POTENTIAL

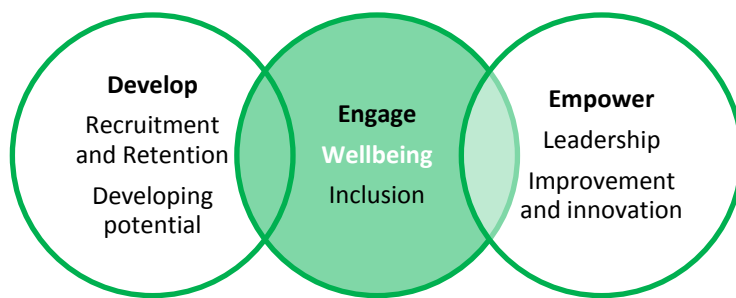
We will develop a high performing, competent, safe, quality workforce – able to do the job and displaying the right values and behaviours

Foundations of success:

- Developing an education and learning approach where continuous improvement is informed by patient and learner needs and experiences, as well as reflecting best practice in provision and remaining relevant to current and future organisation and workforce needs.
- Ensuring mandatory and core induction training supports people to deliver better and safer patient care and is completed by all.
- Creating an environment where staff are able to access education, training and development to allow them to develop based on individual needs and the vision of the Trust.
- Ensuring that all staff receive a quality appraisal, enabling all managers to support the delivery of high quality appraisal conversations to engage staff in discussions about their achievement, inform training needs and enable talent management.
- Responding positively to the changing education framework and working with partners in innovative and new ways to ensure continuing workforce supply.

Key improvement goals:

- Delivering an appropriate range of high quality apprenticeships to enhance core induction training and enable personal and professional development. Ensuring that the supporting infrastructure enables us to embed effective and sustainable work-based learning.
- Delivering upskilling of the Paramedic workforce, enabling the ongoing development of clinical practice and supporting improved levels of See and Treat and Hear and Treat.
- Meeting the needs of new and emerging roles by developing infrastructure to support development pathways, designing appropriate training interventions and working with partners to develop appropriate educational frameworks.
- Improving the use of technology to enhance training delivery, simulation and continuing professional development.
- Enabling the organisation to build its improvement skills and capacity in line with the Right Care Strategy.



WELLBEING

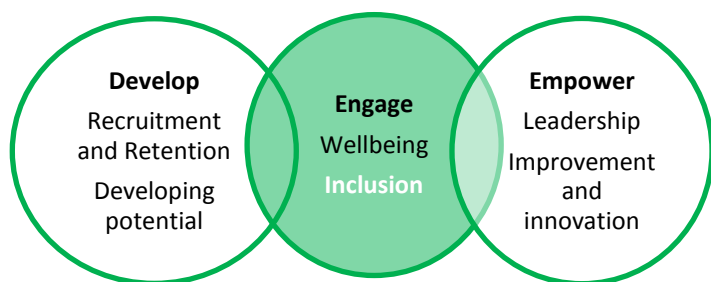
To ensure staff are healthy, well and at work.

Foundations of success:

- Improving attendance through effective monitoring, management and occupational health support to deliver continuous improvement in levels of attendance and ensure that performance remains better than sector average.
- Encouraging the continual increase of the uptake of the annual flu immunisation vaccine accompanied by a comprehensive communications strategy to help staff to understand the benefits to them, their families and patients.
- Improving available support for staff by providing a suite of flexible working options that can be discussed and tailored to staff, based on their role and individual needs.
- Continuing to improve staff survey response rates and outcomes, using the data to proactively improve the Trust health and wellbeing offering.

Key improvement goals:

- Encouraging staff to be healthy through a range of health and wellbeing support initiatives and signposting staff to nutrition, fitness and mental health advice. Ensuring local accountability for staff wellbeing and experience through localised health and wellbeing plans informed by the staff survey and staff engagement.
- Reducing staff experience of bullying and harassment, through development of a culture which consistently reflects our values and through effective management and support.
- Keeping staff safe through support for Trust wide initiatives to tackle violence and aggression, improving resilience, reducing mental health stigma and developing support for good mental health throughout the employee lifecycle.
- Enhancing our benefits package to provide comprehensive support to staff both during and outside of work.
- Enhancing our welfare support for those impacted by investigations and supporting procedures to support us in moving to a culture where speaking up, honesty and learning become the norm
- Moving towards an outstanding culture by engaging with our staff through an organisational healthcheck to support positive interventions which target those areas which have most impact on staff wellbeing.



INCLUSION

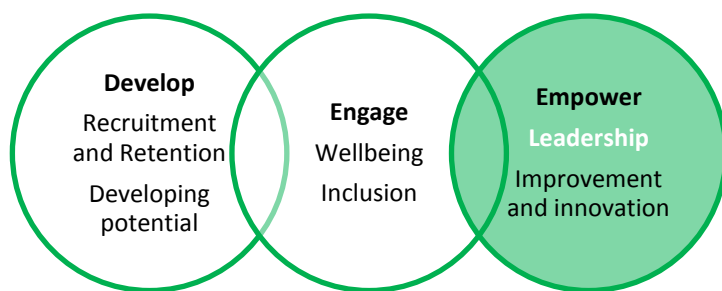
To develop a diverse workforce representative of our communities, culturally competent and where all are able to reach their potential.

Foundations of success:

- Using self-assessment and data measurement through the Workforce Race Equality Scheme (WRES), Workforce Disability Equality Scheme (WDES), Equality Delivery System (EDS) and gender pay gap reporting to inform robust plans to tackle discrimination and deliver continuous improvement.
- Listening to staff experiences and responding with improvements
- Delivering diversity training through core induction, mandatory training and leadership induction.

Key improvement goals:

- Improving the representation of women in the upper quartile of pay through targeted positive action programmes and through engaging with our female staff to identify and overcome barriers to progression.
- Continuing to improve workforce representation, particularly from BAME groups, delivering a year on year improvement in the diversity of our workforce.
- Improving cultural competence through embedding diversity training through leadership, induction and mandatory training.
- Improving the experience of BAME, LGBT+, female and disabled staff through increased engagement, supportive networks and greater development opportunities.
- Developing services that support the multi-faith chaplaincy needs of our workforce.
- Improving the visibility of leadership of the diversity agenda within the Trust to inspire confidence in staff and patients of the importance of inclusivity to high quality people management and patient care.



LEADERSHIP

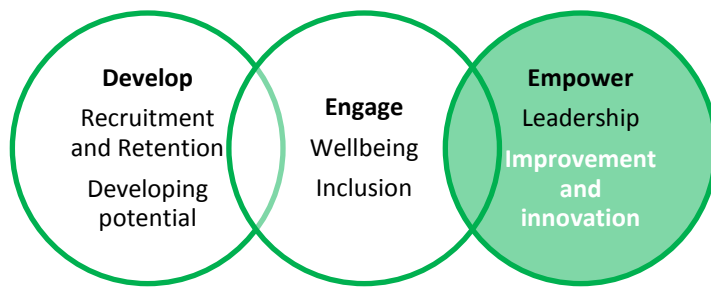
Enabling our managers to create a positive culture, which empowers, supports and motivates staff to innovate and deliver safe and effective patient centred care in a changing environment.

Foundations of success:

- Maintaining a comprehensive approach to continuing management and leadership development through the provision of CMI qualifications, masterclasses and external educational development
- Continuing and improving the development of clinical leaders through education pathways and clinical practice developments.
- Continuing to grow the Trust's coaching programme to provide targeted support to enhance performance and personal growth
- Developing bespoke interventions to enable teams and individuals to maximise their potential for the benefit of the trust and themselves.

Key improvement goals:

- Embedding the **Be Think Do** leadership principles into appraisal, recruitment and progression into leadership posts across the trust delivering ongoing improvements in staff experience measured through the staff survey.
- Guaranteeing that all new managers / team leaders have access to a comprehensive induction programme and ongoing essential learning programme to develop their skills, knowledge and behaviours in people management.
- Implementing a strategic approach to talent management and succession planning.
- Optimising the effectiveness of the Board through a comprehensive Board Development programme.
- Ensuring that managers are culturally competent and are able to create an environment that values and promotes diversity in the delivery of patient care.



IMPROVEMENT AND INNOVATION

To develop and implement robust transformational change management programmes to deliver the Trust objectives in a way which reflects our values and supports staff and to respond proactively to rapidly changing external environments.

Foundations of success:

- Create a framework of effective and positive partnership working with trade unions and staff to ensure effective change can flourish. Working in partnership to support reviews of working practices and associated policies and procedures
- Facilitating delivery of effective organisational change
- Supporting change through effective organisational development, maintaining and continuing to improve the policy and procedural framework in which the workforce operates to reflect best practice and enable change

Key improvement goals:

- Developing innovative workforce solutions to respond to the changing healthcare landscape, including the ongoing development of the multi-disciplinary workforce. Effectively introducing and developing the rotational working model both within the Trust and through collaborations with external healthcare partners.
- Designing roles and career pathways to support and enable the Trust's vision and to enrich roles to address challenges of attraction and retention.
- Developing management / leadership arrangements that are fit for purpose to lead a multi-disciplinary urgent and emergency care environment.
- Supporting comprehensive roster reviews in 999, 111 and EOC to improve rota arrangements to support the changing needs of service delivery and support the wellbeing of staff.
- Supporting the optimisation of system wide interoperability and digitalisation to develop new ways of working for frontline staff.
- Seeking to embed the principles of Just Culture through our patient safety, HR and Freedom to Speak Up investigations and supporting procedures to promote a culture of speaking up, honesty and learning.

- Refreshing our Partnership commitment through a review of our working arrangements and core principles in line with our values.

DELIVERING THE STRATEGY

The core function of the People Directorate is to facilitate the delivery of a fully engaged workforce, which supports the achievement of the Trust's strategic aims and ultimately meets the needs of patients and the wider community.

Whilst the People Directorate will take ultimate responsibility for delivery, the strategy belongs to the whole Trust. As such the development of the strategy has been done in partnership with the Board, service lines, other supporting directorates and our Trade Union partners.

Measurement

Achievement of the strategy will be measured through improvement in the range of key workforce indicators and qualitative feedback from staff via the staff survey. Annual objectives will be established from the strategy and will enable the progress of individual initiatives to be measured across the three year period covered by the strategy. The strategy will be reviewed at least annually to ensure it adapts to emerging priorities.

Key responsibilities

The Board of Directors are required, as the most senior leaders and managers within the organisation, to demonstrate excellence in leadership and management practice and to be appropriate and visible roles models. They are also required to ensure the effective performance of the managers that they are ultimately responsible for, through performance measures that reflect the full range of organisational responsibilities.

Directors and senior managers are required to demonstrate effective leadership and management of the workforce through appropriate Trust processes and are also required to ensure that managers and leaders within their teams are competent in role and performing to expected standards.

The Director of People is accountable to the Board of Directors for the development and delivery of the Workforce Strategy, providing the necessary assurances to the Board of Directors and the Resources Committee.

The Deputy Director of People is responsible for the development, delivery and monitoring of the strategy.

All managers are required to perform the full range of management and leadership duties expected of their role, to the required standards and values of the Trust.

Workforce Indicator measures

Goal	Workforce Indicator @ 31 March	2019/20 Actual	2020/21	2021/22	2022/23
DEVELOP – RECRUITMENT AND RETENTION					
Effective workforce planning and modelling	Vacancy gap	-0.90%	Below 1%	Below 1%	Below 1%
	111 Clinical Advisor vacancy gap	27%	15% Deployed	10% Deployed	5% Deployed
Reducing areas of high turnover	EOC turnover	10.57%	Below 10%	Below 10%	Below 10%
	111 turnover	27.31%	20%	18%	16%
DEVELOP – DEVELOPING POTENTIAL					
Ensuring mandatory and core induction training is completed by all	Mandatory training compliance	PES 96.4% PTS 98.3%	95%	95%	95%
Ensuring all staff receive a quality appraisal	Appraisal compliance rates	84%	85%	95%	95%
Delivering an appropriate range of high quality apprenticeships	Public sector apprenticeship target	2.3% averaged from April 2017 to March 21			
ENGAGE – WELLBEING					
Improving attendance	Sickness rates	5.7%	0.5% reduction	Below 5%	Below 5%
Encouraging continual increase of uptake of flu vaccination	Frontline vaccination rates	67.3%	75%	77.5%	80%
	Staff engagement score	6.4	Improved	Improved	Best in sector
ENGAGE – INCLUSION					
Using self-assessment and data measurement to deliver continuous improvement	WRES indicators		Continuous improvement against all indicators		
	WDES indicators		Continuous improvement against all indicators		
Positive impact on workforce representation	BAME representation	4.61%	5%	5.5%	6%
	Disability representation	3.8%	4%	4.25%	4.5%
	Representation of women in upper quartile of pay	36.7%	38%	40%	42%
EMPOWER – LEADERSHIP					
Enabling our managers to create a positive culture	Immediate line managers staff survey theme result	6.3	Improved	Improved	Best in Sector

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