NHS
North West
Ambulance Service
NHS Trust

ANNUAL REPORT

2018/19

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FOREWORD

We are proud to present our Annual Report and Accounts 2018/19 at the end of another significant year for North West Ambulance Service NHS Trust and the NHS, both in terms of challenges and triumphs.

In 2018/19 the trust answered a total of 1,337,175 emergency calls resulting in 1,131,556 unique incidents – that's almost 130 incidents every hour of every day. People with life-threatening illnesses or injuries (category one) accounted for 9.57% of incidents.

It was our first full year operating under the national Ambulance Response Programme which aims to get the right response, first time, to patients who contact us for help in urgent and emergency situations. The trust fell short of all but one of its response time targets, managing only to meet the category one target of 15 minutes, 9 out of 10 times, by reaching these patients in an average of 13 minutes 19 seconds. Work to improve response times will progress in 2019/20 with a comprehensive review of staff rotas and changes in our fleet. This is being supported following an evidence based demand and capacity review and additional investment from commissioners to meet our 999 demand. In summer there was also an announcement by the health minister for £6 million of additional funds for emergency ambulances in the North West.

With many of our patients requiring urgent rather than emergency care treatment, as part of our Transforming Patient Care programme, we undertook a pilot of a new urgent care practitioner role. The 12 nurses and paramedics employed in this role respond to patients who have called 999 but could possibly receive support and treatment in the community, rather than having to go to hospital in an emergency ambulance. Working on vehicles equipped to treat people on scene, the urgent care practitioners ensure patients, who can be cared for at home, have all the help they need, referring them on to other local health services if required. While nurses have been part of the ambulance workforce for a number of years, it is the first time they have been employed in a role that involves directly responding to patients.

Delivering NHS 111 in the North West was challenging with demand for the service on the increase, but changes implemented before the busy winter period resulted in improvements across all performance measures. These improvements ensured the 1,564,219 people who called the service received the best care. NHS 111's online offering became available across the country during winter. Although not provided by NWAS, the online service links in with us when eligible patients require clinical assessment.

Our Patient Transport Service transported approximately 1.5m patients to and from hospital or between hospitals and we extended its offer to support and promote public health. This preventative work is part of our organisational strategy and the contact our PTS crews have with often vulnerable and older patients presents an excellent opportunity for us to make a difference. Care assistants have maximised their time with patients en-route to appointments by providing them with health information leaflets created in partnership with clinical commissioning groups, Age UK and Public Health England.

To support PTS, a campaign launched to recruit more volunteers from our communities to take people to and from routine hospital appointments. Describing each volunteer as a 'star in a car', the campaign used a range of publicity materials to recruit more stars, and their wheels. There are some fascinating facts highlighting the work by volunteer drivers. Their combined service currently comes to a total of 150,000 volunteer-hours worked per year. They drive a combined total distance of 5,892,446 miles per year. That equates to travelling 236 times around the world or making 12 return-trips to the moon! We wholeheartedly value the contributions of volunteers, both car drivers and community first responders who help people in their time of need and support the NHS with their time.

Strengthening our focus on community engagement, we provided basic life support awareness sessions to over 80,000 people this year – a huge proportion of which was done on the internationally recognised Restart a Heart Day. These are simple skills that can make such a big difference to someone unfortunate enough to have a cardiac arrest. Our plans for the future will see us improve our public health offering, encouraging prevention rather than cure.

An announcement this year by the Department for Education, that lifesaving first aid is set to be part of the national school curriculum from 2020, was pleasing for all of us at NWAS. In 2015, our trust held an event at the House of Commons for all MPs, lords and partner organisations to share our vision of educating the public about CPR and defibrillators, to ensure the UK has the best survival rates in the world for out of hospital cardiac arrests. The plans say that pupils should know basic treatment for common injuries, life-saving skills including how to do CPR and the purpose of defibrillators and when one might be needed. This excellent news will create lifesavers in the future.

In 2018 the NHS celebrated its 70th anniversary and here at NWAS we firmly believe that any good birthday celebration must include cake, so to celebrate 70 years of our unique and extraordinary National Health Service on 5 July, we gave our staff a treat for all their hard work and dedication with some birthday cake. The trust teamed up with Icky Sticky Cake Company - a family run business from Greater Manchester, which sources many of their ingredients locally - to provide 5,000 cupcakes for our people across 70 sites. This special treat to mark a very special birthday, was funded by the North West Ambulance Charity which launched this year.

The public were able to gain valuable insight into the compassionate nature of our staff and the challenges that come with running an emergency service when the BAFTA winning documentary Ambulance began to air on BBC One. The programme is the highest rating factual programme with over four and sometimes five million viewers. Filming initially took place with crews in Greater Manchester and in our emergency operations centres before moving to Merseyside. The programme has been an unexpected gem in the BBC schedule pulling in a large proportion of young and ethnic minority viewers. Being able to represent the ambulance sector on prime time television is a huge honour and we're grateful to the producers for their representation of our work. The feedback from the public and other stakeholders has been overwhelmingly positive and we would like to pay our thanks to all of our staff who have taken part.

A highpoint of the past year was being rated 'good' by the healthcare regulator, Care Quality Commission (CQC), following an inspection of our organisation in summer. As well as the overall rating of 'good', we received 'good' ratings for three of our core services; urgent and emergency care, emergency operations centres and resilience.

CQC noted outstanding practice where community specialist paramedics worked as members of multidisciplinary teams on preventative measures aimed at reducing the number of admittances to emergency departments. Our Hazardous Area Response teams were recognised in a number of areas as being outstanding meaning our capability to deal with large scale incidents is as robust as it can be.

Clear Vision, an internal educational publication for clinical staff, and our health and wellbeing programme, Invest in Yourself, were also named as outstanding. Most importantly, CQC witnessed polite, caring and respectful frontline ambulance staff, holding the hands of patients who were scared and acting with compassion and respect towards patients. This is something we see every day in our organisation and we are so pleased it was recognised by the regulators. As well, all ambulance staff said they were proud of their profession and CQC said this was reflected in them providing good quality care.

Each year we issue the NHS Staff Survey to our people in order to test the water and see how we compare to other organisations so that we can make improvements and create a better working environment. This year we had a bigger uptake than ever before and our results showed improvements in organisational culture with statistically significant differences since last year's ratings for morale, equality, diversity and inclusion, safety and staff engagement.

In keeping with this theme, this year we continued to develop NWAS' appeal as an exceptional employer by developing a new Workforce Strategy which puts development, engagement and empowerment at the heart. We also strengthened Be, Think, Do, our internal leadership development programme, launched an Instagram account dedicated to profiling the fantastic people that work in the trust called Team NWAS, hosted a conference for the national ambulance LGBT network, employed 236 apprentices, recruited to 601 frontline roles and were recognised as a disability confident employer.

2018/19 was the year in which health and social care leaders came together to develop a Long Term Plan to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers' investment. We believe we are well on the way with addressing some of the key points of the plan and look forward to what 2019/20 has in store for us. The year will include changes in our board of directors, a focus on digitalising our service, the conclusion of our Transforming Patient Care programme, the continuation of schemes to improve the health and wellbeing of our people and establishing a panel to give patients and the public a voice to influence the way we plan and deliver our services.

Finally, we would like to thank all of our staff, no matter which part of the trust they work in, for making sure we continue to save lives and provide the best possible care to our 7.5m residents across the North West. We recognise that combined our Paramedic Emergency Service, 111 and PTS services makes us one of the largest ambulance services in the UK and we will do all we can to make North West Ambulance Service is the best in the UK.

Peter White
Chairman

Daren Mochrie QAM
Chief Executive

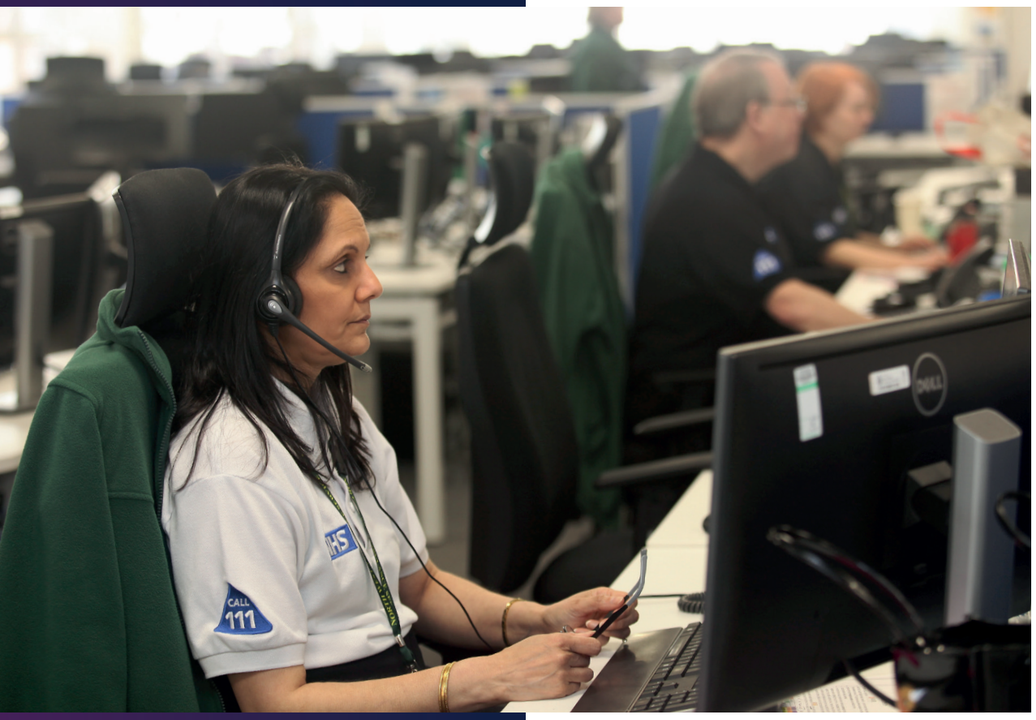
PERFORMANCE REPORT

The trust's Performance Report has been prepared under direction issued by the Department of Health Group Accounting Manual 2018/19 in accordance with Chapter 4A of Part 15 of the Companies Act 2006.

The Accountable Officer is responsible for preparing the Annual Report and Accounts and considers taken as a whole they are fair, balanced and understandable.

Daren Mochrie QAM
Chief Executive

Date: 24 May 2019



Overview

The purpose of the overview section is to provide:

- A statement from the Chief Executive Officer providing an overview of the performance of the trust during 2018/19.
- Information on the purpose and activities of the trust during 2018/19.
- A statement of the purpose and activities of the trust, including a brief description of the business model and environment, organisational structure, objectives and strategies.
- Details of the key issues and risks that could affect the trust in delivering its objectives.
- An explanation of the adoption of the going concern basis where this might be called into doubt; and
- A performance summary of the trust

Chief Executive Statement

In 2018/19 the trust answered a total of 1,337,175 emergency calls resulting in 1,131,556 unique incidents. Of these incidents, 1,060,219 were responded to by NWAS clinicians with 25% resolved at the scene and 69% transported for further care. 71,337 incidents were resolved over the phone. People with immediately life-threatening illnesses or injuries (category one) accounted for 9.57% of incidents.

It was our first full year operating under the national Ambulance Response Programme, which aims to get the right response, first time, to patients who contact us for help in urgent and emergency situations. The trust fell short of all but one of its response time targets, managing only to meet the category one target of 15 minutes, 9 out of 10 times, by reaching these patients in an average of 13 minutes 19 seconds.

Work to improve response times will progress in 2019/20 with a comprehensive review of staff rotas and changes in our fleet. In summer there was an announcement by the health minister for £6 million of additional funding for emergency ambulances in the North West which will help with this.

Our Transforming Patient Care programme, which is due to conclude, has helped to ensure we do more 'see and treat' and 'hear and treat' of patients by introducing initiatives that helped us deliver the right care, at the right time, in the right place; every time. For the first time ever, conveyance to hospital is down despite an increase in incidents, in fact 39,000 fewer patients were transported in an ambulance this year, compared to 2017/18.

Delivering NHS 111 in the North West was challenging with demand for the service on the increase, but changes implemented before the busy winter period resulted in improvements across all performance measures. These improvements ensured the 1,564,219 people who called the service received the best care.

History of the Trust

North West Ambulance Service NHS Trust (NWAS) was established on 1 July 2006 following the merger of the Cumbria, Greater Manchester, Lancashire and Mersey Regional ambulance trusts. One of the largest ambulance trusts in England, NWAS provides services to a population of around seven million people across a geographical area of approximately 5,400 square miles. During 2018/19, the trust received 1.545 million emergency calls, completed over 1.131 million journeys and 705,000 hospital attendances. Approximately, 1.5 million patient journeys are undertaken by our non-emergency service for patients travelling to hospitals and other healthcare centres for treatment.

The trust employs just over 6,000 staff who operate from over 100 sites across the region and provides services for patients in a combination of rural and urban communities, in coastal resorts, affluent areas and in some of the most deprived inner city areas in the country. We also provide services to a significant transient population of tourists, students and commuters.

The North West region is one of the most culturally diverse areas in England, with over 50 different languages spoken by members of the community. Consequently, the trust places considerable emphasis on equality and diversity and public engagement activities to ensure that our services are accessible to all members of the community.

Trust Vision and Aims

The trust's ambition is to be the best ambulance service in the UK by providing the right care, at the right time and in the right place, every time for people who access our services.

During 2018/19 our approach was to ensure clinical decisions are taken early in the patient journey to ensure no patient is needlessly waiting. The five principles that support our approach were as follows:

These principles formed the basis for the Transformation programme. Much of this work has now moved into core business.

Going forward, the strategic goals remain to deliver the right care, at the right time, in the right place and this will now be delivered via the Right Care (Quality) and Right Time and Right Place (Urgent and Emergency Care) Strategy, enabled by the strategies that are encompassed in Every Time.

To realise its vision the trust has adopted the NHS Culture of Caring values, customised to reflect our staff's language and interpretation.

Our Shared Values

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 care every time.

Our Services

Our core services are delivered through four distinct service lines. These are:

- **Paramedic Emergency Service (PES) –** through solo responders, double crewed ambulance response and volunteer community responders we provide a pre-hospital care emergency response to 999 and urgent calls
- **Patient Transport Service (PTS) –** PTS provides essential transport for non-emergency patients in Cumbria, Lancashire, Merseyside and Greater Manchester who are unable to make their own way to or from hospitals, outpatient clinics and other treatment centres
- **Resilience –** services associated with the trust's statutory responsibilities under the Civil Contingencies Act 2004
- **111 –** The trust delivers the 111 and Urgent Integrated care service for the North West region

Core service delivery is supported by a number of support service functions:

- Finance
- Human Resources and Organisational Development
- Quality Improvement and Innovation
- Information Management and Technology
- Training and Development
- Fleet and Facilities Management
- Communications and Corporate Governance
- Programme Management Office

Our PES service delivery is organised around three geographical areas - Cheshire and Merseyside, Cumbria and Lancashire and Greater Manchester, thus ensuring that our services reflect local community needs. Strategic capacity and support services are provided centrally from the trust's headquarters in Bolton with managers/teams based in each area to provide local support.

Key Risks to Delivering Objectives

The trust identified ten strategic risks (ie. those risks identified on the Board Assurance Framework) aligned to the Strategic Goals during 2018/19.

The Board Assurance Framework and Annual planning cycle processes have recorded, following proactive management and continuous review, robust control measures that ensure these risks are mitigated to an acceptable level by the trust. The following list denotes the Strategic Risks identified in the year that have been mitigated:

1. If the trust does not maintain effective quality governance arrangements it will not deliver the highest standards of care leading to non-compliance with required quality standards and poor patient experience.
2. If the trust does not deliver the Financial Plan for 2018/19 then it will fail to meet its financial duties and may be unable to deliver its strategic objectives leading to regulatory intervention.
3. If the trust does not achieve operational performance targets it will not deliver satisfactory patient outcomes or achieve compliance with the requirements of the single oversight framework.
4. If demand on acute services continues to increase the trust's ability to meet performance targets will be compromised leading to poor patient outcomes and increased regulatory scrutiny.
5. If methods of cybercrime continue to evolve then the trust could receive a cyber-attack that disrupts normal business functions and service delivery.
6. If the trust fails to recruit, develop and retain sufficient number of competent staff it will be unable to deliver safe and effective services.
7. If STP/Devolution results in different or more complex commissioning of our services it may result in an unintended adverse impact on our ability to deliver the trust's Strategic goals.
8. If the trust does not deliver the objectives of the Transformation Programme it may be unable to provide a sustainable service delivery model, leading to pressure on costs, performance and quality of care.
9. If the Board experiences significant leadership changes it may not provide sufficient strategic focus and leadership to support delivery of its vision and corporate strategy.

Key Risks to Delivering Objectives
(continued)

During the year, the Board has been updated in public session on the national expectations on trusts related to the United Kingdom leaving the European Union without a deal. The trust has complied with all relevant national requirements. The Board has reviewed the potential risks, and has concluded that with the information available to the trust most of the risks can be managed or mitigated and produced a statement of readiness that was shared with our health partners through the Local Resilience Forums and partnerships.

Going Concern

The Board of Directors has reviewed the trust's financial position throughout 2018/19 and has confirmed that it is appropriate that the Annual Accounts for the year are prepared on a going concern basis. Going concern is one of the fundamental underpinning accounting concepts for the preparation of financial statements where organisations are usually viewed as continuing in operation for the foreseeable future. Detailed guidance in respect of going concern is set out in International Accounting Standard (ISA1) and the interpretation for the Public Sector context is set out in the Financial Reporting Manual (FREM) and the Department of Health and Social Care Group Accounting Manual (GAM) 2018/19. The trust's Letter of Representation for 2018/19 to KPMG LLP as external auditors refers to NWAS preparing its accounts on a going concern basis.

Performance Summary

2018/19 was the first full year that the trust had operated the new Ambulance Response Programme (ARP) a new framework for ambulance trusts to deliver its service and meeting the needs of its patients.
The fundamental underpinning principle of ARP is to use the right resource at the right time in the right place, all in line with the trust's strategic aim.

The delivery of ARP proved challenging for the trust throughout 2018/19 and some of the standards were not met. Despite this the trust did make significant improvements in all the standards through wholesale changes to its fleet profile and dispatch methodology.

Statutory & Regulatory Financial Duties

The trust is required to achieve a number of statutory and regulatory financial duties. These are:

- Statutory duty to break even year on year and a regulatory duty to break even each and every year.
- Regulatory duty not to exceed the External Financing Limit set by the Department of Health.
- Regulatory duty to contain capital expenditure, on an accruals basis, within approved Capital Resource Limits.
- Regulatory requirement to achieve the Capital Cost Absorption Duty.
- Regulatory duty to apply the Better Payment Practice Code.

In 2018/19 the trust achieved all of these duties.

In 2018/19 the trust's income was £341.8 million and was generated from the following activities:

INCOME FROM ACTIVITIES	2018/19 £000
PES Income	257,434
PTS Income	41,338
111	19,984
Other Income	23.031
Total Income	**341.787**

Performance Analysis

Operational Performance Standards

In 2018/19 the national performance standards for emergency responses, and the trust's performance against these standards were YTD:

Category 1 Mean	(7 minutes)	Category 1 90th	(15 minutes)
Category 2 Mean	(18 minutes)	Category 2 90th	(40 minutes)
Category 3 Mean	(60 minutes)	Category 3 90th	(120 minutes)
		Category 4 90th	(180 minutes)

Performance Against Standards

PERIOD	CAT 1 MEAN	CAT 1 90TH	CAT 2 MEAN	CAT 2 90TH	CAT 3 90TH	CAT 4 90TH	CAT 4 90TH
Standard	**7 mins**	**15 mins**	**18 mins**	**40 mins**	**120 mins**	**180 mins**	**180 mins**
Q1	00:08:07	00:13:48	00:23:54	00:52:47	01:02:55	02:30:11	03:01:51
Q2	00:07:56	00:13:22	00:23:25	00:50:45	01:06:34	02:38:53	03:09:10
Q3	00:07:48	00:13:03	00:24:15	00:52:02	01:12:41	02:52:31	03:18:05
Q4	00:07:46	00:13:04	00:25:15	00:54:18	01:12:06	02:50:49	03:23:49
2018/19	**00:07:54**	**00:13:19**	**00:24:14**	**00:52:31**	**01:08:29**	**02:43:18**	**03:13:54**

Patient Transport Service

Throughout 2018/19 the Patient Transport Service (PTS) undertook approximately 1.5m patient journeys to enable eligible patients across the North West to access their healthcare. A summary of year end performance position is shown below:

METRIC	TARGET	CUMBRIA	GREATER MANCHESTER	LANCASHIRE	MERSEYSIDE
Calls answered	99%	100%	100%	100%	100%
Calls answered in 20 secs	75%	61%	64%	64%	63%
Call handling - Average waiting time	1 min	47 secs	46 secs	48 secs	47 secs
Travel time	80%	94%	92%	95%	96%
On time arrival	90%	87%	70%	88%	84%
Collection after treatment - within 60 mins	80%	87%	58%	70%	81%
Collection after treatment - within 90 mins	90%	95%	79%	87%	94%
Travel time	80%	91%	90%	92%	96%
Less than 60 min wait	80%	76%	62%	69%	75%
On the day pick up within 90 mins	90%	86%	73%	80%	86%
Travel time	85%	95%	94%	95%	95%
On time arrival	90%	88%	79%	86%	83%
Collection after treatment - within 60 mins	85%	92%	79%	85%	89%
Collection after treatment - within 90 mins	90%	98%	92%	95%	97%

Transforming Patient Care

Over the year PTS continued to support the trust's Transforming Patient Care Programme in three ways:

The development and distribution to patients of information on important health campaigns and services in collaboration with Public Health England, North West CCGs, Greater Manchester's Health & Social Care Partnership and groups such as Age UK, establishing PTS' role as an important component of the trust's Public Health Plan.

To date, PTS has distributed more than 160,000 leaflets to patients using our patient transport service through, increasing their awareness of key health matters and available alternate services, helping them to stay well. As well as providing a regional message to our patients, we have also engaged with Clinical Commissioning Groups (CCGs) to identify local messages for distribution.

Health promotion and prevention are also at the heart of a scheme to 'Raise Concerns for Patients'. Through this scheme, PTS staff access clinical support through the trust's Clinical Hub should they be concerned about a risk to the patient either in their homes, such as risk of falls or fire or from issues such as dementia, mental health, isolation and loneliness, with a view to providing an onward referral to an appropriate service or support which could prevent issues from developing and possible attendance at treatment centres. Throughout 2018/19 PTS referred 16 concerns for patients where such services are in place.

Greater integration with the Urgent and Emergency Service with some journeys deemed appropriate to be managed by PTS, helping ensure important NHS resources are targeted at patients' needs, providing transport commensurate with that need and freeing up clinical resources for those who need that support or intervention.

Engagement

PTS has further developed its engagement with key stakeholders during 2018/19. Relationships are established with all key acute hospitals and these start with good local links operationally. This sees regular contact between PTS, clinics and important departments such as bed management and clinical flow teams in acute hospitals. Our managers are responsive through shared, transparent escalation arrangements and attend regular meetings to ensure the smooth management and oversight of our contracts.

Tripartite arrangements are robust, with local commissioners and acute hospital managers meeting regularly with PTS representatives. PTS is now a regular member of many A&E Delivery Boards across the North West, in recognition of our important role in supporting effective flow of patients through the healthcare system, especially in relation to unplanned care. Our influence through this engagement has seen numerous collaborations with these partners in support of improvement for patients and the wider health economy. Just recently, PTS specific workshops were held in Greater Manchester and Merseyside to look for ways in which PTS can support the wider Urgent and Emergency Care system – further workshops are being planned for Cumbria and Lancashire in the early part of 2019/20.

The following, highlights the role PTS is playing in transforming patient care.

We're Transforming Patient Care by…

Supporting health **P**revention – every contact counts

Providing integrated **T**ransport for non-emergency patient journeys

Piloting access to clinical **S**upport to raise patient health concerns

Volunteer Car Drivers

During 2018/19, Volunteer Car Drivers undertook circa 320,000 PTS journeys covering 5.3 million miles. Our volunteer drivers play an important role in transporting patients to and from their appointments, and compliments received from service users highlight that our drivers offer a friendly and reassuring role to patients who greatly value this service.

Over the year, a number of changes have taken place in relation to the PTS volunteer car drivers. Regular volunteer car driver forums have now been formally established with elected driver representatives.

Following received feedback, Volunteer Car Drivers now complete mandatory training through a hard copy work book which can be carried as support documentation throughout the day. The workbook is designed around a three year rolling model and reflects 11 modules of learning relating specifically to the operational exposure experienced by volunteers and includes areas such as health and safety, safeguarding and information governance.

The majority of drivers now use the PTS Online system to access their work for the following day which is a more reliable and consistent method than the previous e-mail approach. The drivers also input their pick-up and drop off times directly into the PTS Online system which has improved the timeliness of data capture and improved our ability to monitor and analyse performance on a daily basis. Operational policies and learning materials are available via this portal.

Throughout the year the PTS Assurance and Communications Teams ran the recruitment campaign 'Star in a Car'.

The launch featured several radio interviews and an opportunity to promote the service on Granada TV was very well received. During 2018/19 the Assurance team recruited approximately 120 new drivers, taking our numbers to over 340.

All prospective drivers apply through NHS jobs and complete the mandatory training and are required to have full DBS clearance prior to commencement.

Resilience

As a part of the National Health Service, the trust needs to plan for, and respond to, a wide range of incidents and emergencies that could affect patient care or public health. Such incidents could be caused by a wide range of triggers from severe weather, transport emergencies, industrial incidents/action, infrastructure failures, terrorist attacks or infectious disease outbreaks. The Civil Contingencies Act, 2004 (CCA) requires all NHS organisations and providers of NHS-funded care, to demonstrate that they can effectively respond to such occurrences whilst maintaining core services. This in turn contributes to the maintenance of wider national resilience measures. The trust is designated as a Category 1 Responder under the CCA and so in common with many public sector organisations, the trust has a series of statutory obligations to fulfil both on its own and through close co-operation with other partner, responder agencies.

These duties can be summarised as:

- Assess the risk of emergencies occurring
- Using risk assessments to develop contingency plans
- Have in place Business Continuity Plans
- Communicate civil protection issues to the public including warning and informing when required
- Share information with other responding agencies to enhance coordination
- Cooperate with partner agencies to ensure efficiency and coordination

The Resilience team has continued to support the trust in its responsibilities under the CCA through close collaboration with NHS bodies, police, fire and rescue services, local authorities, Public Health England, the military and many other agencies. This collaboration is conducted through a Local Resilience Forum (LRF) in each county in the North West, each of which has a series of task-based work groups to deal with specific issues or risks. The Resilience team also supports engagement with health partners through Local Health Resilience Partnerships (LHRPs) which bring together senior representatives of trusts on a countywide basis to consider planning and preparation issues with specific implications for the health sector. The result of this level of collaboration is a collection of plans, procedures and arrangements which protect the safety and wellbeing of patients, the public and responding personnel.

The LHRPs also have a duty to assess the degree of preparedness in the trust through benchmarking against the NHS England Emergency Preparedness, Resilience and Response (EPRR) Core Standards. In 2018/19 NWAS was assessed as having 'substantial' compliance against the core sections of these standards as well as more detailed and extensive criteria for Special Operations and NHS 111. The results of this assurance process have been ratified by the Board of Directors and duly reported to the NHS England national team. The overall performance of the Resilience team is also monitored internally by a nominated Non-Executive Director, which for 2018/19 was Mr Peter White as the Chair of the Trust Performance Committee. This committee also ensures that the Executive Management Team and the Accountable Emergency Officer (Director of Operations, Ged Blezard) maintain awareness and oversight of resilience measures and activities.

The ambulance resilience community is close-knit and much work is done in collaboration with neighbouring ambulance services in the North East, Yorkshire, East Midlands and the West Midlands, and further across England and the devolved administrations of Scotland, Wales and Northern Ireland. This cooperation also extends to activity on a national basis through the trust support of the National Ambulance Resilience Unit (NARU) which co-ordinates the development of national procedures, plans and response support arrangements. This engagement not only adds to the combined resilience of ambulance services nationally but also fosters robust working relationships at a local level through the application of joint response models.

The trust response capabilities have been tested regularly throughout 2018/19, both in real incidents and as part of the programme of regular training and exercising all of which, has covered the whole range of risks (industrial, transport, public and

events) in the NWAS area. The tragic attack on the Manchester Arena in May 2017 remains in sharp focus as the lessons learned are further embedded in both internal and multi-agency processes and tested to measure continued effectiveness. The year saw challenges in the extremes of weather from extreme cold and snowstorms affecting many parts of the region to high summer temperatures and threats of drought, which also saw the outbreak of extensive wildfires. Without existing excellent relationships, joint training and collaborative planning the response to such events may have been less effective. Plans and procedures are subject to regular review on an agreed cycle or following employment in the management of actual incidents when the debriefing process may suggest improvements or amendments to increase effectiveness. A pertinent example of this was the periods of industrial action that NWAS experienced but again through robust internal preplanning (and effective communication with partner agencies) staff were allowed to exercise their lawful right to take action but at the same time the trust was able to mitigate the effects of disruption whilst continuing to protect patient safety.

The team is also responsible for ensuring that the trust business continuity management arrangements are in line with international standard ISO 22301 and are sufficient to ensure continuation of core business despite the influence of a diverse range of possible challenges. Each department within NWAS has its own bespoke Business Continuity plan and these are regularly tested and exercised to ensure that they remain current and in harmony with other plans and arrangements. Through the identification of critical business functions, plans have been drawn up to deal with a range of threats to 'business as usual' activities and although these are regularly tested, such occurrences as industrial action, disruption to electricity supplies or telephone services have all led to successful activation of plans and the continuation of core activities.

A progress action tracker is circulated regularly to the Executive Management Team for trust assurance purposes and to inform the programme of exercising. Major system or infrastructure changes all require impact assessment to determine any risk to ongoing business continuity and a significant example of this was the commissioning of the Estuary Point facility in Liverpool to house a number of core functions and a myriad of complex interdependencies.

A regular and fundamental part of the work of the Resilience team is the work that goes into planning for mass gathering events at fixed sporting or entertainment venues and those which occur in town centres or other open venues. Occasionally this planning activity can occur just from an NWAS perspective but invariably involves cooperation with other organisations or as part of wider Safety Advisory Groups. Event planning activity occurs all year round but is at a peak just before the summer period and this level of activity is maintained until after the festive season.

A great deal of emphasis is placed on education and training by the Resilience team and in addition to ensuring that the team itself is sufficiently well trained to conduct its complex and diverse role, this also includes the training of ambulance commanders and operational staff across the trust. Regular training includes that mandated through the Joint Emergency Services Interoperability Principles (JESIP), which is undertaken in partnership with colleagues from police, fire and rescue and other responding agencies under the banner of 'Working together – Saving lives – Reducing harm'. Such joint working promotes wider understanding of the roles of each agency, a greater awareness of shared risks and a systematic approach to the effective and above all, joint management of incidents. It was pleasing for the latest JESIP awareness video to have been filmed in the North West and involving NWAS staff and managers working alongside colleagues from police and fire and rescue in the management of a simulated incident.

The coming year will continue to challenge both the trust and the Resilience team through schedules of planning or exercising activities but it is also certain to bring trials in the form of unforeseen incidents and short notice events. However, through robust preparedness by the trust, the impacts of such occurrences on patients, the public and responders will be reduced as far as possible. On a day to day basis our resilience planning specialists will continue to work across health and other networks to ensure that any threats to safety are assessed, evaluated, removed or the consequences planned and trained for. With the number and complexity of planning tasks from mass entertainment gatherings, sporting fixtures or a large variation of other threats and hazards ever increasing, the investment in the NWAS Resilience team will continue to protect NWAS and partner responders, our patients and the people of the North West.

Special Operations

Following the 2017 audit of national interoperable capabilities, NWAS Special Operations had a return visit in October 2018 from subject matter experts drawn from NHS England (NHSE) and National Ambulance Resilience Unit (NARU), to review the action plan. The feedback was extremely positive and congratulated the trust on its progress. As part of the national replacement programme new Incident Ground Technology (IGT) and breathing apparatus has now been procured. Operationally NWAS HART assisted colleagues in South Western Ambulance Service (SWAST) following a mutual aid request for the ambulance response following a chemical incident in Salisbury. Several team members were deployed and assisted SWAST in the recovery operation.

After another successful recruitment, HART have this year recruited nine new staff all of whom have now completed their national courses and are now fully operational. In addition ten of our existing staff have also completed their National Urban Search and Rescue Course.

Staff have completed a full programme of continuation training as well as re-certification in certain competencies as required by NARU. Teams have taken part in 11 large scale multi-agency exercises and numerous smaller exercises over the year. These exercises have been as diverse as an emergency on a ship on the Manchester Ship Canal, an aircraft crash at Manchester Airport and a passenger bus rolling off a cliff into a quarry. These exercises have allowed HART to practice their skills in conjunction with partner agencies as well as providing opportunities for commanders to test their command and control during realistic scenarios. Building on the JESIP principles we have completed a number of multi-agency training and awareness days with partner agencies, CBRNe with Cheshire Police and Fire, confined space and safe working at height (SWAH) with Lancashire Fire and Rescue Service and marauding terrorist firearms attack (MTFA) with Greater Manchester Police and Fire.

We have also achieved approved centre status with Outreach Rescue which allows HART Safe Working at Height Instructors to deliver and certify Outreach Rescue SWAH courses for our staff and potentially for other agencies.

Staff development continues with the HART Specialist Paramedic role now fully embedded into the team with each of the 14 teams having a clinical lead. They are key to clinically mentoring and supporting their team members, through a variety of mediums including; clinical contact shifts, delivering clinical training sessions and clinical support on the scene of incidents. They have delivered hours of additional clinical training sessions to their teams covering subjects such as; cardiac arrest management, trauma care, maternity and paediatric care.

HART Specialist Paramedics are involved in advancing the trust through project work such as; maternity, restraint, antibiotics in trauma and the development of shadow boards to assist with the effectiveness of undertaking endotracheal intubations.

The team have also hosted a number of visitors from around the world including the Irish Ambulance Service, Japanese paramedic students as well as the trust AAP programme and Communications team to name but a few. The team was recently awarded with a Special Recognition Award by the interim Chief Executive at the NWAS Star Awards for outstanding practice which was reflected by the CQC and NHSE national audit team.

SORT continue to deliver their core training responsibilities using a programme of e-learning and practical work, including 19 recertification courses along with five induction courses for new recruits, as well as 10 PRPS Train the Trainer courses which were delivered to acute hospitals around the North West. They have further been involved in a number of multi-agency exercises working alongside police, fire and rescue and military colleagues.

Medical emergency response intervention team (MERIT) continues to support the trust's major incident capability with in service training and exercises being conducted regularly. The scheme is currently developing its Strategic Medical Advisor capability having already undertaken a two day intensive training programme with nationally recognised speakers supporting the Medical Directors in their learning. Further recruitment and development is planned to assist in the introduction of a Forward Doctor capability.

NHS 111 Service

The NHS 111 service has made significant progress this year both in terms of headline KPI performance and service improvements. The 111 contract received a Performance Improvement notice in July 2018. A Performance Improvement Plan (PIP) was developed and delivered between October 2018 and the end of March 2019, the actions within the plan have enabled the NWAS 111 service to return steady performance improvement across all standards since November 2018 resulting in a much improved service being delivered to our patients.

This year the NHS 111 service has answered over 1.5 million calls.

Average time to answer calls in 2018/19 was 1 minute, 54 seconds. The performance KPIs are analysed in the table below.

Over 180 additional staff have been recruited within the service across all skills and recently the service has seen an improvement in attendance and a slowing of the attrition rates. The introduction of homeworking for our clinicians as part of our recruitment, retention and support activities for staff has seen some expansion.

DESCRIPTION	TARGET	YEAR	Q1	Q2	Q3	Q4	YTD
Calls abandoned	<5%	2017/18	5.51%	3.38%	7.31%	10.80%	**6.94%**
		2018/19	6.93%	9.36%	7.88%	5.86%	**7.46%**
Calls answered in 60 secs	95%	2017/18	81.39%	86.29%	77.22%	68.60%	**78.15%**
		2018/19	74.60%	68.07%	73.83%	77.79%	**73.78%**
Calls warm transferred	75%	2017/18	45.22%	44.54%	41.25%	29.27%	**40.42%**
		2018/19	22.39%	24.18%	27.86%	36.00%	**27.98%**
Calls back within 10 mins	75%	2017/18	38.73%	41.03%	40.25%	40.63%	**40.15%**
		2018/19	40.81%	40.31%	45.55%	52.51%	**44.78%**

Performance Improvement

Following the serving of an improvement notice, a number of initiatives were developed and implemented to drive up performance standards.

NWAS NHS 111 signed a short term contract with Conduit to provide additional resources over the winter period to deliver more call answering capacity but also to support a structured recruitment and training plan throughout the winter.

Prior to the festive period NWAS 111 recruited and trained 73 Health Advisors, 10 Service Advisors and 20 Clinicians.

A new role of preceptor was developed and implemented to 'buddy' new staff. This has already demonstrated huge benefits with less staff attrition from new starter cohorts.

Following a data review, it was identified work was required to reduce Average Handling Time (AHT). The scope was identified and process mapping took place, highlighting areas of the call for improvement. Staff learning sessions were then delivered for staff outside of the performance centiles.

The NHS111 Health Advisor procedures were reviewed and areas that could be automated were changed to reduce inappropriate demand (eg. warm transfers).

Technical work is still ongoing to finalise the use of mobile phone texts for self-care advice and sending direct booking appointment details; work however has been completed in relation to the procurement and education program to enable staff to commence when the technical work is completed in May 2019.

Early Transfer to OOH (ETTO) was implemented across the whole of the North West, resulting in freeing up of NWAS 111 clinical resources to carry out more front end assessment of pre-defined calls, focussing on under five year olds, as evidence has shown most calls go to a clinician after Health Advisor assessment.

A new dental route has been added to the NW 111 telephony routing that gives patients the option to hear details for their local emergency dental service to arrange care independently.

Financial Review

This section of the Annual Report outlines the financial performance of the trust for the financial year ended 31 March 2019 and the results outlined in this section relate to the full 12 month period of 1 April 2018 to 31 March 2019.

A copy of the full statutory audited accounts is included in this Annual Report together with a glossary of terms to assist the reader in interpreting the accounts.

Financial Duties Review

NHS trusts have a number of financial duties.

Break Even – taking one financial year with another

NHS trusts have a statutory duty to break even taking one financial year with another and the NWAS has continued to meet this duty in 2018/19. NHS trusts that merge part way through a financial year are not measured against year on year break even duty as the performance summary relates to the financial performance of predecessor bodies. For North West Ambulance Service NHS Trust, measurement against the break-even duty commenced from 1 April 2007. The cumulative performance against this target for 2018/19 was a surplus of £27.479m.

It should be noted that included within Operating Expenses in 2017/18 and 2016/17 (restated under International Financial Reporting Standards (IFRS)) are fixed asset impairments of £814m and -£0.740m respectively. These impairments have arisen as a result of a downturn in land and building asset values and have been confirmed by an independent valuation. The Department of Health considers financial performance against the break-even duty to be assessed net of impairments.

Break-Even – each and every year

NHS trusts have a regulatory duty to break even in each and every financial year. In 2018/19 the trust returned a surplus of £5.319m (equivalent to 1.6% of turnover) and therefore achieved this regulatory duty.

External Financing Limit

NHS trusts have a regulatory duty not to exceed the External Financing Limit (EFL) set by the Department of Health. The EFL is the method by which the Treasury, through the NHS Executive, controls public expenditure in NHS trusts. The majority of the money spent by the trust is generated through its service level agreements for NHS Patient Care. The EFL determines how much more (or less) money, than it generates through income agreements, can be spent in a single financial year.

Each year NHS trusts are allocated EFLs as part of NHS financial planning processes. The trust's EFL for 2018/19 was £8.768m. It should be noted that trusts are allowed to undershoot the EFL but not exceed it. NWAS achieved this duty with an undershoot of £13.509m in 2018/19.

Capital Resourcing Limit

NHS trusts have a regulatory duty to contain capital expenditure on an accruals basis, within an approved Capital Resource Limit (CRL). The CRL is part of the resource accounting and budgeting arrangements in the NHS and its purpose is to ensure that the resources allocated by the Government for capital spending are used for capital rather than to support revenue budgets. The CRL is accruals based in contrast to the EFL which is cash based. The CRL controls the amount of capital expenditure that an NHS body may incur in the financial year.

The trust had a CRL of £21.307m for 2018/19 and had a charge against the CRL of £21.259m - an underspending of £0.048m and therefore achievement of the duty. Trusts are allowed to underspend against CRL but not overspend.

Capital Cost Absorption (CCA) Duty

NHS trusts have a duty to absorb the cost of capital at a rate of 3.5%. The financial regime of NHS trusts recognises that there is a cost associated with the maintenance of the capital value of the organisation. The trust is required to absorb the cost of capital at a

rate of 3.5% of average relevant net assets. The rate is calculated as the percentage that dividends paid on public dividend capital bears to the average relevant net assets of the trust. To meet this duty, the trust must achieve a rate of between 3% and 4%.

The trust's performance against this duty in 2018/19 was 3.5%. From 2009/10 the dividend payable on public dividend capital is based on the actual (rather than forecast) average relevant net assets and, therefore, the actual capital cost absorption rate is automatically 3.5%.

Apply the Better Payment Practice Code

This regulatory duty requires NHS trusts to pay all supplier invoices within 30 days. The trust achieved this duty in all categories in 2018/19 and performance is summarised below:

Overall performance by the trust against the Better Payment Practice Code has been consistently met since NWAS was established.

1 APRIL 2018 - 31 MARCH 2019	PERFORMANCE
Non-NHS Creditors % paid within target - Numbers	97.85%
Non-NHS Creditors % paid within target - Value	96.8%
NHS Creditors % paid within target - Numbers	96.11%
NHS Creditors % paid within target - Value	98.48%

Financial Environment

Our financial outturn position for 2018/19 was a surplus of £5.196m and included £4.458m Provider Sustainability Funding (PSF) awarded to NWAS in the financial year. Without this non-recurrent PSF funding the trust's underlying year end performance was a £0.738m surplus.

For 2018/19 the financial year started with the trust agreeing with NHS Improvement to accept a control target for the year of £1.838m planned surplus, which if achieved, meant the trust would receive £2.422m in (PSF). Without this PSF funding the trust's underlying planned position was a £0.430m surplus position for the year.

The trust was on track to achieve the target set all year and has earned this core PSF funding on a quarterly basis. During the course of the year additional PSF funding was made available to the trust for achieving financial performance above the set control total, bringing the total PSF received for 2018/19 to £4.458m.

It should be noted that the PSF funding received had to be used to show the equivalent financial performance in 2018/19. The benefit to NWAS is that this increases the trust's cash position which can be used to fund capital in future years. In 2018/19 and over the next couple of years this is assisting NWAS with the completion of Estuary Point which will replace Elm House in Liverpool, investment in information technology and the fleet vehicle investment plans to support the continued implementation of the Ambulance Response Programme (ARP).

Our achievement of the financial duties continues the trust's track record of strong financial performance and demonstrates sound financial management. Achieving the duties has been challenging, particularly in the context of the current financial environment and pressure to deliver operational performance whilst maintaining service quality. The introduction of the Ambulance Response Programme (ARP) midway through 2017/18 has required financial planning changes and the revisions to the 2018/19 contract and budgets has supported the service delivery plans.

During 2018/19 we were required to deliver in-year efficiency savings with a total value of £9.834m which was fully delivered in year. We put in place a detailed cost improvement programme (CIP) which comprised a variety of schemes to deliver the savings target. Progress against the plan has been subject to regular review by a CIP Steering Group and is monitored throughout the year by the Finance, Investment and Planning Committee and the Board of Directors. The overall programme was successfully delivered in year. £0.260m of the total which was achieved in year only and not recurrently and so has been carried forward to 2019/20 adding to next year's target.

NWAS's cash balance remains strong and was £42.2m as at 31 March 2019. The trust holds its cash within the Government Banking Service (GBS).

Our financial focus continues to be about resilience and sustainability, and as such, the trust continued to operate under a block contract agreement for PES and 111 services. The 2018/19 PES contract was refreshed in March 2018 following a review of activity levels and continued implementation of the ARP performance standards.

The 2018/19 capital programme for NWAS continued to invest significant capital resources to procure ambulance vehicles and equipment, enhance our technological infrastructure and maintain and improve the quality of our estate. Our total expenditure on capital schemes for the year was £21.259m. Within the capital programme for the year, just over £14.8m was spent on Urgent and Emergency Care and Patient Transport Services vehicles.

The major estates scheme during 2018/19 has been the continued refurbishment of Estuary Point, the corporate building in Cheshire and Merseyside to which the Emergency Operations Control at Elm House and other services currently based on that site will relocate to. The building refurbishment was completed in early January 2019, with corporate and PTS staff all mobilised before the end of March 2019.

General estates schemes to maintain and improve our sites in the North West have included Toxteth, Burnley, Middleton and other stations across all areas of the trust.

Commissioner Relationships

Our Paramedic Emergency Service (PES) continued to be commissioned on a collaborative basis by the 31 Clinical Commissioning Groups (CCG) in the North West during 2018/19. NHS Blackpool CCG acted as the coordinating Commissioner for the collaborative arrangements within a well-established and robust framework which facilitated the involvement of all 31 CCGs across the North West counties in the commissioning process. Commissioning activities were overseen by a Strategic Partnership Board comprised of both CCG and trust representatives at chief executive and director level.

2018/19 was the fourth year of the five year NHS 111 contract and has continued to be an extremely challenging one for the trust, with activity profiles significantly different to those planned. The trust has worked closely with the Commissioners over the past year as measures have been implemented to improve performance.

At the end of June 2018 the trust reached the end of the second year of the four five-year Patient Transport Service (PTS) contracts in Greater Manchester, Cumbria, Lancashire and Merseyside. Working closely with Commissioners, the trust has introduced measures to improve performance particularly in Greater Manchester through the year and ensure that there is better resource alignment. PTS also responded to assist with system pressures over the winter period working in partnership with other services.

We have continued to work collaboratively with our Commissioners throughout the year. This was evidenced during productive 2019/20 PES contract negotiations with our Commissioners. The 2019/20 contract was agreed within mandated timeframes, which secured a refreshed, 12 month block contract. The 2019/20 block contract provides financial stability, and recognises joint commitment to achieve the new Ambulance Quality Indicators and ARP performance standards.

As a focus for 2018/19 the Commissioners have been committed to co-ordinate system wide plans to reduce hospital handover times which have continued to increase in the year. During the last 12 months, NWAS has worked collaboratively with six acute hospitals which historically have seen challenging A&E hospital turnaround times. NWAS developed and implemented Every Minute Matters. This scheme has had significant success in the safe reduction of hospital A&E turnaround times. Due to the success of this scheme, we plan to extend this scheme in 2019/20, with a number of acute trusts across the North West requesting participation.

Under the Commissioning for Quality and Innovation (CQUIN) programme for 2018/19, we agreed a number of schemes with our Commissioners and received around £6.4m rewards based funding covering PES, NHS 111 and PTS services.

The schemes for 2018/19 were:

- Health Care Professional Engagement/Reduced Conveyance – PES/NHS 111 Service
- Increasing clinicians in Contact Centres/Reduced Conveyance – PES
- PTS Every Contact Counts – PTS Service
- PTS Access to local health service information – PTS Service
- Increasing Hear and Treat and See and Treat activity – PES/NHS 111 Service
- Increasing percentage of calls to clinicians – 111 Service
- Staff Health and Well-being – PES/NHS 111/PTS Service
- Increase of PTS transport to support PES where appropriate – PTS/PES Service
- Patient Safety and Lessons Learnt – PES/PTS/111 Service
- Reduction in depositions to 999 to A&E (111)
- Progression towards implementation of Integrated Urgent Care (111)

Forward Plan

The trust's vision is to be the 'best ambulance service in the UK, this will be achieved via our goals to provide the right care at the right time and in the right place, every time'. The individual strategies below will provide the mechanism to deliver these goals, the key strategies are:

- The Right Care (Quality) strategy
- The Urgent and Emergency Care (Right Time and Right Place) Strategy
- Enabled by the Every Time strategies of:
- Finance
- Workforce
- Fleet
- Estate
- Digital
- Communications and engagement

In order to be able to demonstrate progress there will be objectives and measures that align as follows:

Right Care – Quality metrics

Right Time – Performance
(ARP response time standards, together with national 111 standards and PTS contract standards)

Right Place – Performance
(Hear & Treat, See & Treat and Reduction in Conveyance to ED).

Reconfiguration

In 2018/19, as with previous years, service reconfigurations and system integration have continued across the three areas of the trust.

The redesign of services and pathways have had a positive impact on the quality of services offered and outcomes for our patients. They have also made a difference on how these services are accessed. Service reconfigurations have a significant impact on the trust, and it is important that we have clear conversations with hospitals and commissioners to ensure the impact is both managed and mitigated with additional resource, where it is required.

The work on the Neonatal Service Review continues from last year, with the trust being central in informing and modelling the impacts of any service changes across the region. This piece of work has been ongoing for some time and continued into 2018/19. The trust is also actively involved in further changes to the acute stroke pathway across the North West.

In Greater Manchester we are working closely with the Health and Social Care Partnership in improving the delivery of services to the people of Greater Manchester. Both Healthier Together and the Manchester Single Hospital Service Review have continued through 2018/19 with the development of a Local Care Organisation (LCO) and Accountable Care Organisations (ACO) and the transfer of some hospital based care to community settings.

In North Cumbria, the Success Regime involved potential changes to patient flows across North, West and East Cumbria. Throughout all this process NWAS has been involved with partners to map the activity of the proposed changes, a key feature of being involved at an early stage has been the ability to model the additional resource that may be required for this activity. NWAS is continuing to work with local leaders to consider new models of care with the home as the default setting, where it is safe and possible.

Being a key partner, the trust continues to work with various groups to develop a model of care that supports the needs of the communities across the three areas.

These include:

- Development of various LCOs across the trust
- Healthier Lancashire and South Cumbria – Lancashire
- Healthy Liverpool - Merseyside
- Better Care Together – Morecambe Bay
- Caring Together – Eastern Cheshire

One of the significant successes has been the early engagement locally, enabling the development of individual pathfinder tools to support the proposed changes to ensure patients receive the right care, at the right time and in the right place which may not always be at the local emergency department.

Emergency Services Collaboration

Police and Crime Act 2017

The Police and Crime Act 2017 received Royal Assent on the 31 January, bringing with it a number of new opportunities to further emergency services collaboration to provide real benefits for the public and help each service better meet the demands and challenges we face.

NWAS intends to work together nationally to encourage local joint strategies that promote evidence led partnership working.

Co-locating sites

NWAS has been working in collaboration with the fire and rescue services and police and currently, we are co-locating at over 21 sites across the North West.

NWAS staff have embraced the changes, built relationships and arranged events with our partner agencies including charity rugby matches.

Emergency Medical Response to Cardiac Arrest calls

Discussions with fire and rescue services around response to cardiac arrest calls to complement NWAS are ongoing. We are continuing to liaise closely with our colleagues whilst ongoing discussions take place nationally.

Forced Entry

Cheshire and Lancashire Fire and Rescue Services are continuing to support NWAS where there is a concern for the welfare of a patient inside a premise and access cannot be gained.

Fire and rescue services are better equipped and trained in forced entry, causing very little damage and or a need for repairs to the property. In over 80% of cases the FRS have gained entry without forcing and damaging doors.

NWAS is in discussions and working closely with Merseyside, Cumbria and Greater Manchester Fire and Rescue Services.

Police access to Clinical Assessment Services

Providing Police access to the NWAS Clinical Assessment Services would ensure that suitable activity is managed via hear and treat, instead of traditional resource allocation. This offers benefits to the patient, the responding force and NHS trusts.

The Clinical Assessment Services aim to offer further support through access to a range of healthcare professionals, including Mental Health Practitioners and Pharmacists.

Similarly, where a resource does need to attend the scene, access to the Clinical Assessment Hub will ensure that any responding ambulance or triaging clinician can access appropriate referral pathways (eg. via the NHS Directory of Services) in order to refer the patient to the right care provider as a single episode of care.

Within the North West area, there is evidence to demonstrate that up to 45% of Police requests to the trust for an ambulance are not conveyed to hospital or another care facility following assessment at the scene, with the commonest reasons for non-conveyance to hospital recorded on NWAS systems as:

- Patient refusal of treatment or transportation
- No injury
- Police-only requirement following ambulance attendance

Community Engagement

The trust has procured new Motorola/airwave devices to replace the old airwave devices. The new devices have better signal strength and coverage and will be utilised in areas where network signals are problematic.

To further support our community first responders the trust has also been working with Thorcom to develop a new mobile phone application that will act as a mobile data terminal. CFRs will be alerted to and able respond to emergency calls though the mobile phone application.

Since April 2018 the community resuscitation team has been busy working and engaging with our communities. Together we have placed a further 597 community defibrillators across the North West.

The team has also recruited a further 284 community first responders (CFRs), who are now active and responding to emergencies as volunteers to complement NWAS to help their communities.

A further 80,287 people have had basic life support (BLS) training and awareness, in October 2018 over 50,000 people received BLS awareness on the Resuscitation UK European restart a heart day.

Together with all the additional defibrillators, awareness and training of basic life support we continue to strengthen the chain of survival across the North West with the strategic aim of reducing the number of deaths from premature out of hospital cardiac arrests.

In total NWAS has identified 1,956 community public access defibrillators (CPADs) that are accessible to the communities/public seven days a week. These are often in locked cabinets and can be accessed/unlocked by phoning 999.

In September 2018, Cumbria and Lancashire complementary resources team won the BBC Radio Lancashire ‘Community Hero’s Award’. This was for the Lancashire Lifesavers campaign where BLS and AED awareness was delivered to 2,800 people. These sessions are now delivered by Lancashire Adult Learning.

Since the sudden cardiac arrest of a 12 year old in Blackpool, we have worked in collaboration with Blackpool Sandcastle, Blackpool Council and Blackpool Transport and placed 11 CPADs at tram stops on the promenade. Following this, Coastal Housing has purchased 20 CPADs and are making it their policy to provide a CPAD for every new development.

For the BBC Radio Merseyside Heartbeats campaign February – March 2019 (BLS & AED training), six unitary local authorities were covered for four weeks and 1,349 community members were trained.

Approximately ten radio broadcasts were made by CRT staff either live or pre-recorded for length of campaign.

In Greater Manchester, the CRT have been running courses with Greater Manchester Police to deliver the ‘Bike Safe’ programme.

The GOODSAM application automatically alerts trained volunteers in basic life support to cardiac arrests within a 500 meter radius via their smartphones. We have

nearly 600 people from the trust signed up to the application and receiving alerts. We are working with colleagues below to encourage more organisations and people to become engaged with GOODSAM.

- Manchester Royal Infirmary
- Blackpool Teaching Hospitals NHS Foundation Trust
- Cumbria FRS
- North West Air Ambulance

Regional Planning Team

The Regional Planning team based at Parkway continue to work on a number of projects.

NWAS' Optima Predict modelling software has been used in 2018/19 to provide intelligence on options including modelling of the trust's estates options, alternative station locations, and hub and spoke delivery models in Fylde, Wigan and Liverpool areas. In mid-2018, external work was undertaken by Intermedix (Optima) to replicate NWAS' ARP framework, and further work is now taking place to update and retune all aspects of the model to safeguard future model validity.

Significant work has continued on the capture, quality improvement and reporting of operational data including:

- Capture of reasons for lost resource unit hours, with reporting for operational managers to support decision making
- Development of EOC call-taking staffing requirements taking into account the capture of 'not ready' reasons
- NWAS-wide call and incident forecasts developed at weekly level
- Further development of reporting structures for meal taking to support certification of meal-break compensation claims
- Capture of actual crew shifts worked with late-finish analysis
- Working with Gazetteer team to identify duplicate AEDs to improve CAD data quality
- Providing shift and activity data for Dragonfly for use within filming of BBC's 'Ambulance.'

The Regional Operational Coordinating Centre (ROCC) and Regional Health Control Desk (RHCD) have continued to support colleagues within EOCs and Operations, working closely with our team of Ambulance Liaison Officers established across the trust to ensure hospital turnaround times remain a key focus. The ROCC is operational 24/7 providing continued and robust regional coordination. Working collaboratively with Greater Manchester Health and Social Care Partnership (GMHSCP) the Greater Manchester Urgent and Emergency Care (GMUEC) hub function has been developed within the ROCC and operates on a 24/7 basis; providing a dedicated response and coordination function to health systems across the Greater Manchester area. The ROCC continue to provide detailed activity and narrative reports to national, regional and area level. The volume, type and duration of ambulance diverts and deflections away from hospitals continue to be recorded and collated centrally for reporting purposes through to commissioners. The teams update, manage and coordinate activities daily with on-call teams from provider and commissioning organisations to avoid, minimise and mitigate the risks associated with the delayed transfers of care from NWAS to acute trust clinician.

The Business Support Unit has continued to progress on the current Medical Priority Dispatch System (MPDS) standards. The audit team continues to provide MPDS audit support and the trend of compliance to standards continues to improve. The team work closely with the EOC sector managers and EOC Education team to help improve standards; identify trends and issues and devise solutions. The team also audit calls that are requested via a third party be that as part of an investigation and/or complaint. The processing of 999 calls has low variance across the trust. New flow charts are available for staff to facilitate understanding of procedures and reduce procedure content to deliver a more user friendly version for staff. Systems are now in place to provide governance on the changes/production of procedures.

The Gazetteer team continually make improvements into categorising and removing various warnings within the command and control system. The Gazetteer team has completed the following:

- Markers added or updated – 22,260
- Markers removed - 9,878
- Streets and properties added – 34,450
- AED and CPAD – 791
- Road closures – 6,396

The Roster Support Unit has overseen the upgrade of GRS and GRS Web to the latest version. The suite of reports are constantly being developed to ensure that highest quality of data is available to the trust or a regular or ad hoc basis. The team are continually working on improving the data and user experience of GRS and are looking into new features and functions, such as a link to C3 CAD, a mobile app for GRS, the implementation of Section 2 unsocial hours, the possibility of automating some annual leave requests, overtime and shift swap requests. The team is increasing the number of users of the GRS system by adding in new departments, such as PTS, ICT, Fleet and Quality & Safety. This resulted in greater sickness, overtime and annual leave information being available to the trust. Form the initial conception of GRS to the present day the number of users has grown from 3,700 to over 6,100 operational and support staff.

Community Specialist Paramedics

There are 12 Community Specialist Paramedics (CSP) across the NWAS footprint who work proactively within the regional healthcare economy to achieve NWAS objectives of safer care closer to home and reduce demand on transportation to secondary care. **Their main aims are to:**

- Decrease 999 demand
- Increase see and treat
- Assist increase the health and wellbeing of their community.

This has been achieved by working alongside primary care and community services to

- Decrease health care professional 999 activity
- Working with PC and Community on care planning to reduce admissions and reduce re-admissions, especially via 999
- Working with care homes to access the right healthcare provision for their resident when they have an acute episode, so reducing 999 demand
- Supporting 999 frequent callers to reduce 999 demand
- Located in some remote areas to support ARP performance
- Responding to calls to deliver high levels of see and treat
- Multi-disciplinary team meetings
- Supporting local NWAS clinicians to better support their patients to support see and treat
- Social prescribing to increase long term health and wellbeing, as well as holding health and wellbeing clinics etc.

In 2018, the CQC reported that 'the Community Specialists were involved in work that was outstanding, with the needs of the community at the forefront.'

As areas of their community have been identified that fit within the patient care groups, the CSPs have supported these work streams to help inform and educate staff. This has included end of life work, frailty and more recently developing a delirium eLearning package.

Time Off for Trade Union Facility Time

The Trade Union (Facility Time Publication Requirements) Regulations 2017 came into force on 1 April 2017. The regulations require public sector employers to publish information on how much time is spent by their union officials on paid 'trade union facility time' and is detailed for 2018/19 below:

Number of employees who were relevant union officials during the relevant period	Full time Equivalent employee number
139	133.09

Percentage of Time Spent on Facility Time	
Percentage of time	**No of employees**
0%	11
1-50%	118
51-99%	3
100%	7

Percentage of Pay Bill Spent on Facility Time	
First Column	**Figures**
Provide the total cost of facility time	£389,201
Provide the total pay bill	£241,447,000
Provide the % of the total pay bill spent on facility time, calculated as: (total cost of facility time/total pay bill x100)	0.2%

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as:
(total hours spent on page trade union activities by relevant union officials during the relevant period/total paid facility time hours x100)

0.0%

Workforce

Delivering the trust's overarching aim of delivering right care, in the right place, at the right time requires us to have sufficient, highly motivated, trained and supported staff. As a trust we have been focused on ensuring that we can create job roles and a working environment which will attract and retain staff from diverse backgrounds and will continue to nurture them to develop and deliver their potential for the benefit of patients.

We have a strong focus on developing our leaders, to ensure that staff can be engaged and supported throughout their lifecycle, delivering commitment and discretionary effort for all our patients.

Workforce Strategy

In 2018, the trust took the opportunity to review its Workforce Strategy to ensure that it was sufficiently focused to meet the challenges of delivering 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'. 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 trust's 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 shares the trust's values and feel supported to deliver them, which is why the Workforce Strategy is important to ensure that we recruit, develop and support our staff to feel engaged and proud to work for NWAS.

The new Workforce Strategy was approved by the Trust Board in October 2018 and is organised around three key themes Develop, Engage and Empower which reflect the key drivers of the strategy.

Our approach to the design of the revised strategy was to improve accessibility by creating a simpler design to improve clarity of message for staff, managers and Organisational Development teams. The strategy also has a more strategic focus than previously, enabling short and medium term flexibility to develop plans appropriate to the emerging needs of the organisation, whilst keeping the core principles of the workforce vision to develop, engage and empower staff at the centre.

The central focus of the workforce vision remains the development of leaders who are able to inspire people to act, embody the values of the organisation and who are able to challenge, innovate and improve. The key themes of 'Develop, Engage and Empower', incorporate six key priorities each with core foundations of success and key improvement areas.

The strategy puts staff engagement, development, safety and wellbeing at its heart, recognising that the combination of culture and leadership can enable and motivate staff to deliver the trust's vision.

Resourcing

The trust takes an integrated approach to workforce planning, working hard to ensure that workforce plans meet the requirements of operational and strategic plans and take account of wider developments in the healthcare system.

In previous years the combined challenges of growth and national shortage of paramedics, have meant that the trust has had to manage with a paramedic vacancy gap. However, in 2018/19, the long term work which the trust has done with Health Education England and its higher education partners to improve paramedic supply has come to fruition and the trust has been able to fill all its paramedic vacancies and indeed over-recruit to support winter pressures.

As a trust we continue to experience some challenges around workforce supply, particularly the recruitment of nurses and our plans have had to take innovative approaches to ensuring that we have sufficient staff to deliver our services safely and to a high quality. In 2018, the trust developed an urgent care practitioner pilot and this saw the trust launch its first multidisciplinary rotational role, with both nurses as well as paramedics undertaking the role. The trust has also revised its recruitment approach for nurses, using social media more widely to promote the benefits of joining the trust and reducing the time to recruit. We are now seeing improvements in attraction as a result.

In addition work has been ongoing to improve recruitment into 111 nursing roles. Actions taken includes specific recruitment open days to give potential applicants an insight into the working of 111, the working environment and the career pathways on offer. The 111 management team has also developed a new starter event to give prospective new starters an opportunity to meet their managers, visit the 111 site and learn about their role in an informal and open environment to help the on boarding process.

Over the last year there has been an increased focus to improve the vacancy position within EOC. Plans have delivered an agreed over establishment within EOC to ensure that optimal resources were available for deployment over the winter period.

To support the recruitment and retention issues within EOC, a specific working group was developed. The outputs of the group have included a review of the recruitment and assessment process, leading to changes in the assessment methods for EMD recruitment. In addition, the group has also launched an on boarding strategy for new starters and this includes welcome postcards sent to new starters and increasing the mentoring provisions during the first 12 months.

A pilot commenced in November 2018 to bring in EOC support staff as part of the national pilot to manage healthcare professional calls differently. The post has been particularly successful, with many of the staff now wishing to progress into EMD roles. During 2019, the trust will start to develop the band 2 role to be part of an apprenticeship which will see staff eventually progress to become EMDs. It is anticipated that this development route will support the recruitment and retention within the EOC environment.

The following table summarises the numbers of front-line staff recruited during 2018/19:

STAFF GROUP	NUMBERS RECRUITED
UCS/EMT1/Apprentice EMT1	
• External	114
• Internal progression	108
Paramedics	
• External	139
• Internal progression	91
PTS	
• Permanent	84
• Bank	26
EOC	146
111	
• Permanent	191
• Bank	2

The trust has worked closely with higher education and Health Education England to improve the local supply of paramedics and this means that during 2018/19 we had 160 internal staff on a development route to become a paramedic with 94 of them qualifying as paramedics during this year. This brings the total number of staff we have supported internally to become paramedics to 749 over the last eight years. In addition to developing our internal staff, there are over 400 students in local universities with whom we are working closely to provide placements and support.

The NHS continues to face challenging targets to reduce its agency spend and NWAS has worked hard to maintain the improvements made in this area. The trust faced some challenges in meeting its financial targets around agency spend at the start of the year but has brought this in line in the second half of the year. This has been done by ensuring that agency spend is only targeted at support for short term projects and supporting key areas of workforce shortage such as 111 nursing to ensure maintenance of key services to our patients.

Settled Status Scheme

The trust employs a number of European staff and in particular a number of Polish paramedics who have been recruited over recent years to join our workforce. The Home Office EU Settlement Scheme has been designed to provide EU citizens and their families with a route to living and working in the UK beyond 31 December 2020. The trust has been working hard with this group of staff to support them in accessing the scheme and has provided a range of information and sessions run by a legal firm to ensure that they are fully aware of the EU settlement scheme.

Health and Wellbeing

The trust places great emphasis on employee health and wellbeing and is committed to enhancing physical, emotional and mental health support through its offer to staff, leadership and development and specific initiatives/interventions. This was formally recognised at the HPMA North West Awards in November 2018 where NWAS was proud to receive the 'We look after our People' award. The trust further recognises that the environment and the opportunities available should encourage and enable staff to lead healthy lives and make choices that support their wellbeing.

'Invest in Yourself' is the ethos NWAS has adopted which aims to support staff in improving health and wellbeing both in and out of the workplace. The dedicated website has been created for staff to access a hub of information and get tips and ideas to help them be happy, healthy and fit. The 'Your Support' page provides signposting information and additional contacts. This year we have also launched a suite of health and wellbeing podcasts which are located on the 'Invest in Yourself' microsite.

The themes have included:-

- Mindfulness and Peace of Mind
- Mood Transformation Techniques
- Stress-less and Meditation for Beginners
- Switch off for sleep and deep relaxation techniques

The trust acknowledges that improving health and wellbeing is not just about health initiatives. Therefore, HR metrics and the annual NHS Staff Survey results are used to ensure that local actions developed around health and wellbeing are in direct response to staff feedback and the particular issues pertaining to ambulance services. The trust also continues to provide support to staff through an occupational health provider to support managing health in the workplace, including early access physiotherapy and counselling.

There is a national focus for the NHS to improve the health and wellbeing of its staff. The Health and Wellbeing CQUIN for 2018/19 has supported the trust in developing the health and wellbeing provision for our staff, as more initiatives and specific programmes have been delivered. In particular there has been focus on the following initiatives during 2018/19:

Physical Activity

To support staff in increasing their physical activity levels the trust took part in two Kaido Wellbeing Challenges. Over the course of a '60 day Wellbeing Challenge' staff explore their physical, mental and social wellbeing with tips and guidance on how to increase physical activity, introduce mindfulness and support changes to their nutrition and lifestyle. During the first challenge from 15 October to 20 December 2018, NWAS employees completed a massive 798,283 minutes of physical activity, logged 3,744 meals and 26,624 hours of sleep on their 'journey' to the North Pole. Activity increased even further in the most recent 'Around the World' 60 day challenge. This took place from 28 January to 28 March 2019 and NWAS employees completed 1,350,276 minutes of physical activity, logged 5,071 meals and 28,400 hours of sleep. Mindfulness data was also tracked in the last challenge with staff having completed 38,310 minutes of mindfulness.

The trust also continues to be a part of the North West Games, an annual event which brings together NHS trusts from across the North West to compete in a variety of events such as rounders, football, badminton and much more.

Support Networks/Services

The trust has a thriving peer support network with the PTS Peer Support, 111 Peer Support Network, Blue Light Champions and TRiM Assessors. Peer Supporters provide an invaluable part of the mental health strategy, they are not counsellors and will not offer advice but will signpost staff to the most appropriate level of support. The trust has started to offer supervision sessions to support those staff who are Peer Supporters and also those involved in other initiatives to support mental wellbeing such a TRiM and the Blue Light Champions. The sessions will be facilitated by a trained counsellor who has been sourced via the Occupational Health Service.

Staff Benefits

The trust increased the range of benefits available to staff as well as the discounts offered generally to NHS staff. In addition to the offer of childcare vouchers, cycle to work schemes, lease car salary sacrifice scheme, home electronics salary sacrifice scheme, we have now included a personal car leasing scheme too.

Flu

The Flu Campaign was launched at the beginning of October 2018 until 28 February 2019. The total number of staff vaccinated within this campaign were 3,830 frontline staff and 353 non-frontline, the number of staff vaccinated is the best to date which supports prioritising patient care. The vaccinations represent 65.9% of frontline staff receiving the flu vaccination. This has helped us to protect patients, staff and their families.

Healthy Food

Healthy vending machines have been installed around key sites across the trust and NWAS continue to see a reduction of the sale of sugar sweetened beverages. The trust is providing fruit to staff at EOC and 111 locations to provide staff healthier options specifically for night time workers.

Workforce Engagement

The trust has complemented its well-established internal communication function (which supports communication via weekly regional bulletin, a quarterly magazine, staff forums and monthly management briefings) by implementing a web based staff app. The app provides staff with easy access on their phone to internal communications, rostering information, health and wellbeing, policies, contacts, benefits and a range of weekly discounts. Staff engagement is a core objective running through the health and wellbeing strategy and the statistics for the app is providing an impressive read with 2,200 downloads and counting!

Staff Friends and Family Test

NHS England introduced the Staff Friends and Family Test (FFT) in all NHS trusts providing acute, community, ambulance and mental health services in England. The FFT allows staff the opportunity to feedback their views on NWAS at least once per year. During 2018/19 a total of 673 staff chose to participate in the Staff FFT survey.

Staff Survey Result 2018

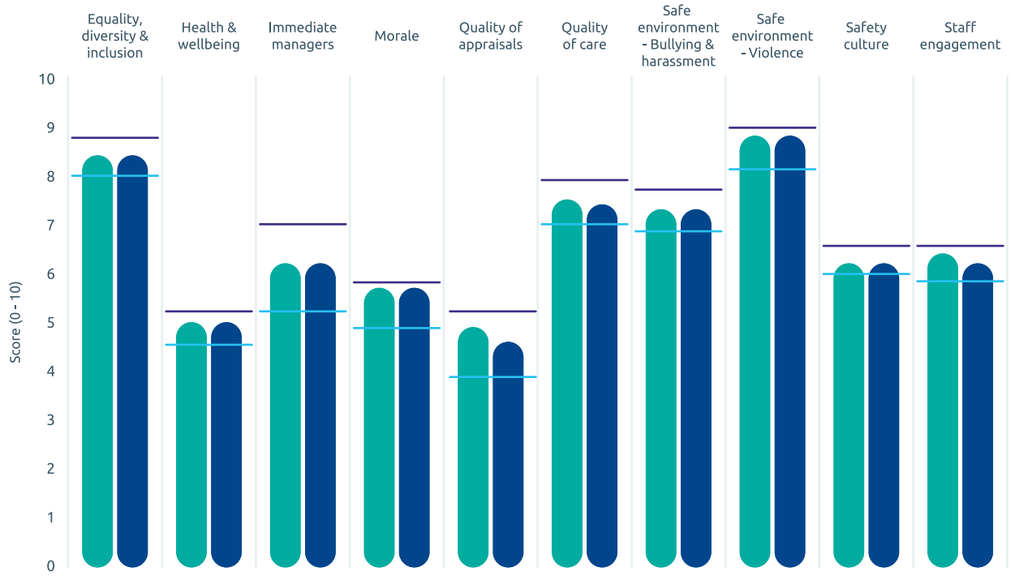
The NHS Staff Survey is an annual survey and is mandated for all NHS trusts in England. The NHS Staff Survey is circulated to all staff every year in order to obtain feedback on numerous key topics such as their job, health, wellbeing and safety, management, personal development and the organisation.

In 2018, the overall response rate was 46.3% (2,789) respondents. This figure has increased considerably over the past four years.

YEAR	OVERALL RESPONSE RATE
2018	46% (2789)
2017	42% (2441)
2016	37% (2121)
2015	20% (1014)

NWAS is delighted to see a significant increase in its staff engagement score since 2017. In 2017, the score was 3.45 and it improved considerably in 2018 to 3.55 which is in the top three in the sector. The survey results will be used to inform learning and development priorities in terms of engagement and culture from a trust wide perspective.

The bar chart below shows that NWAS is comparable to the national average on all themes and scored better under 'quality of appraisals', 'quality of care' and 'staff engagement'. NWAS was not below average on any of the staff survey themes. The best result for NWAS based on themed findings is under 'morale' whereby the best ambulance service score was 5.8 and NWAS scored 5.7. Morale is a new theme for the 2018 survey therefore comparative historical scores are not available.



Best	8.7	5.3	6.9	5.8	5.3	7.8	7.6	9.0	6.5	6.5
Your org	8.4	5.0	6.2	5.7	4.9	7.5	7.3	8.8	6.2	6.4
Average	8.4	5.0	6.2	5.7	4.6	7.4	7.3	8.8	6.2	6.2
Worst	8.0	4.5	5.3	4.9	3.9	7.0	6.9	8.2	5.8	5.7

Equality, Diversity and Inclusion

Progress in reducing health inequalities and improved staff experience continues to be measured at the trust using a national NHS framework, the Equality Delivery System (EDS2). The framework covers all nine protected characteristics and disadvantaged groups across the North West against four overarching themes. Work takes place across the footprint to improve outcomes for staff and patients. As in previous years, the work is varied and includes both short-term and long-term pieces of work. Examples of work undertaken includes: a 'task and finish' group to improve Safeguarding referrals within Patient Transport Services; improving access to information for patients using technology; revising assessment methods for recruitment cycles and career development pathways to support female progression. NWAS held an event in July 2018 with managers across the trust to encourage a multi-disciplinary approach to the work of the equality goals.

As a team, we continue to work with NHS colleagues across the North West and with other ambulance sector colleagues nationally. This extends to national staff networks too. Such work ensures we are up to date with national and regional challenges and work streams, as well as having the opportunities to share best practice and showcase our work. Examples include supporting the National Ambulance BME Network by hosting their quarterly meeting at Ladybridge Hall on 8 November 2018.

Key areas of work over the last year have focussed on the action plan supporting the Workforce Race Equality Standard, work in support of gender equality and actions relating to disability in employment at NWAS. We continue to work alongside the NWAS LGBT Network to improve staff experience too. These priorities are reflected in the examples of activity below:

- NWAS published the relevant metrics against the Workforce Race Equality Standard (WRES) during Summer 2018. There was again an increase in the representation of Black and Minority Ethnic (BME) staff within the workforce. Recruitment rates are positive and the majority of other indicators have improved. Two focus groups also took place with staff in the summer to explore staff experience relating to ethnicity and race. Meetings have taken place on a quarterly basis to review the WRES action plan and since the start of 2019, have been increased to twice per quarter. The trust includes staff from black and minority ethnic backgrounds in these meetings, which is key to ensuring that the staff voice of this group is heard in person, not just through in the annual staff survey results.

- August 2018 saw the National Ambulance LGBT conference held in Manchester and as the local ambulance trust, NWAS was pleased to help make the event a success. Over 100 delegates attended from across the country.

- Staff and managers attended the first National Ambulance BME Network Conference in Leeds on 19 October 2018. Various speakers and workshops highlighted the importance of racial equality in healthcare and the correlation between positive staff experience of BME staff and improved patient care. A representative from NWAS assisted in facilitating a workshop on the WRES metrics of recruitment and disciplinary rates for BME candidates/employees compared with white candidates/employees; NWAS also had a stand showcasing our work on the first two years of the pre-degree pilot programme.

- A member of the team successfully completed the national NHS WRES Experts programme in November 2018. The programme involved looking in depth at the WRES metrics, racial identity and barriers to racial equality in the workplace. This leaves NWAS with in-house expertise about the specific impact of race within healthcare environments, affecting staff and patients.

- The Procedure for Managing Disability in Employment was revised in November 2018. Guidance relating to employees with learning differences, supporting employees who return to work while breast feeding and supporting employees who may be experiencing difficulties with fertility have also been developed and approved over this last year.

- November 2018 saw NWAS accepted as a Disability Confident Employer, a status which we will hold for a two year period. This is further to having obtained the initial level of the scheme which NWAS had held since December 2017, reflecting a growing confidence in the work we are doing to improve the experience of disabled applicants and staff.

- During December 2018, NWAS signed up to the Race at Work Charter. This means that the trust has committed to five key areas of work to address racial inequalities within the workplace.

- NWAS took part in external NHS research into career progression, with a focus on gender during February 2019. Over 500 staff responded to the survey and we await the results.

- Two staff forums have been held so far in 2019. One for those interested in disability in the workplace to meet and explore how to work with the trust on this agenda. The second for those interested in the experiences of ethnic minority staff.

- The trust attended over 20 schools across the footprint to talk about working for NWAS. This activity received lots of positive interest on social media. This work is in support of the action plan relating to gender equality in NWAS.

- We celebrated NHS Equality and Diversity Week in May 2018. Activities included the delivery of a HR Equality Masterclass, supporting the NWAS LGBT network, hosting an event to mark International Day against Homophobia, Transphobia and Biphobia.

- The Corporate HR team was nominated for an award as 'Champion of Equality and Diversity' in November 2018. It was awarded a Certificate of Merit for 'exceptional work in promoting inclusion, equality and diversity and won an award for positive action for its work on supporting candidates from under represented backgrounds into paramedic programmes.

- We developed an inclusive recruitment video where four members of staff spoke about why they work for NWAS, this was launched at an event on the 7 December 2018.

The trust published its gender pay gap data relating to the year 2017/18. This continues to show some differences in gender pay which we are striving to improve. The main determinant of differentials in gender pay is representation of women in more senior roles. As a result the trust has launched two positive action women in leadership programmes to support the development and progression of aspiring female leaders in our operations directorate, where under-representation of women in management roles is high.

Paramedic Pre-Degree Experience Programme

The Paramedic Pre-Degree Experience Programme run by the trust entered into its third year in June 2018. The programme, funded by Health Education England, is supported by three partner universities and offers candidates from under represented backgrounds employment and exposure to the sector.

The programme focuses on increasing diversity within the workforce. Candidates from the second cohort were appointed as urgent care service assistants and of the six successful candidates, two started studying Paramedic training at university in September 2018 with a further candidate commencing study on the diploma in January 2019. The third cohort appointed five candidates in the role of ambulance care assistant with the Patient Transport Service and we are currently awaiting the outcome of the university interviews for this group.

In order to make the programme a success in supporting under-represented groups into employment and education, innovative approaches have been taken to recruitment with a focus on community based events. Candidates have also been offered bespoke support.

Military Collaboration

NWAS has received the Gold Award as part of the Ministry of Defence's Employers Recognition Scheme this year. This is in recognition of NWAS commitment to reservists in employment with NWAS and the employment of veterans.

NWAS hosted a celebration event on 30 June 2018. It acted as a Service Leavers Insight Day (to recruit staff who are leaving the armed forces) and to mark the work of the reservists who work for us. A further Insight Day took place on 29 March 2019 and showcased the range of career opportunities at NWAS. NWAS continues to be involved in the NHS 'Step into Health' programme too.

NWAS continues to offer honorary contracts to service personnel to support the upkeep of clinical skills as part of a programme of work which reinforces the strong relationship with the military.

Partnership Working

NWAS continues to work in partnership with four recognised trade unions, which are GMB, Unison, Unite and RCN. The trust meets every month with staff side representatives through the trust Policy Group to discuss the development and revision of workforce policies and procedures. In 2018, the group jointly agreed positive amendments to 18 policies and procedures. Trade unions also attend the health and wellbeing meetings to discuss latest workforce improvements and are heavily involved in health and safety developments. Each service line has its own consultative group which focuses on staff and patient experience and management of change.

The trust continues to engage positively with Trade Union colleagues to support the management of major change and the implementation of national agreements, such as the 2018 pay deal.

Leadership and Management

The Workforce Strategy identifies the goal of leadership development as enabling our managers to create positive environments, which support and motivate staff to work in culturally competent ways.

Our Leadership Philosophy

The trust launched its 'Be Think Do' (BTD) Leadership Model at the leadership conference in March 2017 and the focus over the last couple of years has been on developing supporting tools and training to embed the model more fully in the trust. The principle behind this philosophy is based on ensuring that our leaders feel empowered to lead authentically, with compassion and do the right thing for patients and staff.

#BeThinkDo

The three principles are:

Be – visible, authentic, curious, compassionate and inspirational

Think – critical & creative, new ways of working, focusing on the bigger picture, long term change

Do – challenge & influence, communicate expectations, act with integrity, believe and invest in others

These are incorporated into each stage of the leadership journey, with our focus being on assessing, selecting and developing leaders in line with the three principles. We ensure that each leader participates in a two day workshop, introducing the principles and exploring their own approaches through a self-assessment. In the last 12 months we have refined the BTD workshop, using candidate experience to inform how it could be improved and have now developed the BTD 360 which encourages leaders to not only self-reflect on their approach as a leader, but also gather feedback from peers, colleagues and wider system stakeholders – supporting them to continually learn and grow.

Our leadership and management development offer has recently been revised with a focus on developing a progressive offer across all levels of leaders – from aspiring through to executive. Our CMI status means we offer leadership development programmes at aspiring and middle management level. The introduction of our level 3 CMI programme supports aspiring/first line managers, whilst our level 5 CMI programme supports middle managers. Our offer underpins the focus on leaders and managers 'being, thinking and doing' the right things to support our trust to deliver excellent patient care. Authenticity and compassion are two key areas for our leaders and we place a lot of emphasis on adopting a coaching approach.

During 2018 we have refreshed having developed and relaunched two of our CMI awards: CMI level 3 Award in Principles of Management and Leadership and CMI Level 5 certificate in Management and Leadership. The following managers have achieved CMI awards over the last 12 months with more starting the new programmes:

- 11 completed Level 5 Certificate in Management and Leadership
- 27 completed Level 5 Award in Coaching and Mentoring
- Seven completed Level 5 Certificate in Coaching and Mentoring

We have continued to evolve our approach to developing leaders for the future and nurturing talent, recognising the need to build on strong foundations to drive culture change, respond to staff survey feedback and to enable our leaders to lead the service of the future. We have successfully piloted our talent conversation tool and have since used this to support executive level succession conversations.

We have also launched two positive action development programmes for female talent – supporting us to bridge the gender pay gap, whilst also developing an inclusive and representative workforce. Building on the successful development network, we have been able to provide further opportunities for women in leadership roles and have recently held in partnership with the NAA, a 'Some Leaders are Born Women' conference.

Continuing Professional Development

The trust also offers a CPD programme of personal and leadership development opportunities which aim to allow our staff to enhance their knowledge and experience within their roles. Some elements are still under development; these are highlighted in red text within the diagram on the opposite page:

The trust also supports leaders in attending external programmes and qualifications, such as Mary Seacole, Professional practice, the first 100 days and access to CETAD's senior leadership offering. We had 30 leaders supported through such external programmes in 2018/19.

Consistency is important to us and we have worked hard to ensure that our CPD offer 'looks and feels' the same, with learners experiencing quality on all CPD workshops they participate in. Teaming up with HR, we have redesigned the HR Masterclasses to ensure that they complement our values and that the quality of the learning materials is high.

Finally, we have developed the Board CPD matrix and incorporated recommendations from the Deloitte review, Kark report and CQC recommendations to ensure that we are supporting the development of safe and effective board members.

Personal and Leadership Development Offer

An overview of what's available to support staff in their development

PERSONAL

Confident career development workshop
Target: all staff

Working assertively and with confidence workshop
Target: all staff

Powerful presentation workshop (facilitated by Affinity)
Target audience: anyone within 5 years of retirement

Risk management workshop
Target: all staff

Basic Datix workshop
Target: all staff

Distance learning courses (eg. mental health, diabetes, challenging behavious, etc.)
Target: all staff
Available periodically

IT Skills Pathway
Target: all staff
www.itskills.nhs.uk

Report writing guide
Target: all staff
Available via intranet

Project management guide
Target: all staff
Availability TBC

Everyday coaching conversations
Target: all staff

ESSENTIAL & PEOPLE MANAGEMENT

Advanced Datix workshop
Target: operational managers

Appraisal conversations workshop
Target: alll managers
Materials available via intranet

Duty of Candour
Target: identified management positions

HR masterclass: dignity at work
Target: managers

HR masterclass: disciplinaries in the workplace
Target: managers

HR masterclass: sickness absence management
Target: managers

HR masterclass: workforce performance management
Target: managers

HR masterclass: effective NHS recruitment
Target: managers

Investigations training (level 1: those involved in low-medium risk investigations
Target: identified management positions

Investigations training (level 2: those involved in high risk investigations
Target: identified management positions

Leading healthy workplaces modules 1-4
Target: identified management positions

LEADERSHIP

Be Think Do workshop
Target: all managers

Be Think Do animation and self-assessment
Target: all staff
Available via intranet

CMI L3 Award in the Principles of Management & Leadership
Target: first-line managers / aspiring managers

CMI L5 certificate in Management & Leadership
Target: middle managers

BESPOKE

Interview coashing one-to-one
Target: all staff

Coaching matching service
Target: senior managers
Identified via appraisal

Psychometrics
Target: managers
Identified via appraisal

Mentoring
Target: first-line managers / aspiring managers
Identified via appraisal

High performing teams bespoke workshops
Target: all staff via managers

WELLBEING

Personal resilience elearning
Target: all staff
Available via intranet

Invest in Yourself Microsite and Podcasts

PUBLICATIONS

Be Inspired newsletter
Target: all staff
Available via intranet

Articles in NWAS Bulletin
Target: all staff
Available via intranet

EXTERNAL PROGRAMMES AND NORTH WEST LEADERSHIP ACADEMY OFFER

External learning solutions could be identified through appraisal and talent conversations. Where possible we will endeavour to support these. NWLA also offer: Edward Jenner (for all staff); Mary Seacol (for first-line managers / aspiring managers); Rosalind Franklin (for middle managers); Eleizabeth Garret Anderson (for middle managers / senior managers); Nye Bevan (for senior managers) / Aspiring Chief (for executives). Subject to availability.

Education and Learning

Apprenticeships

NWAS continues to deliver and grow our apprenticeships across our workforce. In 2018 we had over 236 apprentices' start at NWAS. Our first EMT1 apprentices qualified following successful completion of end point assessment and to date, 50 EMT1 apprentices have qualified and these, plus two of our ICT apprentices, have secured permanent employment with us. A year for firsts also saw the first female apprentice mechanic in fleet services.

As one of the top employer providers in the country, the trust's apprenticeship delivery team received an OFSTED monitoring visit and received a favourable assessment of our provision. We have also had two external quality audits from our awarding organisation, FutureQuals, as well as a successful compliance visit by the Education and Skills Funding Agency. As part of our apprenticeship week celebrations we welcomed the Right Honourable Anne Milton, the Minister of State for Apprenticeships and Skills.

Many staff are undertaking apprenticeships in our ever growing portfolio these include:

- **12** in our fleet on various programs and levels
- **One** in rostering on Diploma in Business Admin level 3
- **One** in Emergency Medical Dispatch on Team Leading level 2
- **Two** in IT Support Network Engineering Level 4
- **One** in Communications on Business Admin Level 3
- **One** in Learning and Development on Learning & Development Level 3
- **Two** in Finance on Assistant Accountant Level 3
- **One** Community Specialist Paramedic on Advanced Clinical Practitioner Level 7

Widening Participation

The Widening Participation agenda seeks to support equality of access to employment opportunities for disengaged/disadvantaged groups. During 2018/19 NWAS has actively supported the following schemes:

PERFORMANCE REPORT

- Placements for Healthcare Cadets across Greater Manchester, Cheshire and Mersey and Cumbria and Lancashire totalling 25 cadets receiving placement opportunities from January to June
- Pre-employment programmes in EOC and PTS, leading to successful progression into employment for individuals on programme.
- Bespoke work experience opportunities for learners within the Finance team and corporate team which has led onto the individuals joining us on a Finance apprenticeship.
- Apprenticeships both for new to role staff and development of existing employees.
- Careers, employment and community events across the NW.
- Pre-paramedic degree programme
- Forces Champion Network, Step into Health events, Reservist network, and Employer Recognition scheme.

The trust has also successfully retained its 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.

E-learning

E-learning remains central to our blended approach to education and training. Bespoke programmes have been developed to support our EMT1 apprentices and throughout 2018 we have begun to support learners with interactive learning resources in literacy and numeracy as well as signposting learners with specific difficulties.

The trust now utilises nationally aligned e-learning content, as part of its mandatory training offer on the My ESR platform. Staff also have access to the many CPD peer reviewed programs available on this portal to inform their continuous professional development.

Clinical Staff Development

In 2018/19 147 staff have been supported to access formal clinical professional development in line with their roles. There have been continued emphasis on supporting our SPTLs with access to degree level study programmes and also support for paramedics to gain a mentorship module.

- The trust has appointed the first consultant paramedic for education.
- A community specialist paramedic has enrolled on an Advanced Clinical Practitioner Level 7 Apprenticeship

Supporting Staff Progression

NWAS continues to recognise the value of investing in the development of its staff, and we have continued to support the development of our existing EMT1 workforce on routes which will enable them to qualify as our paramedics of the future. 69 of the 73 NWAS staff commencing on the paramedic diploma in September 2018 were EMT1s who have been supported to gain qualifications to enable progression to paramedic education.

All EMT1s have now been offered access to a bridging programme which will support their aspirations to develop to become paramedics.

Library and Knowledge Service (LKS)

The Library and Knowledge Service for NHS ambulance services in England [LKSASE] started in April 2018. LKSASE is a partnership between eight ambulance services, which NWAS hosts. It is a virtual service operated through a dedicated library website. Its aim is to provide a national library and knowledge service for participating ambulance service trusts through the delivery of excellent, robust, and responsive services in four core areas: website, current awareness, document supply and search services. In 2019, LKSASE will launch AMBER, the Ambulance Research Repository for all ambulance services in England.

Ambulance Improvement Programme – Paramedic Upskilling

The NHS England and NHS Improvement Joint Ambulance Improvement Programme Board set out the requirements of a paramedic upskilling plan to be developed and delivered over the two years from 1 April 2018 to 31 March 2020.

For 2018/19, the paramedic development programme included the following;

- Mentorship
- Making every Contact Count (MECC)
- Healthy workplace
- Resuscitation
- Maternity/obstetrics
- Dementia and mental health
- Sepsis
- Mental Capacity Act (MCA)

The targets set for 2018/19 were met as follows:

	MEASURE	TARGET	ACTUAL
30 Sept 2018	Training planned	60%	60%
	Training delivered	20%	25%
31 Mar 2019	Training planned	100%	100%
	Training delivered	60%	61%

Communication and Engagement

The trust has a dedicated Communications team which has a wealth of skills including film making, web design, media handling, event planning and campaign and crisis management.

The team works to ensure the accurate and timely flow of information to the region's diverse communities as well as engaging with stakeholders, partner organisations and the trust's own staff.

Staff Engagement

Throughout 2018/19, staff were communicated with and kept up-to-date with all trust developments, new initiatives and general information through the weekly news bulletin, special, operational and clinical information bulletins, posters, Team Talk, Clear Vision, Your Call (online magazine), video messages and the intranet. In addition to this, the team has supported HR in the development of a new staff app, so staff can access information via their phones and in 2018/19, there were 2,200 downloads of the app.

The trust implemented a number of health and wellbeing initiatives following feedback from previous year's national NHS Staff Survey, and this work will continue throughout 2019/20. The Communications team worked closely with HR to support roll out of these initiatives and encourage staff involvement.

The response rate for the 2018 NHS Staff Survey improved this year, which reflects positively on activities undertaken by the team to encourage completion and in promoting the work undertaken by the trust since the previous year's results.

There was also an in increase in flu vaccination uptake which, again, reflects the activities undertaken by the Communications team including the use of new promotional materials with fun and direct messaging. This positive outcome will be built upon to achieve higher results in 2019/20.

The trust held a successful staff Star Awards ceremony in April 2018 to celebrate staff who have gone the extra mile for their patients, colleagues and the organisation. This annual event is entirely sponsored by the trust's partners.

New recognition methods are to be introduced in 2019/20; a more localised recognition award which specifically relates to someone demonstrating one or more of the trusts values, and also, branded pin badges will be awarded to staff who deliver a baby, either in EOC or in person.

Campaigns

The team was publicly recognised by its industry peers winning three awards for trust campaigns. The team received two Gold awards at the 2018 Chartered Institute for Public Relations event - Low Budget Campaign for Hero Next Door and Healthcare Campaign for Make the Right Call; and the NHS Publicity Campaign award at the Healthcare Business Awards also for Make the Right Call.

In November 2018, as a result of feedback from the NHS staff survey, the team launched a campaign aimed at tackling abuse of ambulance staff and attracted 1,108 signatures on an online pledge to make a stand against such abhorrent acts and deem them socially unacceptable. Using case studies, traditional and social media to convey the message to #GetBehind999, the campaign launched with an event at trust headquarters where key people were invited to hear from staff victims about the impact of abuse from patients. The launch event was attended by TV, radio and newspaper journalists and social media posts provoked mass interest and support from the public.

To support the trust's Patient Transport Service, the Communications team led the very successful Star in a Car campaign which set out to recruit volunteers to assist the service in taking patients to and from outpatient hospital appointments. Using case studies, videos and creative social media posts the campaign resulted in more than 50 enquiries from the public.

Social and Digital Media

The trust's social media sites have gone from strength to strength and have become an invaluable tool in engaging with the public, stakeholders and staff. The trust now has 36k 'likes' on Facebook, an increase of 18.7 per cent from last year and 39.8k followers on Twitter, an increase of 16.9 per cent.

To appeal to potential employees and promote NWAS as the best place to work, a 'Team NWAS' Instagram account was created which is run by a different member of staff each week to give a visual insight into their role. The account receives good engagement and has been taken over by people in different roles from the deputy director of operations to a sustainability officer and all sorts of roles in between.

In keeping with the same theme, a campaign called #IamNWAS was delivered to promote the variety of roles within the emergency operations centres that contribute to patients receiving the right care.

Approximately 100 representatives from across the trust act as official NWAS tweeters after attending workshops with the Communications team.
The appetite for this type of use of Twitter has shifted with less tolerance from followers for posts about incidents and patients, and in light of parody accounts targeting ambulance service tweeters in general.

Following an intensive procurement process, work is now underway on the trust's new intranet and website which will be launched later in 2019. These will provide even greater capacity to engage with the public and our staff with new features such as ability to stream videos and interactive forums for staff.

Media

In 2017, the trust agreed to take part in the BBC's BAFTA award winning documentary 'Ambulance' and filming started in 2018. Series four followed crews around Greater Manchester and had consolidated viewing figures of over four million in Autumn 2018. The biggest audience share was 16-24 year olds, a group traditionally challenging for the BBC to reach. The NWAS Communications team 'narrated' each episode on social media as they were being aired, resulting in increased reach and engagement with the public. Further promotion included the profiling of staff in the local media. Due to its success, the trust committed to taking part in series five which is currently being filmed in both Greater Manchester and Merseyside and is due to be aired in the Summer of 2019.

In 2018/19 media training was delivered to groups of advanced paramedics and operations managers across the trust in partnership with TV journalist Paul Crone.

The sessions acted as introductions to interviews and equipped attendees with key skills to enable them to be spokespeople for the trust. This was particularly useful during the busy winter period when media messages increase as does the demand for interviewees. Awareness sessions on communicating in major incidents were delivered to all NWAS commanders as part of their trust major incident training. The session covered the importance of sharing information quickly with Communications who act as the organisation's mouthpiece to all stakeholders during such times, and the ever increasing and important role of social media. Commanders were also given the chance to develop key messages to prepare for media interviews on a fictitious scenario.

Stakeholder Engagement

The trust maintains good contact with local MPs, providing regular briefings, offering meetings and the opportunity to accompany a crew on an ambulance or visit one of the trust's control centres. Strong links have been forged with many community groups, statutory bodies such as Healthwatch and Health Scrutiny Committees, commissioner and health and social care partners as well as Health and Wellbeing Boards in the region.

The team handles all of the trust's non incident related MP enquiries and in 2018/19, responded to 28 queries directly to the MP. The team is also the main point of contact for parliamentary questions about the trust which come in via the Department of Health and NHS Improvement.

All stakeholders receive a quarterly briefing containing updates from the trust and ad hoc briefings are issued on topics that need communicating quickly such as the GMB industrial action in 2018 and the trust's CQC visit and rating.

The team regularly facilitates representation at Health Overview and Scrutiny Committee (OSC) meetings and liaises with the administrators and managers to ensure attendance and the timely submission of reports and presentations. In 2018, and up to February 2019, the team co-ordinated attendance at eight meetings and proactively wrote to all OSCs to offer attendance and request their work plans.

To coincide with the trust's AGM and launch of the Annual Report, the trust stages an Open Day which is open to the public and is always a great success. More than 100 people attended this year's event which took place at Burnley Football Club in Lancashire.

To attract as many stakeholders as possible, the event takes place in a different county each year. The Open Days include a range of interactive information stands from the trust's services alongside emergency service and NHS partners as well as other health organisations. Visitors can also view a vehicle display, find out about recruitment and job vacancies and take part in various demonstrations such as CPR.

Mainly during the Summer months the team co-ordinates attendance at a range of community events across the region. These include Health Melas, Disability Awareness Days, PRIDE events and large scale fairs and shows. A range of public health information and operational staff and vehicles are on show to help engage with the public and increase awareness of ambulance services.

Next Year's Objectives

Towards the end of 2018/19, the team published its new Communication and Engagement Strategy which sets out the priorities for the next year such as:

- Service users and potential users will have improved understanding, and will be meaningfully engaged and involved in service design, to improve quality and patient experience
- Patients, the public and their representatives will know what to expect from the ambulance service and have high levels of confidence in its service
- All staff can relate to the trust's vision and values and feel that they are listened to, involved in trust decisions and valued
- All stakeholders and partners fully understand and are engaged with the evolving operational model and digital objectives for NWAS
- NWAS continues to have a trusted brand profile which reflects its vision and values and the main services it represents
- NWAS is an employer of choice for professionals pursuing a rewarding career
- Information is shared by the trust which meets the needs of its stakeholders and promotes openness and transparency
- Be the provider of choice for NHS 111 and PTS services
- Public confidence is maintained in the trust's abilities to publicly warn and inform during major incidents and during periods of increased demand or service escalation

One of the major highlights for 2019/20 will be the merger of the trust's Patient Experience team with the Communications team which will give greater capacity for engaging with hard to reach groups in the North West. The key objective for the newly formed team will be the formation of a Patient Panel with three levels of participation which was given Board approval at the end of 2018/19.

These groups will work with departments throughout the trust to give feedback on a range of services, projects and initiatives to make sure everything the trust does has patients and the public's best interests at heart. We look forward to reporting on this exciting new venture in the next year.

Patient Experience

Patient experience 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. More than 18,600 patients have provided feedback this year using a range of methods and approaches. (Figure 1)

2017/2018 PE PROGRAMME SURVEY METHODS TABLE (1 APRIL 2018 - 31 MARCH 2019)	COMPLETED RETURNS	% OF TOTAL
Patient Transport Service (Postal/Telephone)	4,021	21.6%
Patient Transport Service - Scheme (Postal)	293	1.6%
Patient Transport Service - Health Information and Concern Survey (Postal)	208	1.1%
Paramedic Emergency Service (Postal/Telephone)	2,933	15.8%
Clinical Assessment Service (Postal)	2,078	11.2%
Urgent Care Desk Service (Postal)	690	3.7%
Urgent Care Practitioners (Postal)	35	0.2%
NHS 111 Service (Postal)	2,578	13.9%
PTS FFT (SMS Text)	3,561	19.1%
PTS FFT (Post cards)	122	0.7%
PTS FFT (Postal Surveys)	1,589	8.5%
PES FFT - See and Treat (SMS Text)	322	1.7%
PES FFT - See and Treat (Post cards)	78	0.4%
PES FFT - See and Treat (IVR)	94	0.5%
Total	**18,602**	

Figure 1 - Survey Methods Table

* Please Note: All data as at 31 March 2019

An extensive Patient Experience programme was successfully completed during 2018/19. 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 and integrated voice recognition via landline phones. Figure 2 shows, summaries of survey response feedback data including FFT by quarter.

PATIENT EXPERIENCE PROGRAMME SURVEYS (1 APRIL 2018 - 31 MARCH 2019)		PATIENT TRANSPORT SERVICE	PARAMEDIC EMERGENCY SERVICE	URGENT CARE DESK SERVICE	NHS 111 SERVICE
Cared for appropriately with Dignity, Compassion and Respect (Strongly Agree / Agree)	Q1	96.62%	97.15%	97.14%	n/a
	Q2	95.97%	96.70%	92.43%	n/a
	Q3	95.18%	96.63%	93.45%	n/a
	Q4	96.13%	97.22%	91.44%	n/a
	YTD	**96.01%**	**96.84%**	**92.40%**	**n/a**
Overall Service Received (Very Good / Fairly Good)	Q1	97.21%	97.14%	88.57%	90.00%
	Q2	96.05%	96.70%	85.41%	90.59%
	Q3	94.58%	96.29%	82.53%	90.13%
	Q4	96.27%	98.21%	81.32%	90.31%
	YTD	**96.09%**	**96.99%**	**82.86%**	**90.24%**
Recommend Ambulance Service to Friends and Family (Extremely Likely / Likely)	Q1	93.95%	95.00%	88.57%	90.73%
	Q2	92.34%	96.70%	89.19%	90.23%
	Q3	92.17%	94.77%	90.06%	89.97%
	Q4	93.74%	97.42%	86.77%	89.94%
	YTD	**92.99%**	**96.20%**	**88.53%**	**90.21%**

Figure 2 - Summaries of Survey Response Feedback Data Including FFT by Quarter

FFT results are shared via a monthly dashboard with the trust Board of Directors, quarterly in the trust's staff regional bulletin and via social media options. Recommendations for service improvements are introduced, as appropriate, 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. Further development of filming and editing skills within the wider communications and engagement team will allow for the ongoing production of in-house patient stories.

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 undertaken in 2018/19 include:

- A PTS public health information review: to develop an understanding of the patient experience as a result of public health literature being made available to PTS patients to enhance their personal self-care and general wellbeing.
- Co-production with community groups of an easy read FFT comment card distributed via trust ambulance vehicles. This gives real time opportunities for all our PES and PTS patients to complete the FFT survey to provide feedback about their experience which helps us to measure patient satisfaction.
- Raising awareness of our services with a number of targeted 'vulnerable' community groups using our popular board game "There's more to your ambulance service than you think". We will establish a review of the board game in 2019/29 take into account the trust's new service delivery models and latest innovations.
- As a result of our attendance at visually impaired forums, board game engagements and from FFT survey feedback, we co-designed a 'NWAS Transportation of Assistance Dogs Policy' with local and National Guide Dogs Associations. The policy 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 policy will be approved for trust wide adoption in 2019.
- Ongoing patient engagement with visual impairment groups to influence the development of a mandatory E–Learning module for trust staff.
- 'Go PTS' information leaflets have been updated to provide patients with more information on our PTS standards and who to contact if they have any concerns.
- Collation of patient experience feedback in relation to the PES transforming patient care work stream, including the NWAS patient care priorities: Sepsis, Frailty, Maternity, Children and Young Persons, Mental Health and End of Life.
- Following feedback and requests from specialist community groups visited in the last year, where possible we will re-engage with them in 2019/20 to provide basic first aid and CPR training. This will increase awareness and skills in basic lifesaving for many groups and individuals that are termed 'hard to reach'.

Complaints

The trust welcomes all feedback from patients, including those whose experience has not met their, or our, expectation and where they have raised their concerns through the complaints process. The trust welcomes complaints as they provide us with an opportunity to investigate what has happened and where necessary, identify and implement lessons learnt. This can be at both the individual and system wide levels.

Investigations into complaints are undertaken jointly between the central complaints team and colleagues in Service Delivery in order to understand what has occurred, find a resolution, agree the outcome and where appropriate identify lessons to learn. Local managers retain responsibility for ensuring that local individual actions undertaken. Where the lessons identified are at a directorate or trust wide level, these are overseen by the Heads of Service.

The outcome of complaints can sometimes result in reflections of personal practice or training for the individual staff concerned and more rarely the outcome disciplinary action. For outcomes that require a wider audience, consideration will be given to the use of bulletins and/or increased or amended training for staff. All investigations and lessons are recorded through the Datix system.

The Board of Directors receive information on complaints through the monthly Integrated Performance Report. This is supported by assurance reports submitted to the Quality Committee with further details supplied to the Clinical Governance Management Group. Incident Learning Forums monitors actions arising from complaints via associated action plans and the NHS 111 service complaints are reported through the local Clinical Governance reporting procedures.

The trust has an agreed Redress Procedure to provide guidance on questions of remedy in line with the guidance provided by the Parliamentary and Health Service Ombudsman for reasonable, fair and proportionate remedies during its complaints handling processes.

During 2018/19 the trust received 2,723 complaints, in comparison to 2,393 for 2017/18.

A total of 1,658 compliments were also received.

The table opposite summarises the key themes of complaints received during 2018/19:

COMPLAINT THEMES 1 APRIL 2018 TO 31 MARCH 2019	PES	PTS	111	Total
PTS Transport	-	1141	-	1141
Emergency Response	273	106	188	567
Care and Treatment	358	-	1	359
Staff Conduct	152	61	74	287
Communication and Information	96	46	75	217
Driving Standards	77	42	-	119
Damage or loss to property	17	9	-	26
End Of Life Care	1	2	-	3
Navigation	1	1	-	2
Safeguarding	1	-	1	2
TOTALS :	**977**	**1408**	**339**	**2723**

Complaints and compliments include all aspects of trust activity, including the 111 service and a comparison, by service line to 2017/18 is detailed below;

SERVICE LINE	2017/18	2018/19	VARIANCE
Emergency Services	1,048	977	-3.9%
Patient Transport Services	1,045	1,408	+34.7%
111 Services	299	339	+13.4%
COMPLIMENTS	**1,666**	**1,658**	**-0.5%**

During this reporting year, the Parliamentary and Health Service Ombudsman requested information on 7 cases. The Ombudsman completed four case assessments in year and decided to investigation 3 of those cases. Two were not upheld and 1 was partially upheld; the actions arising from this case had already been addressed by the trust and there was nothing further to be added.

All complaints are centrally recorded and monitored by the complaints team, made up of a manager, Investigation Officers, Investigation Support Officers, Case Workers and administrators. 111 complaints are managed by the 111 Clinical Governance Team.

Two significant complaint handling projects were undertaken in year. A dedicated Emergency Operations Centre investigations team was established to improve the quality and timeliness of 999 response time investigations. PTS complaints have also been streamlined to ensure that the trust is more responsive to the concerns raised. Both projects have been successful and are continuing in 2019/20.

Lessons learnt within the Patient Transport Service have included changes to individual patient mobility, increased detail on patient record (e.g. access details), risk assessments and feedback to other services booking journeys to ensure the patient gets the correct transport on time.

Within the Paramedic Emergency Service individual staff have completed learning reviews, supported by their leaders on a variety of topics including patient assessment, documentation, decision making and communication. Wide learning has included guidance on delegation of care, transportation of relatives, process for pre-alerting maternity units as well as resource availability.

Changes have been made to NHS Pathways (the telephone triage tool) used by NHS111 to recognize the potential seriousness of adults presenting with both facial pain and headache and a recent head injury in the last 4 weeks allowing them to be transferred into headache, rather than injury, pathway to have further interrogation about subdural discriminators. Guidance that has been issued within the Paramedic Emergency Service has included for transporting relatives, the importance of first responder equipment, the assessment to delegate patient care and ensuring that all maternity cases requiring pre-alert are made through the Emergency Operations Centre. For the Patient Transport Service, complaints part of the inspection process for third party providers.

For individual patients, individual risk assessments have been completed to ensure their safety and markers were added to mapping systems providing more detailed information to crews for access, medical conditions or specific needs. These markers are subject to regular review to ensure they are accurate and up to date.

Quality

During 2018/19 the following areas were identified for improvement;

- Enhance the quality of triage, moving the clinical decision as far forward in the patient journey as possible
- Through effective clinical leadership, improve consistency of patient assessment, treatment and decision making
- Ensure that patients with life limiting conditions reach their chosen destination as soon as practicable
- Enhance education provision for senior clinical leaders to enable them to best support frontline clinicians, mothers and babies during out of hospital births
- Listening to the views of our patients and stakeholders to improve reliability of care by creating and implementing Always Events (i.e. a set of measurable indicators that should 'always' take place)
- Meet the national and local quality delivery and improvement standards for the Emergency 999, 111 and Patient Transport Services.

Further details of the progress made in these areas can be found in the trust's 2018/19 Quality Account.

The Board affirmed its commitment to the delivery of quality services by approving the Right Care (Quality) Strategy for 2018/2023 to support the trust's aim to deliver high quality service to patients by ensuring we deliver the Right Care at the Right Time and in the Right Place, Every Time. We believe that this is the best way for the North West Ambulance Service to deliver safe, effective and patient centred care.

National clinical outcome measures are derived from the audit of ambulance Patient Report Forms, and from information provided by receiving hospitals. The outcomes are four months in arrears to allow for full data collection. For some measures the numbers of relevant cases are relatively small and there is significant variation between months. To give an overall picture, a summary of the November 2018 performance against November 2017 performance is shown below:

ACQI PUBLISHED DATA	NWAS NOVEMBER 2018 PERFORMANCE	NWAS NOVEMBER 2018 PERFORMANCE	NATIONAL AVERAGE NOVEMBER 2018 PERFORMANCE
Outcomes from Cardiac Arrest—ROSC at Hospital (overall)	34.6%	36.4%	28.5%
Outcomes from Cardiac Arrest—ROSC at Hospital (Utstein—those in VF/VT)	54.0%	53.7%	51.3%
Outcomes from Cardiac Arrest - Survival to Discharge (overall)	11.6%	7.0%	9.2%
Outcomes from Cardiac Arrest - Survival to Discharge (Utstein - those in VF/VT)	29.2%	14.3%	26.6%
Outcomes from Acute ST-elevation Myocardial Infarction - PPCI CTB 150 minutes	Mean average time = 2hrs 11 mins	Mean average time = 2hrs 27 mins	Mean average time = 2hrs 12 mins
Outcomes from Acute ST-elevation Myocardial Infarction - Care Bundle	70.4%	75.6%	Not reported by NHS England for Nov 18/19
Outcomes from Stroke - FAST positive CTD 60 minutes	Mean average time = 1hr 18 mins*	Mean average time = 1hr 13 mins	Mean average time = 1hr 14 mins
Outcomes from Stroke - Care Bundle	98.9%	98.6%	98.4%

*Performance target changed for 2017/18

Full details of the ACQI performance for all ambulance trusts is available at: http://www.england.nhs.uk/statistics/ambulance-quality-indicators/

Local clinical performance measures (care bundles) are used to ensure that staff comply with best practice in clinical care. In 2018/19 the measures were revised to be consistent with those that are measured on a National basis. These include measures for clinical documentation, mental health; self-harm and sepsis.

Local clinical safety measures are used to ensure that staff comply with best practice in clinical safety. These include measures for safeguarding vulnerable persons (adults and children), infection prevention and control and areas of clinical risk.

Performance measures are reported to each meeting of the Board of Directors and are used to improve at all levels of the organisation.

The Infection Prevention and Control (IPC) team is responsible for supporting staff, providing expert advice and for the health and wellbeing of staff, patients and visitors. The team also provides assurances for IPC through independent audits as well as liaising with front line teams to ensure goals and targets are met.

Incident reporting is encouraged and supported throughout the trust and is provided through a web based reporting tool. The trust has continued to witness increasing numbers of reports being submitted. The system automatically notifies local managers of a report being completed and they are then responsible for risk scoring and investigation.

The trust recorded, via its web based tool, 11,790 incidents that occurred during 2018/19. Of these, 4,864 were clinical and patient safety incidents and near misses, representing a slight decrease on the previous year (5,001).

A total number of 213 patient safety incidents were reported to the NPSA, which continues to reflect the trust's risk profile for increased patient contact, particularly through the use of the NHS111 service.

Throughout this reporting year, 68 serious incidents were reported to Commissioners via the Strategic Executive information System (StEIS) a decrease of 14 on the previous year (82).

Service developments and cost improvement schemes are subject to a rigorous quality impact assessment process to identify the impact on service quality.

A proportion of NWAS NHS Trust income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between the trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework (CQUIN).

A more detailed review of overall performance in relation to Quality is provided in our 2018/19 Quality Account which is available on the trust's website at www.nwas.nhs.uk

CQC Inspection

Between the 12 and 21 June 2018 the CQC conducted an unannounced Core Service Inspection within the trust. The Core Services inspected were Emergency & Urgent Care, Emergency Operational Control and Resilience. Between the 03 and 05 July 2018 the CQC conducted an announced Well Led Inspection within the trust.

On 27th November 2018 the trust received its CQC Inspection report which depicted the following overall ratings:

Overall rating for this Trust	**GOOD**
Are Services Safe?	GOOD
Are Services Effective?	GOOD
Are Services Caring?	GOOD
Are Services Responsive?	GOOD
Are Services Well-Led?	GOOD

The trust's CQC Inspection matrix is now as follows;

	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL - LED	OVERALL
E&UC	Good	Good	Good	Good	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

KEY

- Good
- Requires Improvement
- Not rated

The CQC Inspection report contained 13 'Should Do' recommendations for the trust, which have been actioned planned, with lead Executive Directors made responsible for ensuring that these recommendations are adhered to.

Directorate Objectives 2018/19

The trust identified objectives for the short medium and long term, aligned to each strategic goals of the Right Care at the Right Time in the Right Place. Progress against these goals, together with other internal and external factors including the Long Term Plan and Lord Carter report, has informed the overarching planning for a five year integrated plan. The Board will drive progress with objectives and key actions identified.

Freedom to Speak Up

Freedom to Speak Up is an integral part of a safety focused organisation culture, with clear and effective systems and processes for dealing with concerns that are raised; it is about effective training and development of leaders at all levels so that the Quality and Safety of our patients can be maintained and improved through creating a supportive staff culture.

In February 2015, Sir Robert Francis published his final report which made a number of key recommendations under five overarching themes with actions for NHS organisations and professional and system regulators to help foster a culture of safety and learning in which all staff feel safe to raise a concern. Two key elements include the appointment of a local Freedom to Speak Up Guardian (FTSU) in each trust and a national guardian for the NHS for Healthcare to support and oversee the work of local FTSU guardians.

The National Guardian's Office (NGO) now takes a more prominent role in overseeing the work of the FTSU Guardians throughout the country and collates and publishes the FTSU data on their website.
The figures in the table below highlight the number of cases received from Q1–Q4 2018-19.

	TOTAL CASES				ANONYMOUS				PATIENT SAFETY				B&H				REPORTED DETRIMENT			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
LAS	0	16	42	59	0	1	1	1	0	1	4	5	0	5	19	18	0	0	0	2
NWAS	9	11	24	16	2	2	12	4	2	1	12	3	3	2	3	9	0	0	0	0
SECAMB	4	10	22	38	3	0	2	7	3	0	0	1	1	4	16	18	0	1	3	1
YAS	7	14	15	5	0	0	0	1	3	5	3	0	3	5	3	0	1	0	1	0
EMAS	11	12	12	7	1	0	0	0	6	5	3	1	6	7	4	6	2	2	0	0
EEAST	6	8	12	6	1	1	0	0	0	0	2	2	3	4	8	4	1	0	0	0
WMAS	2	9	6	0	0	2	1	0	0	3	2	0	1	3	6	0	0	0	0	0
SWAST	3	3	4	17	2	0	0	0	0	0	0	2	3	1	4	15	0	0	0	0
SCAS	0	3	1	12	0	1	0	0	0	0	0	2	0	1	0	1	0	2	1	0
NEAS	2	2	0	1	0	1	0	0	0	0	0	0	0	2	0	0	0	0	0	0

The recorded cases within NWAS (including Q4 figures) totalled 60. These are the concerns brought through FTSU and so are formally recorded, as within the stages of the Raising Concerns policy there is the opportunity for individuals to raise matters informally initially.

This informal process has been promoted with the trust's open culture; however, in terms of capturing data we are unable to report the number of concerns that are raised and resolved informally, at source, via line management or another route such as through staffside, Workforce and Organisational Development (Human Resources).

SUSTAINABILITY REPORT

North West Ambulance Service continues to improve on its sustainability growth and development as an organisation. As a major NHS healthcare provider with a responsibility to provide the best possible service to its patients and to the local communities, the trust is fully committed to delivering the right care, at the right time, in the right place, every time.

The trust is constantly reviewing models of care provision to enable continuous service delivery improvements for its patients and which will have a positive outcome for the communities it serves. In order to maintain organisational sustainability and the responsible spending of public finance, the trust has a robust and rigorous procurement regime to enable best value whilst also considering the social and environmental impacts of its purchasing activity.

The trust has been formally recognised by the awarding of a certificate of excellence on behalf of the Sustainable Development Unit (SDU), NHS Improvement and the Healthcare Financial Management Association (HFMA) for its sustainability reporting as part of the annual report for its third year in a row.

In terms of the trusts Estate and Fleet assets it continues to consider viable improvements and new technologies including renewable energy to assist in maintaining sustainable development by ensuring the most efficient use of its assets and resources.

In response to the trusts responsibility to its patients, local communities and the environment it continues to work hard and forward plan with the aim of minimising the organisations carbon footprint.

It is the duty of every NHS organisation to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. The trusts aim is to work towards meeting this target by reducing its carbon emissions by 28% by using the 2013 baseline year option.

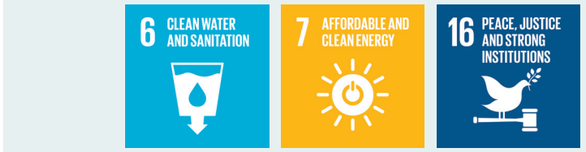
Policies

In terms of sustainability within our business the following table represents where in our process and procedures sustainability features.

AREA	IS SUSTAINABILITY CONSIDERED?
Travel	Yes
Business Cases	Yes
Procurement (environmental)	Yes
Procurement (social impact)	Yes
Suppliers' impact	Yes

Sustainability is embedded and disseminated throughout the trust using its Board approved Sustainable Development Management Plan (SDMP). As part of the SDMP the trust subscribes to and uses the Sustainable Development Assessment Tool (SDAT) for monitoring progress and benchmarking against similar organisations. The trust's first completion of the SDAT has achieved a score of 44%.

The SDAT allows the trust to measure its progress against the 17 Sustainable Development Goals (SDGs) pictured opposite, NWAS is currently starting to contribute to the following goals and the remaining SDGs will be explored further during the coming year.



Organisational Performance

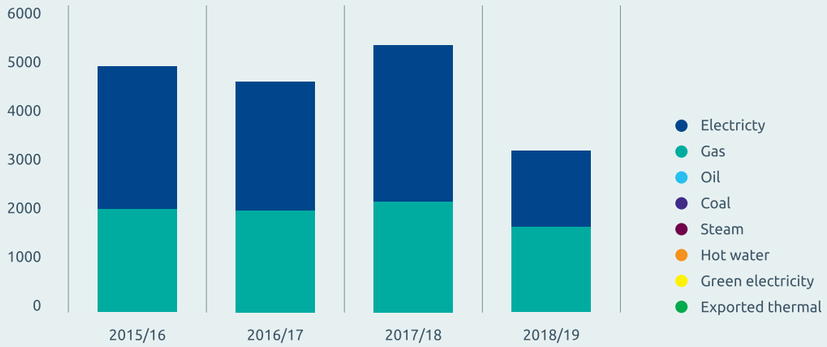
The NHS has undergone a significant restructuring process since the 2007 baseline year and one which is still on-going. In order to provide some organisational context, the following table may help explain how both the trust and its performance on sustainability has changed over time.

CONTEXT INFO	14/15	15/16	16/17	17/18
Floor Space (m2)	66,698	66,973	66,081	70,967
Number of Staff	4,832	5,133	5,574	5,949

The table above depicts the changes in staffing levels over the last four years and shows a continual growth whilst the physical estate in terms of floor space initially rose and is now starting to fall. The increase in floor space seen in 2017/18 is due to the acquisition and fit out of a new centre to replace an existing one, with control staff planned to move to the new site in 2019/20, although staff per m2 broadly remaining the same. This is due to the way the organisation is changing and delivering the service. NWAS is implementing its estates rationalisation strategy by maximising co-location opportunities with other public sector partners and replacing the traditional service delivery model by moving to a Hub and Spoke model.

In 2014 the Sustainable Development Strategy outlined an ambition to reduce the carbon footprint of the NHS by 28% (from a 2013 baseline) by 2020 and the following sections demonstrate the trust's current performance towards achieving this target.

Energy



	2015/16	2016/17	2017/18	2018/19
Electricity Consumed	5,019,024	4,991,180	7,056,287	4,245,179
Gas Consumed	9,828,073	9,609,154	10,479,158	8,188,576
Oil Consumed	14,339	12,593	29,808	3,000
Coal Consumed	0	0	0	0
Steam Consumed	0	0	0	0
Hot Water Consumed	0	0	0	0
Green Electricity	0	61,542	51,498	53,339
Total	**14,861,436**	**14,674,469**	**17,616,751**	**12,490,094**

Energy Performance

NWAS has spent £966,244 on energy in 2018/19, which is a 5.74% decrease on energy spending from 2017/18. A warm summer and estates rationalisation has helped to keep energy use low in 2018/19 as less heating has been required. NWAS is now exploring the feasibility of newer and alternative technologies for providing power off the grid.

Travel

The trust can improve local air quality and improve the health of the community by promoting active travel to our staff and to the patients and public that use its services.

Every action counts and the trust is trying to realise efficiencies across the board for cost and carbon (CO2e) reductions. It supports a culture for active travel to improve staff wellbeing and reduce sickness.

	MILES	tCO2e
Patient and visitor travel	7,218,125	2,661
Business travel and fleet	18,995,853	7,004
Total	**26,213,978**	**9,665**

Travel Performance

Travel has increased across all categories since last year and this is due to increases in staff numbers and the operational vehicle fleet which has been necessary to meet rising activity and demand. Access to more accurate data through the new Fleet Management System has allowed a more accurate recording of operational mileage.

Water

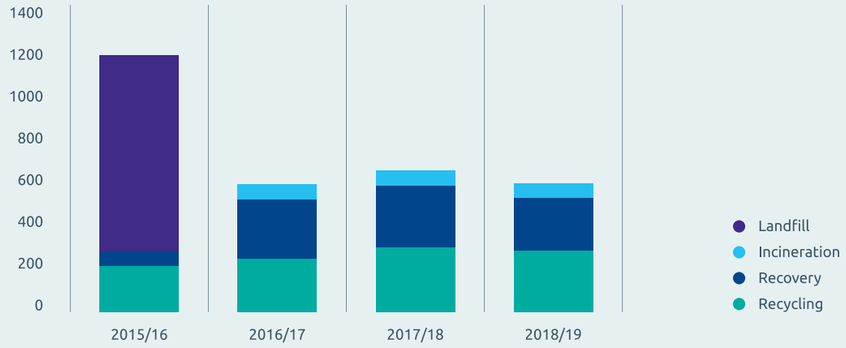
	2015/16	2016/17	2017/18	2018/19
Water volume (m³)	38,161	43,580	51,271	34,116
Waste water volume (m³)	30,529	34,864	41,017	27,293
Water and sewage cost (£)	0	£288,280	£408,465	£332,156

Water Performance

Water expenditure has reduced by 19% on 2017/18 and a 33% decrease in total water and waste water volumes. The trust has invested in water saving technology on toilet cisterns to limit the amount of water used per flush; in addition to this a shrinking estate has helped to reduce overall water use and waste water production.

Waste

	2015/16	2016/17	2017/18	2018/19
Waste recycling weight	228	261	312	293
Other recovery weight	0	274	285	246
Incineration disposal weight	66	67.9	69	71
Landfill disposal weight	913	0	0	0
Total	**1,207**	**603**	**666**	**610**
% Waste Recycled	**19%**	**43%**	**47%**	**48%**
Carbon Emissions (tCO2e)	**242**	**26.2**	**28.2**	**27.2**



Waste Performance

The total volume of waste has reduced by 56 tonnes compared to 2017/18 with a small 1% improvement in the trust recycling rate. NWAS have achieved zero domestic waste to landfill for the third year running and continuously seek opportunities to improve waste reduction, segregation and recycling.

The trust will now start to identify unnecessary single use items and work to progress with measurable reuse of assets across the organisation and continue efforts to improve data accuracy and transparency.

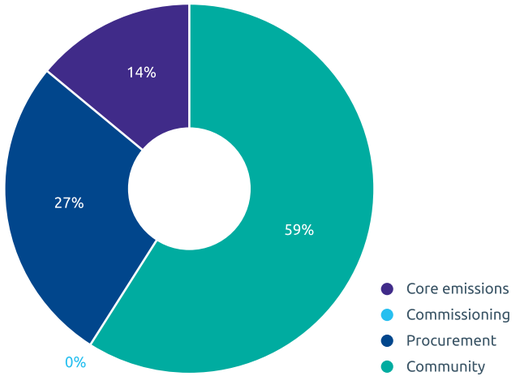
Modelled Carbon Footprint

The information provided in the previous sections of this sustainability report uses the ERIC returns as its data source. However, we are aware that this does not reflect our entire carbon footprint. Therefore, the following information estimates the impact of our supply chain from our spend.

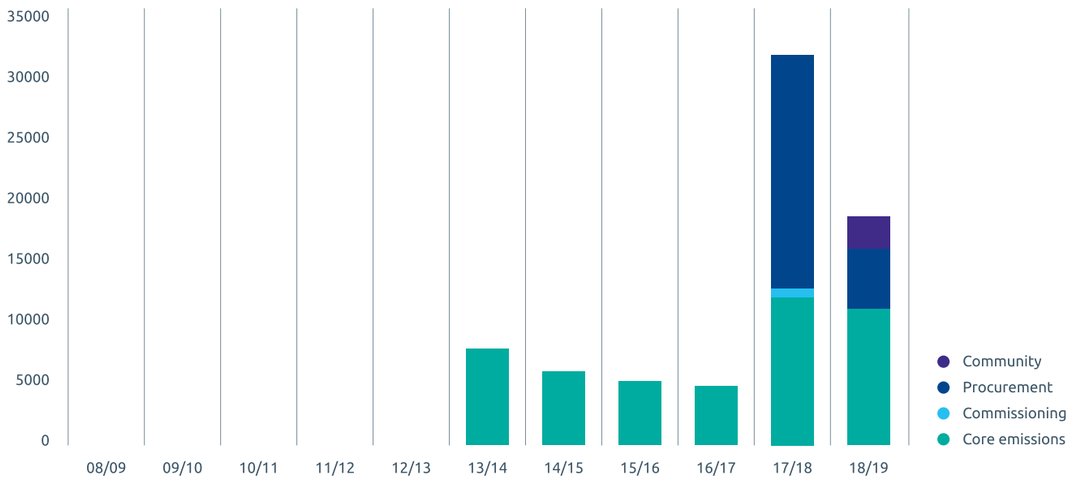
The following information uses a scaled model based on work performed by the Sustainable Development Unit (SDU) in 2009/10 and gives results of a more accurate figure depicting the total carbon emissions profile for the trust's organisational activity.

The resultant is an estimated total carbon footprint of 18,481 tonnes of carbon dioxide equivalent emissions (tCO2e).

Although there are likely to be some reductions in spend and as a result a reduction in our carbon footprint, due to changes to procurement systems not all data could be provided so this shows as a large reduction in the overall trust carbon footprint.



CATEGORY	% CO2E
Core Emissions (Energy, Waste, Water, Business Miles)	59%
Community (Patient Transport Services)	14%
Procurement	27%
Commissioning	0%



Adaptation

Climate change is set to affect the lives of everyone worldwide with the resultant effects of heat waves, extreme temperatures and prolonged periods of cold, floods and droughts for example. The trust identified the need for the development of a Board approved plan for future climate change risks affecting its own operational region. The trust therefore undertook a Climate Change Risk Assessment and its resultant Adaption Plan now forms part of its SDMP. This sets out how the trust will continue to deliver an effective health care service provision in the event of any adverse or extreme weather conditions. To ensure that our services continue to meet the needs of our local population during such events we have developed and implemented a number of policies and protocols in partnership with other local agencies. NWAS will continue to work closely with the other Emergency Services, the Environment Agency, Local Authorities, Utility Providers and other specialist organisations to identify areas that could be subject to the effects of Climate Change and to work in partnership to plan for the mitigation of those risks identified.

THE ACCOUNTABILITY REPORT

The Trust's Accountability Report has been prepared to meet key accountability requirements to Parliament and is based on matters required to be dealt with in a Directors' Report, as set out in Chapter 5 of Part 15 of the Companies Act 2006 and Schedule 7 of SI 2008 No 410, and in a Remuneration Report, as set out in Chapter 6 of the Companies Act 2006 and Schedule 8 of SI 2013 No 1981.

Daren Mochrie QAM
Chief Executive

Date: 24 May 2019

Directors Report

Membership of the Board of Directors for the reporting period was:

Wyn Dignan
CHAIRMAN
(Term of office expired 31/1/19)

Peter White
CHAIRMAN
(from 1/2/19)

NON-EXECUTIVE DIRECTOR & VICE CHAIRMAN
(to 31/1/19)

Derek Cartwright
CHIEF EXECUTIVE
(Retired 30/6/18)

Michael Forrest
INTERIM CHIEF EXECUTIVE
(from 1/7/2018)

DIRECTOR OF ORGANISATIONAL DEVELOPMENT & DEPUTY CHIEF EXECUTIVE

Michael O'Connor
NON-EXECUTIVE DIRECTOR & SENIOR INDEPENDENT DIRECTOR

Ged Blezard
DIRECTOR OF OPERATIONS

David Ratcliffe
MEDICAL DIRECTOR
(Left trust 31/3/19)

Richard Groome
NON-EXECUTIVE DIRECTOR

Tracy Ellery
DIRECTOR OF FINANCE
(Retired 31/1/19)

Michelle Brooks
INTERIM DEPUTY DIRECTOR OF FINANCE
(from 1/2/19 to 31/3/19)

Mark Tattersall
NON-EXECUTIVE DIRECTOR
(Term expired 28/2/19)

David Rawsthorn
NON-EXECUTIVE DIRECTOR
(Term expired 25/3/19)

Dr Maria Ahmed
NON-EXECUTIVE DIRECTOR

Salman Desai
DIRECTOR OF STRATEGY AND PLANNING

Angela Wetton
DIRECTOR OF CORPORATE AFFAIRS

Maxine Power
DIRECTOR OF QUALITY, INNOVATION & IMPROVEMENT

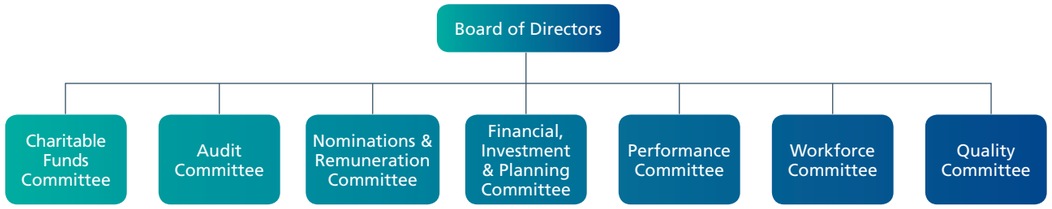
Lisa Ward
INTERIM DIRECTOR OF ORGANISATIONAL DEVELOPMENT
(from 1 July 2019)

Attendance of Board of Directors Meetings and Committees during 2018/19

BOARD MEMBER	TERM OF APPOINTMENT	BOARD OF DIRECTORS	PERFORMANCE COMMITTEE	AUDIT COMMITTEE	NOMINATIONS & REMUNERATION COMMITTEE	CHARITABLE FUNDS COMMITTEE	FINANCE, INVESTMENT & PLANNING COMMITTEE	QUALITY COMMITTEE	WORKFORCE COMMITTEE
		Attendance (actual/max)							
Non-Executive Directors									
Wyn Dignan (Chairman)	01/02/2017 – 31/01/2019	8/8			6/7				
Peter White (Chairman)	1/02/19 – 1/02/23	2/2			2/3				
Peter White	01/05/16 – 30/04/18	8/8	5/5	3/5	7/7			8/8	2/4
Michael O'Connor	1/04/18 – 31/03/20	9/10			3/10		6/7		
Richard Groome	05/08/17 – 05/08/19	8/8	4/5	4/5	8/10	2/3		9/9	4/4
Mark Tattersall	10/12/2018 – 28/02/19	8/9		5/5	6/9	3/3	6/6		
Maria Ahmed	1/04/18 – 31/03/19	4/6			3/5			3/3	
David Raswthorn	25/03/19 - 24/03/221	1/1							
Executive Directors									
Derek Cartwright (CEO)	Retired 30/06/18	2/2							
Michael Forrest		9/10	1/1						1/1
Tracy Ellery	Retired 31/01/19	8/8	2/4			2/2	5/5	6/8	4/4
Michelle Brooks		2/2	1/1				2/2		
David Ratcliffe	Left 31/03/19	7/10						7/9	
Ged Blezard		9/10	4/5			1/2	5/7	7/9	1/4
Salman Desai		10/10				1/2	4/7		
Angela Wetton		10/10				2/2			
Maxine Power		10/10					3/6	7/9	
Lisa Ward		7/7	3/4			1/2	4/6		3/3

Committees

A number of assurance committees report to the Board of Directors.
These are detailed in the diagram below:



The Terms of Reference for the Audit Committee are based on the model terms of reference incorporated in the HFMA Audit Committee Handbook. The committee completed its annual self-assessment on 21 February 2019, the session was facilitated by Mersey Internal Audit Agency (MIAA) and was based on the HFMA Self-assessment checklist which focused on the committee administration and how well the committee operates over five themes 1) Committee Focus; 2) Committee Team working; 3) Committee Effectiveness; 4) Committee Engagement; and 5) Committee Leadership. Members of the Audit Committee during 2018/19 were Mark Tattersall (Chair), Peter White and Richard Groome. Following the departure of Mark Tattersall, David Rawsthorn will become the new Chair of the Audit Committee for meetings held from 1 April 2019. The Chair of the committee has the relevant financial experience. The Chair of the Audit Committee presented the Annual Report of the Audit Committee to the Board of Directors on 24 April 2019 to provide a summary of the activities undertaken by the committee and how the Terms of Reference and key priorities were met during 2018/19. The trust's External Audit service is provided by KPMG LLP (UK) and the cost for audit of the 2018/19 financial statements was £62,500. KPMG did not provide the trust with any non-audit services during the reporting period however does provide the ISAE 3402 Type I review for NEP SSG on the Oracle system for 35 trusts and the fee equates to £843 for the trust. KPMG also audit the trust's Charitable Fund and the fee is £3,700.

In November 2018, the Audit Committee received an update relating to the trust's compliance with the FT Code. The FT Code is based on the UK Code of Governance to reflect latest and best practice application of good corporate governance and provides a tried and tested framework for the leadership and direction of board led organisations in the UK. Whilst the trust is not a Foundation Trust, it takes full account of the NHS Foundation Trust Code of Governance published by Monitor (now NHS Improvement) for Trust Boards. A summary of the trust's corporate governance arrangements against the FT Code was provided to the committee for assurance and the trust was able to declare compliance with all relevant clauses with the exception of 3 clauses (A.1.10; D.1.4 and D.2.2). The Audit Committee will receive a 6 monthly update in terms of progressing towards achieving full compliance with the FT Code.

Each committee has formal Terms of Reference which are approved by the Board of Directors and set out the powers and functions of the committees. These Terms of Reference are subject to annual review by the relevant Committee with outcomes subsequently reported to the Board of Directors for approval. This annual review process incorporates a review of committee effectiveness which includes; an assessment of how functions have been discharged during the reporting period, evaluation of committee member attendance and identification of any committee development needs.

Register of Interests

The trust maintains a Register of Directors' Interests which is subject to annual review by the Board. No details of company directorships have been declared where those companies are likely to do business or are possibly seeking to do business with the NHS.

As far as the Executive Directors are aware, there is no information relevant to the auditors for the purposes of their audit report. The Executive Directors have taken all of the steps they ought to have taken to ensure they are aware of any relevant audit information and to establish that the auditors are aware of that information.

The Board considers that its Non-Executive Directors are independent in character and judgement insofar as:

- No Non-Executive Director has a third party business relationship with the trust
- No Non-Executive Director has an income from the trust other than remuneration for their Non-Executive position
- No Non-Executive Director financially relies on the income earned in their role or is either a supplier or customer of the trust
- No Non-Executive Director has a personal connection to any senior trust managers, and,
- No Non-Executive Director has been on the Board for more than nine years.

The Board of Directors Register of Interest is available to view online at:
https://www.nwas.nhs.uk/about/directors/about/

Fit and Proper Persons Requirements: Directors and Non-Executive Directors

In line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the trust is required to ensure that all individuals appointed to or holding the role of Executive Director (or equivalent) or Non-Executive Director meet the requirements of the Fit and Proper Persons Test (Regulation 5).

In May 2018, the Board of Directors received the Chairman's Annual Declaration confirming that all existing Executive and Non-Executive Directors met the requirements of Fit & Proper Persons Test which was informed by:

- Pre-employment checks for all new appointments undertaken in line with the NHS Employment Standards and including the following:
  - Proof of identity
  - Disclosure and Barring Service
  - Occupational Health clearance
  - Evidence of the right to work in the UK
  - Proof of qualifications, where appropriate
  - Checks with relevant regulators, where appropriate
  - Appropriate references, covering at least the last three years of employment, including details of gaps in service.
- Additional checks for all new Executive Directors on the following appropriate registers:
  - Disqualified directors
  - Bankruptcy and insolvency
- Annual Fit & Proper Persons Test self-declarations completed by all Executive and Non-Executive Directors.

Information Governance

Data is a vital asset, both in terms of the clinical management of individual patients and the efficient management of services and resources. It plays a key part in clinical governance, service planning and performance management. Information Governance (IG) and data protection is concerned with the way NHS organisations handle information about patients/clients and employees, in particular personal and special category information.

Data protection gives organisations and individuals assurance that personal information is dealt with legally, securely, efficiently and effectively in order to deliver the best possible care. The programme of work associated with IG in 2018/19 has been progressed through the trust's Information Management Group and the General Data Protection Regulation (GDPR) Compliance Project which ran from May 2017 until July 2018. The trust appointed a Data Protection Officer in May 2018 to monitor compliance with the GDPR after project closure.

The trust submitted a final self-assessment score to the Data Security and Protection Toolkit of 71 of 100 completed mandatory assertions. An improvement plan has been submitted to NHS Digital for approval which aims to bridge the gap between the trust's current position and the required standard. This plan is expected to take two years to complete and will be monitored at Information Management Group and progress reported to the Finance, Investment and Planning Committee.

The trust uses the Datix Incident Report Form to capture data breaches reported by all levels of staff. During 2018/19 a total of 552 breaches were reported. Of these, 23 were externally reported on either the DSPT or IG toolkit Incident Reporting Tool. All externally reported breaches met the criteria for notification to the ICO. 1 of these met the criteria for Department of Health and Social Care and NHS England notification.

The breaches reported to the ICO required full root cause analysis investigations by investigating officers of the trust. The ICO subsequently referred a number of these to their Criminal Investigations Team; none saw prosecution of individuals. Two have been closed to date with the ICO deeming the trust imposed disciplinary sanction on the individual equivalent to that which a Court would have imposed.

The trust has been the subject of one complaint to the ICO by a data subject in relation to the handling of a subject access request. This complaint was received into the trust on 27 February 2019. The ICO requested the trust undertake an investigation and provide details of improvements that would be made where

CORPORATE GOVERNANCE REPORT

there had been an infringements of the data subject's rights. On receipt the ICO closed the complaint with no further action to be taken as they were assured by the trust plans to overhaul Individuals' Rights request management during the 2019/20 financial year.

The Data Protection Officer received three further complaints during the year from both patients and staff. Two related to data breach handling by the trust and have subsequently been closed as no evidence of mismanagement has been found. The third relates to handling of a subject access request and is ongoing.

During December 2018 and January 2019 the ICO carried out a consensual audit with the aim of providing the ICO and the trust with an independent opinion of the extent the trust (within the scope of this agreed audit) is complying with data protection legislation and highlight any areas of risk to compliance. The audit also reviewed the extent to which the trust (within the scope of the audit) demonstrates good practice in data protection governance and management of personal data.

The final audit report was received in March 2019; the trust has been given a "reasonable" assurance rating indicating that:

"There is a reasonable level of assurance that processes and procedures are in place and are delivering data protection compliance. The audit has identified some scope for improvement in existing arrangements to reduce the risk of non-compliance with data protection legislation."

One area of good practice was identified by the Audit Team relating to the Committee Effectiveness Reviews completed by Corporate Governance:

"The effectiveness of the IMG has been assessed by the trust's Corporate Governance department which undertakes regular reviews of this kind of the trust committees to assess how well they are carrying out their function."

The final report also contains details of all observations and non-conformities identified during the course of the audit. Recommendations have been made based on the ICO Audit Team's findings. An action plan to remedy these has been agreed by the Executive Management Team (EMT).

The IMG work plan has been updated to include monitoring of completion of the action plan at each meeting until January 2020 when final confirmation of completion will have been received from the ICO after their follow up audit which is scheduled for the week commencing 11 November 2019.

Modern Slavery Act 2015 – Transparency in Supply Chains

The Modern Slavery Bill was introduced into Parliament on 10 June 2014 and passed into UK law on 26 March 2015. The Modern Slavery Act is an Act to make provision about slavery, servitude and forced or compulsory labour and about human trafficking, including the provision for the protection of victims.

A person commits an offence if:

- The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude
- The person requires another person to perform forced or compulsory labour and the circumstance are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour

The trust is fully aware of the responsibilities it bears towards patients, employees and the local community and as such, has a strict set of ethical values that we use as guidance with regard to our commercial activities. We therefore expect that all trust suppliers to adhere to the same ethical principles.

Larger organisations must publicly report steps they have taken to ensure their operations and supply chains are trafficking and slavery free.

This disclosure duty, contained in the Modern Slavery Act 2015, applies to companies and partnerships supplying goods or services (wherever incorporated or formed) with global turnovers of £36 million and above, providing they carry on business in the UK.

The trust has previously produced a Modern Slavery statutory statement for:

- Year Ending March 2017
- Year Ending March 2018

Organisational Structure

North West Ambulance Service NHS Trust serves an approximate population of 7 million covering an area of 5,500 square miles and employs over 5900 staff. The trust receives 1.1 million emergency calls per year, which is 16% of the national (999) activity. To meet this demand the trust has three emergency control centres and approximately 700 emergency vehicles.

The trust also provides urgent care and patient transport services across the region and manages the NHS non-emergency helpline, 111, regionally.

The trust has an overall annual budget of around £330 million.

The trust is fully aware of the responsibilities it bears towards patients, employees and the local community and as such, has a strict set of ethical values that we use as guidance with regard to our commercial activities. We therefore expect that all suppliers to the trust adhere to the same ethical principles.

The trust has a non-pay budget of £92m of which over £90m per annum is spent on goods and services. Over 80% of the £90m is spent with the trusts top 250 suppliers.

Our Supply Chain

It is important to ensure that suppliers to the trust have in place robust systems to ensure that their own staff, and organisations within their own supply chain are fully compliant with the requirements of the Modern Slavery Act 2015.

In compliance with the consolidation of offences relating to trafficking and slavery within the Modern Slavery Act 2015, the trust continues to monitor its supply chains with a view to confirming that such behaviour is not taking place.

The following actions in terms of Modern Slavery and Code of Conduct have been embedded within procurement processes:-

- The trust has developed a Modern Slavery Statement and a Supplier Code of Conduct.
- NHS Procurement Template Documents – ensure that Modern Slavery is considered in procurement exercises.
- NHS Terms and Conditions – requires suppliers to comply with all relevant Law and Guidance and to use Good Industry Practice to ensure that there is no slavery or human trafficking in its supply chains.
- All current trust suppliers have been contacted to provide evidence of compliance with the Act and have been issued with the "Supplier Code of Conduct".

In addition, suppliers have been made aware of how to inform the trust if they become aware of any breaches to the act within their own supply chain. The same process has been adopted for new suppliers.

- When we write to new Suppliers for information to enable them to be set up on our systems, we ask them for certain information and this has been expanded to cover a Modern Slavery Declaration.
- We have a Modern Slavery section in our "Procurement Manual" which is an internal guidance document that's should raise awareness for all staff.
- The Senior Procurement Team has completed the "Ethical Procurement and Supply Certificate" that is a recognised qualification of the Chartered Institute of Procurement & Supply.

Safeguarding

- The Safeguarding Vulnerable persons policy is due for review in May of this year. The Modern Day Slavery Act 2015 will be added as reference to the policy.
- The Safeguarding Team have added Modern Day Slavery to the level 3 training and the induction training for the trust. We also ran a Modern Day Slavery Awareness campaign from September to November where we added regular information into the bulletin for staff awareness.
- The safeguarding crib sheets has a modern day slavery tick box option for staff who are raising concerns if they feel that the patient is a victim of modern day slavery.
- It has been made very clear to staff during training that modern day slavery is a crime and so if a patient is at risk of MDS or is believed to be a victim then the Police should be contacted.

Recruitment

The trust has a robust recruitment policy and follows all the NHS Employment checks standards including right to work and identity checks. The checks standards are rigorously applied to all prospective employees and bank workers, whether in paid or unpaid employment. Agency staff are sourced through Agencies listed on the Procurement Framework.

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement for the financial year ending 31 March 2019.

External Compliance

The trust's functions are organised to ensure effective compliance with the external requirements placed upon it by bodies such as the Department of Health and Social Care, the Care Quality Commission, NHS Improvement and NHS Resolution. The trust aims to comply with, and meet, all statutory, legislative and regulatory requirements placed upon it as an employer, an ambulance service and an NHS Trust. These include:

- National targets for ambulance response times
- Statutory and regulatory financial duties
- Care Quality Commission registration requirements
- NHS Model Employer standards
- Civil Contingencies Act 2004
- NHS Constitution

Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the trust;
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Daren Mochrie QAM
Chief Executive

Date: 24 May 2019

Statement of Directors' Responsiblities in respect of the Accounts

The Directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The Directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy.

By order of the Board

Daren Mochrie QAM
Chief Executive

Date: 24 May 2019

Carolyn Wood
Director of Finance

Date: 24 May 2019

Annual Governance Statement

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of North West Ambulance Service NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in North West Ambulance Service NHS Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Leadership

The Board of Directors has overall responsibility for the management of risk within the trust. The Director of Corporate Affairs is designated as the Executive Lead for risk management and is responsible for ensuring that there are robust systems and processes in place for effective risk management and for ensuring that the Risk Management Strategy and Policy are implemented and evaluated effectively, supported by the Senior Risk and Assurance Manager.

The Board of Directors receive a quarterly risk management report containing the Board Assurance Framework (BAF) and the Corporate Risk Register (CRR), both of which are subject to monthly scrutiny at the Executive Management Team meetings.

Additionally the strategic risks on the Board Assurance Framework are mapped to an appropriate Non-Executive Director-chaired Board Committee, and are reviewed at every meeting of the Board Committees.

Executive Directors of the trust have the responsibility for leadership in risk management for their own Directorates. The directorate and service risk registers are scrutinised by the Senior Management Teams.

Trust managers are responsible for the management of day-to-day risks of all types within their management structure and budget allocation. They are charged with ensuring that risk assessments are undertaken throughout their area of responsibility on a pro-active basis and that remedial action is carried out where problems are identified in order to reduce or mitigate that risk.

Risk Training

It is the policy of the trust to provide and maintain, so far as is reasonably practicable, all plant, systems of work (including safe use, handling, storage and transport of substances and articles), places of work and working conditions, such that they are safe and with minimal risks to employees, as well as to nonemployees, and to provide such information, instruction and training as is necessary for this purpose.

Risk management is incorporated in the trust's induction and statutory and mandatory training programme. During 2018/19 a dedicated training course for investigating officers was delivered to improve the standard of investigations.

The Risk Management Strategy, policies and procedures and responsibilities are available on the trust's intranet site, available to all staff.

The Corporate Affairs and Quality Directorates have a number of appropriately qualified and experienced staff to lead, support and advise staff at all levels of the organisation with the identification and management of risk.

All adverse events are recorded and investigated by the trust utilising the Datix system.

Those of a serious nature are considered and signed off via the Review of Serious Events Group (ROSE), chaired by the Medical Director. The outcomes of such incidents inform future training plans, policies and wider learning for the trust.

The trust has representation on the National Ambulance Risk and Safety Forum and various other national and regional groups which promote active benchmarking and learning from good practice.

The trust endeavours to establish a positive risk culture within the organisation, where unsafe practice (clinical, financial, etc.) is not tolerated and where every member of staff feels committed and empowered to identify and correct/escalate system weaknesses.

The Trust Board is committed to ensuring a robust infrastructure is in place to manage risks from operational level to Board level, and that where risks crystallise, demonstrable improvements can be put in place.

The trust therefore has a comprehensive Risk Management Strategy and Policy. The trust recognises that it is impossible and not always desirable to eliminate all risks and that systems of control should not be so rigid that they stifle innovation and imaginative use of limited resources, in order to achieve health benefits for patients. The strategy defines the leadership, responsibility and accountability arrangements of risk within the trust. It promotes integrated governance and the philosophy of Enterprise Risk Management (ERM). ERM dictates that risk management is systematic, robust and evident, that it should identify potential events that may affect the organisation and manage risks to be within its risk appetite. The strategy covers non-clinical, clinical, organisational and financial risks. It requires that risk management processes are applied to business planning at all levels and that risk management issues are communicated to key stakeholders where necessary.

The Risk Management Strategy also contains a section on risk appetite and the Board agreed that it will not accept risks that materially provide a negative impact on patient safety; however, the Board had a greater appetite to pursue innovation and challenge current working practices and reputational risk in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment.

The Risk Management Policy describes how risks are identified, recorded and managed via the electronic Datix system and how they are quantified, using a standard risk scoring matrix. This allows standardisation of risk assessment across the trust, utilising a common currency. The policy also requires action plans to be determined and implemented for those risks that are inadequately controlled.

Board Assurance Framework

The arrangements in place to manage the organisation's risk include the trust's Board Assurance Framework (BAF). The BAF provides the trust with a method for effective management of the principal strategic risks to meeting its corporate goals or objectives and links to the trust's mission, vision and strategic aims. It provides a structure for evidence to support the Annual Governance Statement and as a result, simplifies Board reporting and the prioritisation of action plans.

The Board Assurance Framework includes the following key elements:

- Strategic objectives of the trust by the responsible Director, with each objective mapped to a Board Committee for monitoring;
- A description of the strategic risk, including initial score, current score and target score;
- The corporate risks which link to the main strategic risk, including scores;
- Risks to achieving the goals;
- key controls in place to manage the risks;
- Assurances from the key controls;
- Evidence of the controls and assurance;
- Any gaps in control;
- Any gaps in assurance; and
- Plans to address gaps in control and assurances.

The Executive Management Team promotes effective risk management and leadership whilst overseeing and monitoring the Board Assurance Framework.

The Board Assurance Framework is approved by the Board at the beginning of the financial year and managed through delegation to its committees. A Board Development session was held in April 2018 to provide the Board with an additional opportunity to discuss and debate the strategic risks, controls and assurance prior to the approval of the document.

The Board reviewed the Board Assurance Framework on a quarterly basis throughout the year and approved the final version at the end of the year in March 2019.

Quality Governance is provided via the trust's Quality Committee which monitors the delivery of the trust's Quality Strategy and compliance with the CQC requirements. The Quality Committee has been supported by the Executive-led Clinical Governance Management Group, Health and Safety Management Group and Review of Serious Events Group.

Risk Management is embedded within the organisation in a number of ways. All departments within Directorates maintain up-to-date risk registers via the Datix System and risk is a key agenda item on all meeting agendas. Risks are escalated via departmental and directorate risk registers to the Corporate Risk Register in line with the Risk Management policy and Escalation Framework.

Business cases must include a full risk assessment and Equality Impact Assessment prior to formal approval.

All Cost Improvement Schemes have processes in place to identify and mitigate risks to quality. The Cost Improvement Steering Group was chaired by the Director of Finance and provides additional focus, leadership and assurance on the identification and safe delivery of cost improvements / transformational schemes.

Management and operational structures are in place to manage the risks that the trust faces. All of the groups working within the governance structure are remitted to identify and where appropriate escalate all risks emerging from the business transacted. The Groups/ Committees report through committees of the Board in a structured manner, ultimately to the Board.

There are clear Terms of Reference for each Board Committee and group that report to it and a robust process is in place to review the effectiveness of the groups and Board Committees on an annual basis. At the end of 2018/19 the Board Committees completed reviews of their effectiveness and the exercises concluded that whilst the Board Committees are fulfilling their duties, there are areas for development which will require change to terms of reference or working practices which will be implemented during 2019/20 to further strengthen the Board and committee functions. These changes will include the merging of the Quality and Performance Committees and the Finance, Investment & Planning and Workforce Committees which will be known as the Resources Committee. These changes will allow more effective triangulation and consideration of information and also increase the scrutiny of Workforce plans.

There were five committees of the Board that covered risk (both clinical and non-clinical) and these were:

- Audit Committee; (which sought assurance over the risk management processes and controls in place rather than the content and management of individual risks themselves)
- Quality Committee;
- Performance Committee
- Workforce Committee; and
- Finance Investment & Planning Committee.

All of the committees were chaired by a Non-Executive Director of the trust.

Clinical Risk is monitored via the trust's Clinical Governance Management Group and Quality Committee.

Clinical risk, whilst being everyone's responsibility, is managed by operational staff and monitored by the Quality Directorate. Clinical risk is reported through the Risk Management System, Datix which allows themes and trends to be identified and inform organisational learning. All clinical practices are carried out using the best available clinical evidence base. This includes advice that is given to patients over the telephone as well as advice and skills performed when the paramedic is in a face to face situation. In the former, the evidence base is largely taken from papers published in the UK and for the latter the evidence base is the Joint Royal Colleges Ambulance Liaison Committee's latest Clinical Guidelines.

The Quality Committee is authorised by the Board to oversee all activity relating to monitoring the quality of patient care (i.e. safety, effectiveness and experiences). This includes for example, learning lessons from patient complaints and letters of appreciation.

The Audit Committee reviewed the establishment and maintenance of an effective system of governance, risk management and internal control, across the whole of the organisation's activities. This included activities that were both clinical and non-clinical.

Strategic Risks 2018/19

The trust identified ten strategic risks (i.e. those risks identified on the Board Assurance Framework) aligned to the Strategic Goals during 2018/19. The Board Assurance Framework and Annual planning cycle processes have recorded, following proactive management and continuous review, robust control measures that ensure these risks are mitigated to an acceptable level by the trust. The following list denotes the Strategic Risks identified in the year that have been mitigated:

1. If the trust does not maintain effective quality governance arrangements it will not deliver the highest standards of care leading to non-compliance with required quality standards and poor patient experience

2. If the trust does not deliver the Financial Plan for 2018/19 then it will fail to meet its financial duties and may be unable to deliver its strategic objectives leading to regulatory intervention

3. If the trust does not achieve operational performance targets it will not deliver satisfactory patient outcomes or achieve compliance with the requirements of the single oversight framework

4. If demand on acute services continues to increase the trust's ability to meet performance targets will be compromised leading to poor patient outcomes and increased regulatory scrutiny

5. If methods of cybercrime continue to evolve then the trust could receive a cyber-attack that disrupts normal business functions and service delivery

6. If the trust fails to recruit, develop and retain sufficient number of competent staff it will be unable to deliver safe and effective services

7. If STP/Devolution results in different or more complex commissioning of our services it may result in an unintended adverse impact on our ability to deliver the trust's Strategic goals

8. If the trust does not deliver the objectives of the Transformation Programme it may be unable to provide a sustainable service delivery model, leading to pressure on costs, performance and quality of care

9. If the Board experiences significant leadership changes it may not provide sufficient strategic focus and leadership to support delivery of its vision and corporate strategy

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

Future Strategic Risks 2019/20

The key risks for the trust as it moves into the new financial year remain focused around the quality of patient care and safety; financial sustainability and transformation of services to meet the needs of patients and operational performance. The following list denotes the risks identified for 2019/20:

1. If the trust does not maintain and improve its quality of care through implementation of the Right Care Strategy it may fail to deliver safe, effective and patient centred care leading to reputational damage

2. 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

3. If the trust does not deliver the Urgent & Emergency Care Strategy then it may not be able to meet the demand for emergency care leading to inability to meet performance standards

4. 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

5. 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

6. If the trust does not establish effective partnerships within the regional health economy and integrated care systems then it may be able to influence the future development of local services leading to unintended consequences on the sustainability of the trust and its ability to deliver Urgent and Emergency Care

7. 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

8. If the Board experiences significant leadership changes it may not provide sufficient strategic focus and leadership to support delivery of its vision and Corporate Strategy

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

The governance framework of the organisation

Whilst the trust is not obliged to comply with the FT Code of Governance, the Trust Board constantly reviews its governance arrangements to ensure alignment where applicable. The Board recognises its accountabilities and provides leadership within a framework of prudent and effective controls which enables risk to be assessed and managed.

The Board sets the strategic aims for the organisation and ensures that resources are in place to meet its objectives. It receives reports at each meeting held in public on the principal strategic risks through a combination of risk management reports and reports from the Board sub-committees.

The Trust Board currently meets at least ten times per annum and currently consists of:

- the Chairman plus 5 other Non-Executive Directors, including a Senior Independent Director
- the Chief Executive Officer and 4 other voting Executive Directors
- 3 non-voting Executive Directors

The Board of Directors has three key roles:

1. Formulating strategy for the organisation.

2. Ensuring accountability by: holding the organisation to account for the delivery of the strategy; by being accountable for ensuring the organisation operates

effectively and with openness, transparency and candour and by seeking assurance that systems of control are robust and reliable.

3. Shaping a healthy culture for the board and the organisation

Quality is a central element of all Board meetings. The Integrated Performance Report, which continues to be developed, is aligned to the Single Oversight Framework with focus on key quality indicators.

Either a Staff or Patient story is used to open each meeting of the Board, to ensure that the focus on quality of patient care remains at the heart of all Board activity and decision making.

At each Board Meeting, the Board reviews Serious Incidents which includes near misses, serious case reviews, claims and coroners' inquests. The Quality Committee also reviews these matters in more detail on a monthly basis, along with complaints and concerns and learning is disseminated via the trust learning Forums which are held both locally in areas and also at a corporate level for both clinical and non-clinical issues. During the year no nationally defined 'Never Events' have occurred as a result of trust care or services.

The Executive Management Team meets weekly and is accountable for the operational management of the trust. The primary functions of the Executive Management Team include management of organisational governance; investment and disinvestment; performance delivery; horizon scanning; strategy and policy development, interpretation and implementation, and stakeholder and partner engagement.

Arrangements are in place through Board and committee review to confirm that the trust discharges its statutory functions. The trust is satisfied that it has been compliant with these functions during 2018/19.

Attendance levels at Board and Committee meetings throughout 2018/19 are detailed on pages 78 and 79 of the Annual Report.

Whilst NHS trusts are exempt from the requirement to apply for and hold the licence, directions from the Secretary of State require NHSI to ensure that NHS trusts comply with conditions equivalent to the licence as it deems appropriate. This includes giving directions to an NHS trust where necessary to ensure compliance. In accordance with this the trust is required to submit to NHSI a Corporate Governance Statement by and on behalf of the Board of Directors confirming compliance with FT4 (8) Condition of the Provider Licence as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this Condition in the next financial year and any actions it proposes to take to manage such risks. The Statement was drafted and approved by the Board of Directors at its meeting on 30th May 2018 and published on the trust's website within the prescribed timescales. The statement from the Board evidenced the current arrangements in place to mitigate the risks to compliance and concluded that there were no material risks. As mentioned elsewhere in this Annual Governance Statement the effectiveness of the committees is reviewed at least annually and the trust's performance is considered at each Board Meeting with presentation of the Integrated Performance Report based upon the Single Oversight Framework.

Workforce Plans

The trust takes a robust approach to the management of the workforce plans. Each year the workforce element of the operational plan is submitted and approved at Trust Board and the plans are reviewed regularly by the Trust Board, Workforce Committee and Executive Management Team (EMT). Senior management teams receive monthly reports on workforce data through the integrated performance report, which demonstrates the position against planned establishment and more detailed reports against the workforce and recruitment plans are received and challenged at Performance and Workforce Committees. Ad hoc reports are also provided on specific risks associated with the workforce plan to EMT and committees. The Board also receives an in depth analysis of workforce issues on at least an annual basis, which includes integrated analysis of resource usage and deployment in the context of performance and quality.

At an operational and tactical level, agreed plans are actively monitored with service lines and Finance on a monthly basis so that developing trends can be identified and addressed. The planning process is dynamic and plans are reviewed monthly to allow the opportunity to discuss emerging issues that may impact on the plans and allow for flex to accommodate changes. The anticipated turnover rate is mapped throughout the plans to allow a forward view over the next twelve months to enable services lines to visualise the anticipated workforce position. These detailed one year plans sit within the context of a five year plan focused on ensuring appropriate paramedic supply and which has informed regular engagement with HEE and HEI partners.

The trust utilises the Model Ambulance dashboard metrics to gain an overview of clinical and non-clinical workforce composition including staff numbers, pay costs, skills mix ratios, and productivity in terms of clinical output. This in turn supports the trusts to identify potential opportunities to improve efficiencies and productivity.

NWAS is proactively aiming to reduce reliance on agency staff through improved workforce planning with a focus on prioritising alternative options above using agency staff. The trust has previously utilised agency to support nursing roles within the 111 and Clinical Hub contact centres. Work over the past 12 months has seen a reduction in agency usage and the development of flexible working options such as home working and bank arrangements to reduce agency usage. This can be evidenced through the increased utilisation of bank working arrangements and overtime and is reflected in the fact that the trust's agency usage accounts for just 1% of all staffing costs.

There is a specific focus within the trust on the deployment of staff effectively. The workforce plans reflect the operational and activity plans and take into account the anticipated workforce supply over the next 12 months. They reflect the required skill mix but also reflect a planned level of over-establishment of paramedics to help prepare the trust for the supply issues caused by the HCPC requirements for paramedic training to move to degree level and the impact of GP contract reform.

In 2018/19, The trust has, with Commissioners, jointly commissioned the services of Operational Research in Health (ORH) to model a variety of scenarios, in order to forecast the impact of a set of actions with a view to identifying those that will deliver the maximum improvements, in terms of achieving the response time targets and the reduction in conveyance to hospital. This will support a full roster review to deliver improvements in the efficiency and effectiveness of rosters and deployment, as well as developing the use of technology to support effective rota management which support some of the key requirements of the Carter review.

The trust has developed new roles to support the improved utilisation of resources to improve the response to patients and reduce conveyance. These include the increased use of clinicians in the EOC to support patient safety through clinical call and demand management; the development of a multi-disciplinary workforce available to support hear and treat and the development of Urgent Care Practitioners rotating through the Clinical Hub and see and treat activity (with planned rotation into other providers). The urgent care practitioner role sees both paramedics and nurses undertaking both hear and treat and see and treat activities and it is the first role in the trust where nurses have been utilised on a direct patient facing capacity. The role has been evaluated with the Board kept appraised on development and the associated activity data to support the trust's urgent care response to patients. These initiatives will continue to expand to support the trust in developing its integrated urgent care offer to improve the management of category 3 and 4 calls.

The trust is mindful that changes in workforce models and skills mixes require a robust assessment of risk and quality to provide assurance that these changes within the workforce do not adversely impact on patient care. The trust's chief nurse takes a role in assessing the impact of the workforce changes and how to ensure that our nursing staff have the appropriate educational support and development.

The trust is proactive in its response to unplanned workforce challenges. Within the nursing workforce, there have been challenges to attracting and retaining staff to work within our 111 contact centres. This in turn has led to an over reliance on agency staff as well as impacting upon rostering and patient safety. To mitigate against this the trust has developed a specific task and finish group to focus on onboarding activities to support attracting nurses and providing additional support both before and after they have commenced with the trust. The chief nurse has also held events for existing nurses aimed at understanding their career aspirations and the needs of workforce. Moving forward, the trust will also progress the development of rotational working arrangements for nurses to provide job enrichment and skill development aimed at improving retention.

Within the EOC, the trust has also experienced challenges with recruiting and retaining emergency medical dispatchers (EMDs). A specific group was formed to address these issues and a number of action have been successful deployed which in turn have seen a decrease of leavers within the EOC. These actions include over-recruitment to EMD courses to mitigate the impact of drop outs, a roster review to improve alignment to demand but also meet staff needs, the Implementation of call handler apprenticeships to support recruitment, retention and progression and improved focus on bespoke health and wellbeing initiatives.

CQC Registration

The trust is fully compliant with the registration requirements of the Care Quality Commission and during Q2 of 2018/19 was subject to a full inspection including a Well-Led inspection. The findings and outcome of that inspection was that the trust was rated 'Good' across all five domains including Well-Led. The trust continues to manage the completion of any actions arising from that process.

Conflicts of Interest

The trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

NHS Pension Scheme

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

Equality, Diversity & Human Rights

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

Carbon Reduction

The trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The trust secures the economy, efficiency and effective use of resources through a variety of ways including:

- A well-established policy framework including Standing Orders, Standing Financial Instructions and Schemes of Delegation
- Established commissioning and planning processes
- An organisational structure which ensures accountability and challenge
- Effective corporate functions supporting the planning and management of resources
- Detailed monthly financial reporting to Board including year–end forecasting and progress on the cost improvement programme

The trust invests significant time in improving systems and controls to deliver a more embedded range of monitoring and control processes. The in-year use of resources is closely monitored by the Board of Directors and the following Board Committees:

- Audit Committee
- Nomination and Remuneration Committee
- Finance Investment and Planning Committee
- Performance Committee
- Workforce Committee
- Quality Committee

Day to day management of resources is monitored through the Executive Management Team (EMT) meetings. EMT takes the lead in planning and delivery and taking actions for recovery to bring variances back to plan when needed. EMT throughout the year regularly reviews performance against clinical, performance, workforce and financial indicators.

The trust employs a number of approaches to ensure best value for money (VFM) in delivering its services. Benchmarking is used to provide assurance and to inform and guide service redesign. This leads to improvements in the quality of services and patient experience as well as financial performance.

Our commitment to value for money and the effective use of resources has been strengthened in the year by the effective and focused use of the trust's internal audit service and the Internal Audit Plan set in 2018/19. Through this process the trust has gained an independent and objective assurance to Audit Committee and the Board that the trust's risk management, governance and internal control processes are operating effectively.

The trust has a dedicated, qualified Local Counter Fraud Specialist (LCFS) supported as required by other LCFSs.

NHS Improvement's Single Oversight Framework provides a framework for overseeing providers and one of the aspects is Finance and Use of Resources. There are five aspects and scoring is measured from one to four, where one reflects the strongest performance. These scores are then weighted to give an overall Finance and Use of Resources score. During the period the trust achieved the highest attainable score of one.

2018/19

AREA	METRIC	2018/19 SCORE
Financial sustainability	Capital Service Capacity	1
	Liquidity	1
Financial efficiency	I & E Margin	2
Financial controls	Distance from financial plan	1
	Agency Expenditure	2
Overall Scoring		**1**

Information governance

The programme of work associated with IG in 2018/19 has been progressed through the trust's Information Management Group and the General Data Protection Regulation (GDPR) Compliance Project which ran from May 2017 until July 2018. The trust appointed a Data Protection Officer in May 2018 to monitor compliance with the GDPR after project closure.

The trust submitted a final self-assessment score to the Data Security and Protection Toolkit of 71 out of 100 completed mandatory assertions. An improvement plan has been submitted to NHS Digital for approval which aims to bridge the gap between the trust's current position and the required standard. This plan is expected to take two years to complete and will be monitored at Information Management Group and progress reported to the Finance, Investment and Planning Committee.

The trust uses the Datix Incident Report Form to capture data breaches reported by all levels of staff. During 2018/19 a total of 552 breaches were reported. Of these, 23 were externally reported on either the DSPT or IG toolkit Incident Reporting Tool. All externally reported breaches met the criteria for notification to the ICO. 1 of these met the criteria for Department of Health and Social Care and NHS England notification.

The breaches reported to the ICO required full root cause analysis investigations by investigating officers of the trust. The ICO subsequently referred a number of these to their Criminal Investigations team; none saw prosecution of individuals. Two have been closed to date with the ICO deeming the trust impose disciplinary sanction on the individual equivalent to that which a Court would have imposed.

The trust has been the subject of one complaint to the ICO by a data subject in relation to the handling of a subject access request. This complaint was received into the trust on 27th February 2019. The ICO requested the trust undertake an investigation and provide details of improvements that would be made where there had been an infringement of the data subject's rights. On receipt the ICO closed the complaint with no further action to be taken as they were assured by the trust plans to overhaul Individuals' Rights request management during the 2019/20 financial year.

The Data Protection Officer received three further complaints during the year from both patients and staff. Two related to data breach handling by the trust and have subsequently been closed as no evidence of mismanagement has been found. The third relates to handling of a subject access request and is ongoing.

During December 2018 and January 2019 the ICO carried out an agreed audit with the aim of providing the ICO and the trust with an independent opinion of the extent the trust (within the scope of this agreed audit) is complying with data protection legislation and highlight any areas of risk to compliance. The audit also reviewed the extent to which the trust (within the scope of the audit) demonstrates good practice in data protection governance and management of personal data.

The final audit report was received in March 2019; the trust has been given a 'reasonable' assurance rating indicating that:

"There is a reasonable level of assurance that processes and procedures are in place and are delivering data protection compliance. The audit has identified some scope for improvement in existing arrangements to reduce the risk of non-compliance with data protection legislation."

One area of good practice was identified by the Audit team relating to the Committee Effectiveness Reviews completed by Corporate Governance:

"The effectiveness of the IMG has been assessed by the trust's Corporate Governance department which undertakes regular reviews of this kind of the trust committees to assess how well they are carrying out their function."

The final report also contains details of all observations and non-conformities identified during the course of the audit. Recommendations have been made based on the ICO Audit team's findings. An action plan to remedy these has been agreed by the Executive Management Team (EMT).

The IMG work plan has been updated to include monitoring of completion of the action plan at each meeting until January 2020 when final confirmation of completion will have been received from the ICO after their follow up audit which is scheduled for the week commencing 11 November 2019.

Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

The trust's Quality Account for 2018/19 reports on key indicators of quality relating to patient safety, clinical effectiveness and patient experience which is reviewed by the Executive Management Team and the Quality Committee before presentation to the Board of Directors, for final approval.

The trust has an agreed plan in place to progress the Quality Account for 2018/19 to ensure that appropriate

stakeholder engagement takes place, it presents a balanced view and that checks and balances are in place to ensure data accuracy.

During the year, senior managers of the trust have also engaged in a number of meetings with individual CCG governing bodies; Local Authority Scrutiny Committees and Healthwatch colleagues to allow an opportunity to consider performance, quality and safety issues in greater depth.

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the Audit Committee; Finance Investment and Planning Committee; Workforce Committee, Performance Committee and Quality Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review is informed in a number of ways:

- The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Board Assurance Framework and on the controls reviewed as part of the internal audit work.
- Executive Directors and senior managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance.
- The Board Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the key risks to the organisation achieving its strategic objectives have been reviewed.
- The outcome of the CQC inspection during Q2 of 2018/19 and the overall rating of 'Good' including the Well-Led rating of 'Good'

My review is also informed by:

- The NHS Information Governance Toolkit
- Assessment against the NHS Counter Fraud Authority Standards for Providers
- Peer reviews within the ambulance service sector
- Internal Audit reports
- Clinical Audit findings
- External audit reports
- External consultancy reports on key aspects of trust governance

The trust Board seeks assurance that risk management systems and processes are identifying and managing risks to the organisation appropriately through the following:

- At least annually; a review of the effectiveness of the trust's system of internal control
- The trust Board ensures that the review covers all material controls, including financial, clinical, operational and compliance controls, and risk management systems
- A two yearly review of the Risk Management Policy
- A quarterly presentation of the Board Assurance Framework at Board meetings
- Monthly integrated performance reporting at Board meetings outlining achievement against key performance, safety and quality and finance indicators
- Assurance reports at each meeting, providing information on progress against compliance with national standards
- Assurance from internal and external audit reports that the trust's risk management systems are being implemented

The follow-up of internal audit recommendations are regularly monitored by the Executive Management Team, Internal Audit and the Audit Committee. The trust has a comprehensive risk-based internal audit plan in place and this programme was delivered in full during 2018/19. The outcomes of the 2018/19 internal audit programme, reported via the Head of Internal Audit Opinion, which overall gave the trust substantial assurance - there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently. During the year the following audit assurance outcomes were reported:

- Four audits were assessed as High Assurance
- Six audits were assessed as Substantial Assurance
- Two audits were assessed as Moderate Assurance
- Five audits were assessed as Limited Assurance, and;
- No audits were assessed as No Assurance

The trust's internal auditors have also supported the organisation in strengthening arrangements in respect of risk management and internal control. The 2018/19 Internal Audit programme of audit work has provided assurance across the organisation's critical business systems, namely Financial Systems, IM&T, Performance, Quality, Workforce, Governance and Risk and Legality. Recommendations made have resulted in actions taken to further strengthen systems and control in year.

There has been effective utilisation of internal audit in respect of advice and guidance relating to the trust's system and processes. There have also been flexibility and changes to the audit plan to reflect emerging risks and issues in 2018/19 where required which has added value. The provision of briefings, involvement through Mersey Internal Audit Agency learning events and information provided related to benchmarking and outcome reporting have also supported the organisation in strengthening arrangements.

During 2018/19, the trust Clinical Audit department participated in 100% of national clinical audits (as a provider of information only) and these are as follows:

- National Ambulance Clinical Quality Indicators, a national audit of the care of the patients who were assessed by ambulance clinicians as:
  - Suffering a pre-hospital cardiac arrest
  - Suffering a pre-hospital heart attack
  - Suffering a stroke
  - Suffering from sepsis
- Trauma Audit and Research Network (TARN) a national audit of the care of patients suffering acute trauma.
- Myocardial Ischaemia National Audit Project (MINAP) a national audit of the care of patients suffering a heart attack
- Out of Hospital Cardiac Arrest Outcomes Audit, a national audit as a result of an observational study sponsored by the University of Sheffield.
- Stroke Sentinel Stroke National Audit Programme, a national audit to improve the quality of stroke care by auditing stroke services against evidence based standards.

Participation in these audits ensure we are continuously monitoring and improving patient care.

Conclusion

I confirm that the statements made in this report are correct for the period 1 April 2018 through to 31 March 2019 and up to the date of approval of the annual report and accounts and that there have been no significant internal control or governance issues and I confirm that there were sound systems of internal control in place to support the delivery of the trust's aims and objectives.

Daren Mochrie QAM
Chief Executive

Date: 24 May 2019

REMUNERATION REPORT

The North West Ambulance Service NHS Trust has established a Nominations and Remuneration Committee that advises the Board of Directors with regard to the appropriate remuneration and terms of service of the Chief Executive and other Executive Directors including:

- All aspects of salary
- Provision of other benefits
- Arrangements for termination of employment and other contractual terms.

The members of the Committee are the Chair and Non- Executive Directors. The Chief Executive, other Directors and any other officers in attendance are not present for discussions about their own remuneration and terms of service.

Policy on Remuneration

The determination of salaries for senior managers for 2018/19 onwards is informed by national guidelines regarding Very Senior Managers pay which cover the Chief Executive and Executive Director posts and where appropriate are approved by NHS Improvement. Other director positons are determining using national job evaluation processes and Agenda for Change terms and conditions of employment.

Contracts of Employment

The Executive Management Team are employed on full time contracts, apart from the current Medical Director who is part time. The period of notice required for these posts is six months.

Termination payments are governed by guidelines set by HM Treasury that allow for compensation to be paid in relation to the notice period given, together with any statutory redundancy settlement, if applicable. Any exceptions to this require the prior approval of NHS Improvement and the Treasury.

Performance Related Pay

The remuneration paid to senior managers during 2018/19 would include performance related pay for 2018/19, although no such awards were made in relation to 2018/19 performance. The broad arrangements for annual salary uplifts and the performance bonus scheme are specified in The Pay Framework for Very Senior Managers in Strategic and Special Health Authorities, Primary Care Trusts and Ambulance Trusts (June 2013) and in the subsequent Guidance on pay for Very Senior Managers in NHS Trusts and Foundation Trusts (February 2017).

There is the option to apply a performance bonus to the top 25% of Directors based on comparative performance and this can be a maximum of 5% of salary paid on a non-consolidated basis for one year. The award can only be paid to Directors rated as Outstanding or Exceeding Expectations. The application of these arrangements locally are determined by the Nominations and Remuneration Committee, which has responsibility for determining the pay of the Chief Executive and Directors on VSM contracts, working within the terms of the VSM pay framework. Evaluation of performance is based on SMART objectives which are incorporated in the performance plans of Directors subject to the VSM pay framework. Performance in delivering these objectives at the year-end is reviewed via individual performance review meetings but would be signed off ultimately on a collective basis by the Nominations and Remuneration Committee.

The nationally agreed salary uplift was applied to the salaries of Directors in 2018/19 subject to the qualifying criteria laid out by NHSI. This was a consolidated award of £2,705 paid in February 2019.

Details of senior managers' remuneration and pensions are shown in the following tables.

Salaries and allowances 2018/19 (subject to audit)

NAME AND TITLE	SALARY (BANDS OF £5,000)	EXPENSE PAYMENTS (TAXABLE) TO NEAREST £100	PERFORMANCE PAY AND BONUSES (BANDS OF £5,000)	LONG TERM PERFORMANCE PAY AND BONUSES (BANDS OF £5,000)	ALL PENSION-RELATED BENEFITS (BANDS OF £2,500)	TOTAL (BANDS OF £5,000)
	£000	£00	£000	£000	£000	£000
Wyn Dignan Chair	25 - 30	-	-	-	-	25 - 30
Executive Directors						
Derek Cartwright Chief Executive (Retired 30 June 2018)	35 - 40	0	-	-	0	35 - 40
Michael Forrest Interim Chief Executive (from 1 July 2018)	135 - 140	10,400	-	-	0	145 - 150
Tracy Ellery Director of Finance (Retired 31 January 2019)	95 - 100	10,400	-	-	0	80 - 85
David Radcliffe Medical Director	95 - 100	2,600	-	-	40 - 42.5	140 - 145
Ged Blezard Director of Operations	105 - 110	5,100	-	-	0 - 2.5	110 - 115
Maxine Power Director of Quality, Innovation and Improvement	110 - 115	9,200	-	-	12.5 - 15	130 - 135
Angela Wetton Director of Corporate Affairs	85 - 90	8,900	-	-	0	95 - 100
Salman Desai Director of Strategy and Planning	110 - 115	4,800	-	-	50 - 52.5	165 - 170
Lisa Ward Interim Director of Organisational Development	70 - 75	4,600	-	-	67.5 - 70	145 - 150
Michelle Brooks Interim Director of Finance (started 1 February 2019)	15 - 20	0	-	-	42.5 - 45	60 - 65
Non-Executive Directors						
Peter White Non-Executive Director	10 - 15	-	-	-	-	10 - 15
Michael O'Connor Non-Executive Director	5 - 10	-	-	-	-	5 - 10
Mark Tattersall Non-Executive Director	5 - 10	-	-	-	-	5 - 10
Zahid Chauhan Non-Executive Director	0 - 5	-	-	-	-	0 - 5
Richard Groome Non-Executive Director	5 - 10	-	-	-	-	5 - 10
Maria Ahmed Non-Executive Director	0 - 5	-	-	-	-	0 - 5

Salaries and allowances 2017/18 (subject to audit)

NAME AND TITLE	SALARY (BANDS OF £5,000)	EXPENSE PAYMENTS (TAXABLE) TO NEAREST £100	PERFORMANCE PAY AND BONUSES (BANDS OF £5,000)	LONG TERM PERFORMANCE PAY AND BONUSES (BANDS OF £5,000)	ALL PENSION-RELATED BENEFITS (BANDS OF £2,500)	TOTAL (BANDS OF £5,000)
	£000	£00	£000	£000	£000	£000
Wyn Dignan Chair	35 - 40	-	-	-	-	35 - 40
Executive Directors						
Derek Cartwright Chief Executive (Retired 30 June 2018)	145 - 150	8,900	-	-	0	150 - 155
Michael Forrest Interim Chief Executive (from 1 July 2018)	100 - 105	9,400	-	-	0 - 2.5	110 - 115
Tracy Ellery Director of Finance (Retired 31 January 2019)	105 - 110	9,400	-	-	15 - 17.5	135 - 140
David Radcliffe Medical Director	95 - 100	5,900	-	-	105 - 107.5	205 - 210
Ged Blezard Director of Operations	105 - 110	4,400	-	-	112.5 - 115	220 - 225
Maxine Power Director of Quality, Innovation and Improvement	50 - 55	3,100	-	-	15 - 17.5	65 - 70
Angela Wetton Director of Corporate Affairs	85 - 90	500	-	-	0	85 - 90
Salman Desai Director of Strategy and Planning	110 - 115	4,300	-	-	407.5 - 410	590 - 595
Lisa Ward Interim Director of Organisational Development	-	-	-	-	-	-
Michelle Brooks Interim Director of Finance (started 1 February 2019)	-	-	-	-	-	-
Non-Executive Directors						
Peter White Non-Executive Director	5 - 10	-	-	-	-	5 - 10
Michael O'Connor Non-Executive Director	5 - 10	-	-	-	-	5 - 10
Mark Tattersall Non-Executive Director	5 - 10	-	-	-	-	5 - 10
Zahid Chauhan Non-Executive Director	0 - 5	-	-	-	-	0 - 5
Richard Groome Non-Executive Director	5 - 10	-	-	-	-	5 - 10
Maria Ahmed Non-Executive Director	-	-	-	-	-	-

Pension benefits (subject to audit)

NAME OF SENIOR MANAGER AND TITLE	REAL INCREASE IN PENSION AT AGE 60 (BANDS OF £2,500)	REAL INCREASE IN PENSION LUMP SUM AT AGE 60 (BANDS OF £2,500)	TOTAL ACCRUED PENSION AT AGE 60 AT 31 MARCH 2019 (BANDS OF £5,000)	LUMP SUM AT AGE 60 RELATED TO ACCRUED PENSION AT 31 MARCH 2019 (BANDS OF £5,000)	CASH EQUIVALENT TRANSFER VALUE AT 1 APRIL 2019	REAL INCREASE/ (DECREASE) IN CASH EQUIVALENT TRANSFER VALUE	CASH EQUIVALENT TRANSFER VALUE AT 31 MARCH 2018	EMPLOYERS CONTRIBUTION TO STAKEHOLDER PENSION
	£000	£000	£000	£000	£000	£000	£000	£000
Derek Cartwright Chief Executive (Retired 30 June 2018)	-5 - -2.5	7.5 - 10	40,001 - 45,000	175,001 - 180,000	0	0	1,164	5
Tracy Ellery Director of Finance (Retired 31 January 2019)	-2.5 - 0	-2.5 - 0	50,001 - 55,000	150,001 - 155,000	0	0	1,142	13
David Ratcliffe Medical Director	2.5 - 5	0 - 2.5	25,001 - 30,000	55,001 - 60,000	492	74	392	14
Ged Blezard Director of Operations	0 - 2.5	-5 - -2.5	40,001 - 45,000	110,001 - 115,000	887	81	768	16
Maxine Power Director of Quality, Improvement and Innovation	0 - 2.5	-2.5 - 0	30,001 - 35,000	65,001 - 70,000	582	61	491	16
Angela Wetton Director of Corporate Affairs	0 - 2.5	0 - 3.5	0,001 - 5,000	0,001 - 5,000	0	0	0	0
Salman Desai Director of Strategy and Planning (from 1 July 2017)	2.5 - 5	2.5 - 5	25,001 - 30,000	60,001 - 65,000	439	82	335	13
Lisa Ward Interim Director of Organisational Development	2.5 - 5	2.5 - 5	20,001 - 25,000	45,001 - 50,000	404	64	296	10
Michelle Brooks Interim Director of Finance (started 1 February 2019)	0 - 2.5	0 - 2.5	25,001 - 30,000	60,001 - 65,000	442	11	350	2

Notes to accompany remuneration tables:

Auditable Content
Salaries and Allowances 2018/19
Pension Benefits
Staff Numbers and Costs
Exit Packages

Pay Multiples
Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the trust's highest paid director in North West Ambulance NHS Trust in the financial year 2018/19 was £144k (2017/18 £146k). This was 4.80 times (2017/18 – 4.84 times) the median remuneration of the workforce which was £29.9 (2017/18 – £29.7k).

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

Cash Equivalent Transfer Values
A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV
This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Compensation for Loss of Office
There were no such payments made during 2018/19.

Payments to Past Directors
There were no such payments made during 2018/19.

STAFF REPORT

Executive Directors

During the year the trust had six Director positions for which VSM salaries are payable and during this period employed eight individuals on VSM salaries. Two of these individuals were internal interim appointments to cover the vacancies within the Executive Management Team following retirements.

For further details please see the Remuneration Report table.

Non-Executive Directors

During the year the trust had the following Non-Executive Directors in place:

- Five Non-Executive Directors on Non-Executive pay bands
- Chair of the Trust Board on Chair Pay band

Whilst Non-Executive Directors and the Trust Board Chairman are senior Managers of the organisation, they are not trust staff and their terms and conditions are determined by NHS Improvement. During 2018/19, two Non-Executive Directors left the trust following expiry of their terms of office, one of which had their terms of office renewed for a two month period by NHS Improvement.

For further details please see the Remuneration Report table.

Senior Manager by Band

The trust's definition of a senior manager is the Chief Executive and Director posts. For a breakdown of salary bands, please refer to the Salaries and Allowances detailed within the Remuneration Report.

Staff Numbers and costs
(subject to audit)

The breakdown of staff at 31 March 2019 is as follows:

	2018-19			2017-18
AVERAGE NUMBER OF EMPLOYEES (WTE BASIS)	**PERMANENT**	**OTHER**	**TOTAL**	**TOTAL**
	NUMBER	**NUMBER**	**NUMBER**	**NUMBER**
Medical and dental	2	-	2	1
Ambulance staff	5,173	-	5,173	5,036
Administration and estates	505	32	537	484
Healthcare assistants and other support staff	86	21	107	90
Nursing, midwifery and health visiting staff	57	25	82	68
Other	11	-	11	11
TOTAL AVERAGE NUMBERS	**5,834**	**78**	**5,912**	**5,690**
Of which:				
Number of employees (WTE) engaged on capital projects	-	-	-	-

	2018-19			2017-18
STAFF COSTS	**PERMANENT**	**OTHER**	**TOTAL**	**TOTAL**
	£000	**£000**	**£000**	**£000**
Salaries and wages	196,773	202	196,975	184,566
Social security costs	18,995	-	18,995	17,930
Apprenticeship levy	973	-	973	918
Employer's contributions to NHS pensions	24,268	-	24,268	22,573
Pension cost - other	-	-	-	-
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	101	-	101	1,994
Temporary staff	-	2,976	2,976	2,136
Total gross staff costs	**241,110**	**3,178**	**244,288**	**230,117**
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	**241,110**	**3,178**	**244,288**	**230,117**
Of which:				
Costs capitalised as part of assets	-	-	-	-

Staff Composition and Staff Policies

NWAS is striving towards having a workforce which is representative of the communities we serve across the North West and being an employer of choice for all.

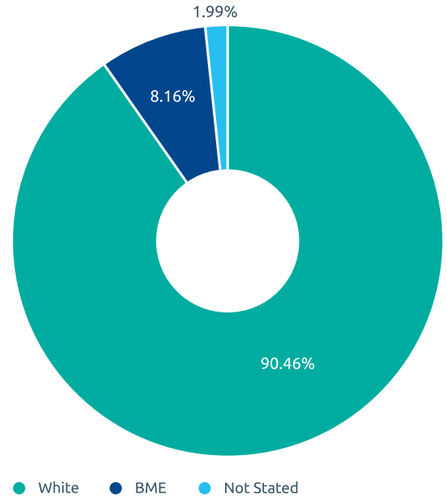
As required within the NHS contract, the trust published the Workforce Race Equality Standard (WRES) data during the summer of 2018. The data continued to show an increase in the ethnic diversity of staff within the trust and positive trends for recruitment.

The second set of mandatory Gender Pay Gap reporting has been published, which relates to data up to end March 2018. The gap in the hourly rate of pay between male and female staff widened slightly from of 7.1% to 7.9% using the average calculation and from 6.3% to 6.9% using the median calculation. However the overall representation of female staff increased within the trust, from 46.47% at the end of 2017 to 47.93% by the end of 2018. Representation within each of the quartiles showed an increase, with the top-earning quartile having been a key area of focus however the success of recruiting women into entry level roles at higher rates then progression opportunities has impacted on the overall gender pay gap. Various actions have been outlined in the previous EDI Section.

The number of disabled staff within NWAS has increased to 220 staff, which represents 3.53% of the overall workforce. A combination of factors, including a data cleanse exercise and promoting the support available to disabled employees, has reduced the 'unknown' status with regards to disability in the workplace from over 20% to 16.01% within a 12 month period too. Discussions around disability in the workplace through a dedicated staff forum will continue to raise the profile of conditions and explore real and perceived limitations of candidates and staff.

NWAS continues to review various other aspects of the workforce, including flexible working, religion and sexual orientation. Regular inter-departmental meetings to review progress on race and gender equality ensure focus on these areas, while the experiences of LGBT staff are discussed with the local NWAS LGBT network and work with the Disability Forum continues to develop.

BME at 31st March 2019 - % of staff



Ethnicity Breakdown

B	White - Irish
C	White - Any other White background
C3	White Unspecified
CA	White English
CB	White Scottish
CC	White Welsh
CP	White Polish
CY	White Other European
D	Mixed - White & Black Caribbean
E	Mixed - White & Black African
F	Mixed - White & Asian
G	Mixed - Any other mixed background
GA	Mixed - Black & Asian
GF	Mixed - Other/Unspecified
H	Asian or Asian British - Indian
J	Asian or Asian British - Pakistani
K	Asian or Asian British - Bangladeshi
L	Asian or Asian British - Any other Asian background
LH	Asian British
M	Black or Black British - Caribbean
N	Black or Black British - African
P	Black or Black British - Any other Black background
PA	Black Somali
PD	Black British
R	Chinese
S	Any Other Ethnic Group
SE	Other Specified

Gender Senior Managers (Band B) at 31 March 2019

62.50% Male
37.50% Female

Gender - Employees at 31 March 2019

51.50% Male
48.50% Female

Gender - Directors (Exec and Non Exec) at 31 March 2019

63.64% Male
34.36% Female

Sickness Absence Data

	2018/19	2017/18
Total Days Lost	74,383	71,873
Total Staff Years	5,757	5,587
Average working days lost	13	13

Expenditure on Consultancy

The expenditure on consultancy costs during 2018/19 was £187 in year.

Ill Health Retirements

During 2018/19 there were seven early retirements from the trust agreed on the grounds of ill-health (15 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £504k (£714k in 2017/18).

Off-Payroll Engagements

There are no off-payroll engagements to disclose during 2018/19.

Table 1:
Off-Payroll Engagements longer than six months

For all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last longer than six months:

	NUMBER
Number of existing engagements as of 31 March 2018	**0**
Of which, the number that have existed:	
For less than one year at the time of reporting	0
For between one and two years at the time of reporting	0
For between 2 and 3 years at the time of reporting	0
For between 3 and 4 years at the time of reporting	0
For 4 or more years at the time of reporting	0

Table 2:
New Off-Payroll Engagements

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2018 and March 2019, for more than £245 per day and that last for longer than six months.

	NUMBER
Number of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	**0**
Of which:	
No assessed as caught by IR35	0
No assessed as not caught by IR35	0
No engaged directly (via PSC contracted to department) and are on the departmental payroll	0
No of engagements reassessed for consistency/assurance during the year	0
No of engagements that saw a change to IR35 following the consistency review	0

Table 3:
Off-payroll board Member/Senior Official Engagements

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019

	NUMBER
Number of off-payroll engagements or board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both on payroll and off-payroll engagements.	0

Exit Packages (subject to audit)

The trust operated a Mutually Agreed Resignation Scheme (MARS) in 2017/18 and in 2018/19 there were three redundancies as a result of organisational change:

	2018-19			2017-18		
EXIT PACKAGE COST BAND (INCLUDING ANY SPECIAL PAYMENT ELEMENT)	NUMBER OF COMPULSORY REDUNDANCIES AGREED	NUMBER OF OTHER DEPARTURES AGREED	TOTAL NUMBER OF DEPARTURES AGREED	NUMBER OF COMPULSORY REDUNDANCIES AGREED	NUMBER OF OTHER DEPARTURES AGREED	TOTAL NUMBER OF DEPARTURES AGREED
<£10,000	-	-	-	-	6	6
£10,001 - £25,000	2	-	2	-	19	19
£25,001 - £50,000	-	-	-	-	36	36
£50,001 - £100,000	1	-	1	-	7	7
Total number of exit packages by type	**3**	**-**	**3**	**-**	**68**	**68**
Total resource cost (£)	£101,000	-	£101,000	-	£1,928,000	£1,928,000

Redundancy and other departure costs were paid in accordance with the provisions of the NHS Agenda for Change. All three redundancy exit packages in 2018/19 are associated with the relocation of a service to a new site. In 2017/18 the terms of the mutually agreed resignation scheme (MARS were in line with national provisions for such schemes and was approved by NHS Improvement as required by the national arrangements.

There were no non-compulsory departures agreed in 2018/19, whereas in 2017/18 all MARS departures were voluntary at the cost of £1,928m as per the table above.

Where the trust has agreed early retirements, the additional costs are met by the trust and not by the NHS pensions scheme. There were no such payments in 2018/19 or 2017/18. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

This disclosure reports the number and value of exit packages agreed during 2018/19. Note: The expense associated with these departures may have been recognised in part or in full in a previous period.

AUDIT REPORT

Independent Auditor's Report to the Board of Directors of North West Ambulance Service NHS Trust

Report on the audit of the Financial Statements

Opinion

We have audited the financial statements of North West Ambulance Service NHS Trust ("the trust") for the year ended 31 March 2019 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the trust's affairs as at 31 March 2019 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as being relevant to NHS Trusts in England and included in the Department of Health Group Accounting Manual 2018/19.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Directors have prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least a year from the date of approval of the financial statements. In our evaluation of the Director's conclusions we considered the inherent risks to the trust's operations, including the impact of Brexit, and analysed how these risks might affect the trust's financial resources, or ability to continue its operations over the going concern period. We have nothing to report in these respects.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the trust will continue in operation.

Other information in the Annual Report

The Accountable Officer is responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information. In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health Group Accounting Manual 2018/19. We have nothing to report in this respect.

Remuneration and Staff Report

In our opinion the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Department of Health Group Accounting Manual 2018/19.

Directors' and Accountable Officer's responsibilities

As explained more fully in the statement set out on page [A], the directors are responsible for: the preparation of financial statements that give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the trust without the transfer of its services to another public sector entity . As explained more fully in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the trust, on page 55 the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

Report on other Legal and Regulatory Matters

Report on the trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

Under the Code of Audit Practice we are required to report to you if the trust has not made proper arrangement for securing economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained in the statement set out on page 55, the Chief Executive, as the Accountable Officer, is responsible for ensuring that value for money is achieved from the resources available to the trust. We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit and Accountability Act 2014 to be satisfied that the trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017 as to whether the trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the trust, or an officer of the trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the trust under section 24 of the Local Audit and Accountability Act 2014.

We have nothing to report in these respects.

The purpose of our Audit work and to whom we owe our responsibilities

This report is made solely to the Board of Directors of North West Ambulance Service NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Board of the trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of the trust, as a body, for our audit work, for this report or for the opinions we have formed.

Certificate of Completion of the Audit

We certify that we have completed the audit of the accounts of North West Ambulance Service NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Timothy Cutler
for and on behalf of KPMG LLP,
Statutory Auditor Chartered Accountants

St James Square
Manchester

29 May 2019

FINANCIAL STATEMENTS

Annual accounts for the year ended 31 March 2019

Statement of Comprehensive Income for year ended 31 March 2019

	NOTE	2018-19 £000s	2017-18 £000s
Operating income from patient care activities	3	328,699	316,851
Other operating income	4	13,088	10,880
Operating expenses	6, 7	(336,636)	(321,954)
Operating surplus/(deficit) from continuing operations		**5,151**	**5,777**
Finance income	11	251	105
Finance expenses	12	11	(18)
PDC dividends payable		(1,324)	(943)
Net finance costs		**(1,062)**	**(856)**
Other gains / (losses)	13	185	275
Surplus / (deficit) for the year		**4,274**	**5,196**
Other Comprehensive Income			
Will not be reclassified to income and expenditure:			
Impairments	7	125	136
Revaluations	15	543	353
Total comprehensive income / (expense) for the period		**4,942**	**5,685**
Financial performance for the year			
Surplus / (deficit) for the period		4,274	5,196
Remove impact of consolidating NHS charitable fund		-	-
Remove net impairments not scoring to the Departmental expenditure limit		1,024	814
Remove I&E impact of capital grants and donations		21	21
Remove 2016/17 post audit PSF reallocation (2017/18 only)		-	(419)
Adjusted financial performance surplus / (deficit)		**5,319**	**5,612**

Statement of Financial Position as at 31 March 2019

	NOTE	31 MARCH 2019 £000s	31 MARCH 2018 £000s
Non-current assets:			
Intangible assets	14	1,781	1,401
Property, plant and equipment	15	90,635	80,475
Trade and other receivables	17	1,396	1,405
Total non-current assets		**93,812**	**83,281**
Current assets:			
Inventories	16	897	764
Receivables	17	12,407	12,945
Non-current assets held for sale / assets in disposal groups	18	209	209
Cash and cash equivalents	19	40,962	42,207
Total current assets		**54,475**	**56,125**
Current liabilities			
Trade and other payables	20	(31,630)	(33,847)
Provisions	24	(5,493)	(5,134)
Other liabilities	21	(874)	(752)
Total current liabilities		**(37,997)**	**(39,733)**
Total assets less current liabilities		**110,290**	**99,673**
Non-current liabilities			
Borrowings	22	(78)	(79)
Provisions	24	(17,377)	(18,322)
Total non-current liabilities		**(17,455)**	**(18,401)**
Total assets employed		**92,835**	**81,272**
Financed by:			
Public dividend capital		99,341	92,720
Revaluation reserve		3,349	2,945
Income and expenditure reserve		(9,855)	(14,393)
Total taxpayers' equity		**92,835**	**81,272**

The notes on pages 6 to 32 form part of these accounts.

Daren Mochrie QAM
Chief Executive

Date: 24 May 2019

Statement of Changes in Equity for the year ended 31 March 2019

	PUBLIC DIVIDEND CAPITAL	REVALUATION RESERVE	INCOME AND EXPENDITURE RESERVE	TOTAL
	£000s	£000s	£000s	£000s
Taxpayers' equity at 1 April 2018 - brought forward	**92,720**	**2,945**	**(14,393)**	**81,272**
Surplus/(deficit) for the year	-	-	4,274	4,274
Other transfers between reserves	-	(264)	264	-
Impairments	-	125	-	125
Revaluations	-	543	-	543
Public dividend capital received	6,621	-	-	6,621
Transfer to FT upon authorisation	-	-	-	-
Taxpayers' equity at 31 March 2018	**99,341**	**3,349**	**(9,855)**	**92,835**

Statement of Changes in Equity for the year ended 31 March 2019

	PUBLIC DIVIDEND CAPITAL	REVALUATION RESERVE	INCOME AND EXPENDITURE RESERVE	TOTAL
	£000s	£000s	£000s	£000s
Taxpayers' equity at 1 April 2017 - brought forward	**92,538**	**2,713**	**(19,846)**	**75,405**
Prior period adjustment	-	-	-	-
Taxpayers' equity at 1 April 2017 - restated	**92,538**	**2,713**	**(19,846)**	**75,405**
Surplus/(deficit) for the year	-	-	5,196	5,196
Other transfers between reserves	-	(199)	199	-
Impairments	-	136	-	136
Revaluations	-	353	-	353
Transfer to retained earnings on disposal of assets	-	(58)	58	-
Public dividend capital received	182	-	-	182
Taxpayers' equity at 31 March 2018	**92,720**	**2,945**	**(14,393)**	**81,272**

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Financial assets reserve / Available-for-sale investment reserve

This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevivable election at recognition.

Income and expenditure reserve

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

Statement of Cash Flow for the year ending 31 March 2019

	NOTE	2018-19 £000s	2017-18 £000s
Cash Flows from Operating Activities			
Operating surplus / (deficit)		5,151	5,777
Non-cash income and expense:			
Depreciation and amortisation	6	10,363	9,739
Net impairments	7	1,024	814
(Increase) / decrease in receivables and other assets		506	(670)
(Increase) / decrease in inventories		(133)	128
Increase / (decrease) in payables and other liabilties		4,096	748
Increase / (decrease) in provisions		(569)	(792)
Net cash generated from / (used in) operating activities		**20,438**	**15,744**
Cash flows from investing activities			
Interest received		251	105
Purchase of intangible assets		(857)	(452)
Sales on intangible asstes		-	-
Purchase of property, plant, equipment and investment property		(26,976)	(10,862)
Sales of property, plant, equipment and investment property		568	1,201
Net cash generated from / (used in) investing activities		**(27,014)**	**(10,008)**
Cash flows from financing activities			
Public dividend capital received		6,621	182
Capital element of finance lease rental payments		(1)	-
Interest paid on finance lease liabilities		(6)	(10)
PDC dividend (paid) / refunded		(1,283)	(985)
Net cash generated from / (used in) financing activities		**5,331**	**(813)**
Increase / (decrease) in cash and cash equivalents		**(1,245)**	**4,923**
Cash and cash equivalents at 1 April 2017 - restated		**42,207**	**37,284**
Cash and cash equivalents at 31 March 2019	**19.1**	**40,962**	**42,207**

Note 1
Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention

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

Note 1.2 Going concern

These accounts have been prepared on a going concern basis on the basis that the NWAS services are expected to continue in the future as evidenced by the inclusion of financial provision for the services in the published accounts. Contracts are in place for NWAS to continue to provide PES, 111 and PTS services until at least 2019/20, 2020/21 and 2021/22 respectively.

Note 1.3 Revenue

Note 1.3.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

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

Revenue from NHS contracts

The main source of income for the trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patients. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the trust accrues income relating to activity delivered in that year.

The trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

NHS injury cost recovery scheme

The trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.3.2 Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.3.3 Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.4 Expenditure on employee benefits

Short-term employee benefits

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

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme.

Employer's pension cost contributions are charged to operating expenses as and when they become due. Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.5 Expenditure on other goods and services

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

Note 1.6 Property, plant and equipment

Note 1.6.1 Recognition

Property, plant and equipment is capitalised where:

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

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

Note 1.6.2 Measurement

Valuation

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

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

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

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

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

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

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for

recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

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

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

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

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

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

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

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

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Note 1.6.3 De-recognition
Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable ie:
- management are committed to a plan to sell the asset
- an active programme has begun to find a buyer and complete the sale
- the asset is being actively marketed at a reasonable price
- the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
- the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

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

Note 1.6.4 Donated and grant funded assets
Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

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

Note 1.6.5 Useful lives of property, plant and equipment

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

	MIN LIFE	MAX LIFE
	YEARS	YEARS
Land	-	-
Buildings, excluding dwellings	17	66
Plant & machinery	4	25
Transport equipment	2	14
Information technology	3	15
Furniture & fittings	2	20

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.7 Intangible assets

Note 1.7.1 Recognition
Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

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

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the trust intends to complete the asset and sell or use it
- the trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset and
- the trust can measure reliably the expenses attributable to the asset during development.

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

Note 1.7.2 Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

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

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

Note 1.7.3 Useful economic life of intangible assets
Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	MIN LIFE	MAX LIFE
	YEARS	YEARS
Software licenses	1	7

Note 1.8 Inventories
Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

Note 1.9 Cash and cash equivalents
Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

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

Note 1.10 Financial assets and financial liabilities

Note 1.10.1 Recognition
Financial assets and financial liabilities arise where the trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

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

Note 1.10.2 Classification and measurement
Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost
Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Impairment of financial assets
For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets , the trust recognises an allowance for expected credit losses.

The trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

The trust has reviewed it's historical credit losses to determine it's potential risk percentage for different class of debtors and applied this potential risk to the current debts in order to arrive at the impairment.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Note 1.10.3 Derecognition
Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.11 Leases
Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Note 1.11.1 The trust as lessee
Finance leases
Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases
Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings
Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.11.2 The trust as lessor
Finance leases
Amounts due from lessees under finance leases are recorded as receivables at the amount of the trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases."

Operating leases
Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.12 Provisions
The trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs
NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 24.2 but is not recognised in the trust's accounts.

Non-clinical risk pooling
The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.13 Contingencies
Contingent liabilities are not recognised, but are disclosed in note 25, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:
• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.14 Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.15 Value added tax
Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.16 Third party assets
Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's Group Accounting Manual (GAM).

Note 1.17 Losses and special payments
Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.18 Gifts
Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.19 Critical judgements in applying accounting policies
The following are the judgements, apart from those involving estimations (see below) that management has made in the

process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

Operating Lease Commitments
The trust leases a number of its vehicles. As management has determined that the trust has not obtained substantially all the risks and rewards of ownership the leases have been classified as operating leases and accounted for accordingly.

Segmental Reporting
Management has determined that it operates only in one segment, that of healthcare.

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Revaluation of Property, Plant and Equipment
The trust had a desktop, independent estate valuation undertaken as at 30th November 2018 by Deloitte LLP. The trust is confident that, given the proximity of this exercise to the 31st March 2019, this valuation is an accurate reflection of asset value. Deloitte LLP have a detailed understanding of the trust estate and all material estates works undertaken between evaluations were taken into account. It is impracticable to disclose the extent of the possible effects of an assumption or another source of estimation uncertainty at the end of the reporting period. On the basis of existing knowledge, outcomes within the next financial year that are different from the assumption around the valuation of our land, property, plant and equipment could require a material adjustment to the carrying amount of the asset or liability recorded in note 15.

Provisions
The trust has taken a prudent view on estimating potential risk associated with various staff related costs i.e. tribunals, injury benefits, Permanent Injury Benefits (PIB) and others. These are based upon most current information available from various bodies such as NHS Resolution (formally NHS Litigation Authority (NHSLA)), national census information, legal professionals etc.

Note 1.20 Early adoption of standards, amendments and interpretations
No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

Note 1.21 Standards, amendments and interpretations in issue but not yet effective or adopted
• IFRS 16 Leases – Application required for accounting periods beginning on or after 1 April 2020, but not yet adopted by the GAM: early adoption is not therefore permitted. In the case of IFRS 16, there will be a requirement for the trust to recognise the underlying assets (represented by the present value of the lease payments) and corresponding liabilities inherent in all of its lease agreements (and contracts containing leases), in addition, the income statement will be charged with depreciation and interest instead of the lease payments, which is expected to 'front load' the expense to the earlier part of the agreement, but at this stage it is not expected that this will represent a material adjustment.

Note 2
Operating segments

The trust has judged that it only operates as one business segment, that of healthcare.

98% (£332m) of the trust's income in 2018/19 (2017-18 £322m 98%) is received from NHS organisations such as Commissioners for NHS patient care services.

Note 3
Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3.1

Note 3.1 Income from patient care activities (by nature)

	2018/19	2017/18
	£000	£000
A & E income	253,950	249,487
Patient transport services income	41,338	40,968
Other income	29,927	26,396
Agenda for Change pay award central funding*	3,484	-
Total income from activities	328,699	316,851

*Agenda for Change pay award central funding - income distributed to all trusts to pay for the nationally agreed Agenda for Change pay award. It was paid directly to the trust from the Department of Health. There are corresponding increases in Staff and executive directors costs. There was no such costs and income in 2017/18.

Note 3.2 Income from patient care activities (by source)
Income from patient care activities received from:

	2018/19	2017/18
	£000	£000
NHS England	116	102
Clinical commissioning groups	323,383	314,919
Department of Health and Social Care*	3,484	-
Other NHS providers	118	285
Local authorities	10	8
Injury cost recovery scheme	1,155	1,203
Non NHS: other	433	334
Total income from activities	**328,699**	**316,851**
Of which:		
Related to continuing operations	328,699	316,851
Related to discontinued operations	-	-

* See note above in 3.1

Note 4
Other operating income

	2018/19	2017/18
	£000	£000
Other operating income from contracts with customers:		
Education and training (excluding notional apprenticeship levy income)	4,097	1,914
Non-patient care services to other bodies	549	936
Provider sustainability / sustainability and transformation fund income (PSF / STF)	5,228	4,877
Other contract income	2,886	2,560
Other non-contract operating income		
Charitable and other contributions to expenditure	328	593
Total other operating income	**13,088**	**10,880**
Of which:		
Related to continuing operations	13,088	10,880
Related to discontinued operations	-	-

Note 5
Additional information on revenue from contracts with customers recognised in the period

	2018/19
	£000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	752

Note 6
Operating expenses

	2018/19	2017/18
	£000	£000
Purchase of healthcare from non-NHS and non-DHSC bodies	2,081	2,736
Staff and executive directors costs	241,447	230,117
Remuneration of non-executive directors	65	68
Supplies and services - clinical (excluding drugs costs)	4,094	4,213
Supplies and services - general	3,077	2,469
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	**1,703**	**1,784**
Consultancy costs	**187**	**160**
Establishment	5,558	4,933
Premises	13,509	11,424
Transport (including patient travel)	38,309	39,967
Depreciation on property, plant and equipment	9,909	9,277
Amortisation on intangible assets	454	462
Net impairments	1,024	814
Movement in credit loss allowance: contract receivables / contract assets	(5)	
Movement in credit loss allowance: all other receivables and investments	-	53
Change in provisions discount rate(s)	(536)	268
Audit fees payable to the external auditor		
Audit services- statutory audit	81	75
Internal audit costs	112	98
Clinical negligence	3,377	2,994
Legal fees	387	288
Insurance	2	1

Education and training	5,722	2,451
Rentals under operating leases	5,109	6,410
Hospitality	18	17
Losses, ex gratia & special payments	721	774
Other	231	101
Total	**336,636**	**321,954**
Of which:		
Related to continuing operations	336,636	321,954
Related to discontinued operations	-	-

Note 6.1 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial years 2018/19 or 2017/18.

Note 7
Impairment of assets

	2018/19	2017/18
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Unforeseen obsolescence	163	341
Changes in market price	861	473
Total net impairments charged to operating surplus / deficit	**1,024**	**814**
Impairments charged to the revaluation reserve	(125)	(136)
Total net impairments	**899**	**678**

2009/10 was the first year of adoption for IFRS standards. From 2010/11 the new major adaption of IAS36 is that if an impairment arises from a clear consumption of economic value, this must be taken in full to the SOCE/revenue account, whatever the revaluation reserve on that asset.

The Standard's requirement to take impairments in all cases to reserves in the first instance does not apply. Where impairments are posted to the revenue account and a revaluation reserve balance does exist, a transfer is to be made from Revaluation Reserve to the General Fund/I&E Reserve. That transfer will be the lower of the total impairment or the balance available on the Revaluation Reserve. In 2018/19 two types of assets that suffered an impairment are estates and vehicles. The 2018/19 impairment on estates is attributable to the revaluation of estates. The revaluation impairment is due to the price variation and not consumption of economic value.

In order to establish the correct estates value the trust had its assets revalued as at 30th November 2018. Assets were revalued at £39.4m which is £99k less than the carrying value on the Balance Sheet. This created an increase in revaluation reserve of £668k and an impairment of £768k charged to operating expenses.

A number of vehicles were part impaired due to major parts problems. The total value of the impairment incurred was £163k and is shown as impairment due to unforeseen obsolescence relating to major part problems and £98k relates to changes in market price of the vehicle that are being sold. Note 8 Employee benefits

Note 8
Employee benefits

	2018/19	2017/18
	TOTAL £000	TOTAL £000
Salaries and wages	196,975	184,566
Social security costs	18,995	17,930
Apprenticeship levy	973	918
Employer's contributions to NHS pensions	24,268	22,573
Termination benefits	101	1,994
Temporary staff (including agency)	2,976	2,136
Total gross staff costs	**244,288**	**230,117**

Note 8.1 Retirements due to ill-health

During 2018/19 there were 7 early retirements from the trust agreed on the grounds of ill-health (15 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £504k (£714k in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 9
Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Note 10
Operating leases

Note 10.1 North West Ambulance Service NHS Trust as a lessor

The trust does not act as lessor for any leases.

Note 10.2 North West Ambulance Service NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where North West Ambulance Service NHS Trust is the lessee.

The trust is a lessee of two main types of assets such as buildings and vehicles. Buildings - various leased sites with private and other government organisations with average lease length of 10 years. Vehicles - various types of vehicles are leased by the trust where the main ones are Patient Transport vehicles and Rapid responce vehicles. Leases for vehicles are between 4 to 5 years long.

	2018/19	2017/18
	TOTAL £000	TOTAL £000
Operating lease expense		
Minimum lease payments	5,109	6,410
Total	**5,109**	**6,410**
Future minimum lease payments due:		
- not later than one year;	3,426	3,450
- later than one year and not later than five years;	6,685	7,384
- later than five years.	12,374	7,069
Total	**22,485**	**17,903**
Future minimum sublease payments to be received	-	-

Note 11
Finance income

Finance income represents interest received on assets and investments in the period.

	2018/19	2017/18
	TOTAL £000	TOTAL £000
Interest on bank accounts	251	105
Total finance income	**251**	**105**

Note 12
Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2018/19	2017/18
	TOTAL £000	TOTAL £000
Interest expense:		
Finance leases	6	10
Total interest expense	**6**	**10**
Unwinding of discount on provisions	(17)	8
Total finance costs	**(11)**	**18**

Note 13
Other gains / (losses)

	2018/19	2017/18
	TOTAL £000	TOTAL £000
Gains on disposal of assets	185	275
Total gains / (losses) on disposal of assets	**185**	**275**

Note 14
Intangible assets - 2018/19

2018-19	SOFTWARE LICENCES	INTANGIBLE ASSETS UNDER CONSTRUCTION	TOTAL
	£000s	£000s	£000s
Valuation / gross cost at 1 April 2018 - brought forward	3,500	314	3,814
Additions	690	144	834
Reclassifications	196	(196)	-
Gross cost at 31 March 2019	4,386	262	4,648
Amortisation at 1 April 2018 - brought forward	2,413	-	2,413
Provided during the year	454	-	454
Amortisation at 31 March 2019	**2,867**	**-**	**2,867**
Net book value at 31 March 2019	**1,519**	**262**	**1,781**
Net book value at 1 April 2018	**1,087**	**314**	**1,401**

2017-18	SOFTWARE LICENCES	INTANGIBLE ASSETS UNDER CONSTRUCTION	TOTAL
	£000s	£000s	£000s
Valuation / gross cost at 1 April 2017 - brought forward	3,043	-	3,043
Additions	457	314	771
Gross cost at 31 March 2018	**3,500**	**314**	**3,814**
Amortisation at 1 April 2017 - brought forward	1,951	-	1,951
Provided during the year	462	-	462
Amortisation at 31 March 2018	**2,413**	**-**	**2,413**
Net book value at 31 March 2018	**1,087**	**314**	**1,401**
Net book value at 1 April 2017	**1,092**	**-**	**1,092**

The intangible assets have finite useful lives and are amortised, from the date they are available for use, on a straight line basis over the following estimated useful lives:

	MIN LIFE	MAX LIFE
	YEARS	YEARS
Software licenses	1	7

Amortisation periods and methods are reviewed annually and adjusted if appropriate.

Intangible assets are valued using depreciated replacement cost and held at cost less depreciation value.

Note 15
Property, plant and equipment

Note 15.1 Property, plant and equipment - 2018/19

	LAND	BUILDINGS EXCLUDING DWELLINGS	ASSETS UNDER CONSTRUCTION	PLANT & MACHINERY	TRANSPORT EQUIPMENT	INFORMATION TECHNOLOGY	FURNITURE & FITTINGS	TOTAL
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Valuation/gross cost at 1 April 2018 - brought forward	**11,505**	**23,100**	**12,583**	**17,357**	**52,818**	**10,166**	**3,278**	**130,807**
Additions	-	706	16,255	2,498	38	1,135	176	20,808
Impairments	-	(31)	-	-	-	-	-	(31)
Reversals of impairments	-	156	-	-	-	-	-	156
Revaluations	174	(804)	(1,190)	-	-	-	-	(1,820)
Reclassifications	690	4,925	(22,776)	526	14,405	1,582	648	-
Transfers to / from assets held for sale	(119)	(152)	-	(761)	(4,805)	(87)	(8)	(5,932)
Disposals / derecognition	-	-	-	(78)	(568)	-	-	(646)
Valuation/gross cost at 31 March 2019	**12,250**	**27,900**	**4,872**	**19,542**	**61,888**	**12,796**	**4,094**	**143,342**
Accumulated depreciation at 1 April 2018 - brought forward	**2**	**392**	**-**	**10,216**	**30,600**	**7,554**	**1,568**	**50,332**
Provided during the year	2	1,635	-	1,263	5,655	1,045	309	9,909
Impairments	-	534	1,190	-	261	-	-	1,985
Reversals of impairments	(90)	(871)	-	-	-	-	-	(961)
Revaluations	87	(1,260)	(1,190)	-	-	-	-	(2,363)
Transfers to / from assets held for sale	2	(2)	-	(761)	(4,805)	(87)	(8)	(5,661)
Disposals / derecognition	-	-	-	(78)	(456)	-	-	(534)
Accumulated depreciation at 31 March 2019	**3**	**428**	**-**	**10,640**	**31,255**	**8,512**	**1,869**	**52,707**
Net book value at 31 March 2019	**12,247**	**27,472**	**4,872**	**8,902**	**30,633**	**4,284**	**2,225**	**90,635**
Net book value at 1 April 2018	**11,503**	**22,708**	**12,583**	**7,141**	**22,218**	**2,612**	**1,710**	**80,475**

Note 15.2 Property, plant and equipment - 2017/18

	LAND	BUILDINGS EXCLUDING DWELLINGS	ASSETS UNDER CONSTRUCTION	PLANT & MACHINERY	TRANSPORT EQUIPMENT	INFORMATION TECHNOLOGY	FURNITURE & FITTINGS	TOTAL
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Valuation / gross cost at 1 April 2017 - as previously stated	**11,728**	**23,326**	**4,534**	**16,739**	**51,967**	**9,892**	**3,039**	**121,225**
Prior period adjustments	-	-	-	-	-	-	-	-
Valuation/gross cost at 1 April 2017 - restated	**11,728**	**23,326**	**4,534**	**16,739**	**51,967**	**9,892**	**3,039**	**121,225**
Transfers by absorption	-	-	-	-	-	-	-	-
Additions	-	1,061	14,393	604	1,249	274	239	17,820
Impairments	(8)	(30)	-	-	-	-	-	(38)
Reversals of impairments	-	174	-	-	-	-	-	174
Revaluations	50	(898)	(639)	-	-	-	-	(1,487)
Reclassifications	-	-	(5,705)	66	5,639	-	-	-
Transfers to/ from assets held for sale	(265)	(533)	-	(52)	(5,626)	-	-	(6,476)
Disposals / derecognition	-	-	-	-	(411)	-	-	(411)
Valuation/gross cost at 31 March 2018	**11,505**	**23,100**	**12,583**	**17,357**	**52,818**	**10,166**	**3,278**	**130,807**
Accumulated depreciation at 1 April 2017 - as previously stated	**1**	**377**	**-**	**8,855**	**31,234**	**6,491**	**1,275**	**48,233**
Accumulated depreciation at 1 April 2017 - restated	**1**	**377**	**-**	**8,855**	**31,234**	**6,491**	**1,275**	**48,233**
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	3	1,579	-	1,413	4,926	1,063	293	9,277

Impairments	49	712	639	-	341	-	-	1,741
Reversals of impairments	(50)	(877)	-	-	-	-	-	(927)
Revaluations	48	(1,249)	(639)	-	-	-	-	(1,840)
Transfers to / from assets held for sale	(49)	(150)	-	(52)	(5,626)	-	-	(5,877)
Disposals / derecognition	-	-	-	-	(275)	-	-	(275)
Accumulated depreciation at 31 March 2018	**2**	**392**	**-**	**10,216**	**30,600**	**7,554**	**1,568**	**50,332**
Net book value at 31 March 2018	**11,503**	**22,708**	**12,583**	**7,141**	**22,218**	**2,612**	**1,710**	**80,475**
Net book value at 1 April 2017	**11,727**	**22,949**	**4,534**	**7,884**	**20,733**	**3,401**	**1,764**	**72,992**

Note 15.3 Property, plant and equipment financing - 2018/19

	LAND	BUILDINGS EXCLUDING DWELLINGS	ASSETS UNDER CONSTRUCTION	PLANT & MACHINERY	TRANSPORT EQUIPMENT	INFORMATION TECHNOLOGY	FURNITURE & FITTINGS	TOTAL
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Net book value at 31 March 2019								
Owned - purchased	12,142	27,472	4,872	8,893	30,600	4,284	2,225	90,488
Finance leased	105	-	-	-	-	-	-	105
Owned - donated	-	-	-	9	33	-	-	42
NBV total at 31 March 2019	**12,247**	**27,472**	**4,872**	**8,902**	**30,633**	**4,284**	**2,225**	**90,635**

Note 15.3 Property, plant and equipment financing - 2018/19

	LAND	BUILDINGS EXCLUDING DWELLINGS	ASSETS UNDER CONSTRUCTION	PLANT & MACHINERY	TRANSPORT EQUIPMENT	INFORMATION TECHNOLOGY	FURNITURE & FITTINGS	TOTAL
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Net book value at 31 March 2018								
Owned - purchased	11,398	22,708	12,583	7,131	22,166	2,612	1,710	80,308
Finance leased	105	-	-	-	-	-	-	105
Owned - donated	-	-	-	10	52	-	-	62
NBV total at 31 March 2018	**11,503**	**22,708**	**12,583**	**7,141**	**22,218**	**2,612**	**1,710**	**80,475**

Note 15.5 Property, plant and equipment valuation

Historically the trust has used the Capital Charges Estimates indices published by the Department of Health to revalue its assets. In 2008/09 these indices were discontinued and the trust applied the % movement detailed in the updated forecast indices for assets issued by HM Treasury (ref: PES (2009) 02) which reflected the economic climate and negative pressure on prices. This was in line with guidance issued by the Department of Health.

Due to the fact that the last national revaluation exercise had an effective date of 1 April 2005 (so requiring that values at the preceding balance sheet date of 31 March 2005 reflected the new values), it meant that all NHS bodies must have completed a full property revaluation every 5 years by 31 March, and that the most recent full valuation must be, for specialised property, on a MEA basis.

The trust formally valued its land and building assets at the 30th November 2014 as part of 5 year full revaluation cycle using an independent external valuer Deloitte LLP. The desktop exercise was undertaken by the same valuers in order to establish the fair value of trust's estates at 30th November 2018. Taking into account the fact that Deloitte are already familiar with the trust's estates and the fact that that during their valuation they have considered all estates projects which have taken place between the two valuations the trust is assured that the value of estates in the accounts is materially correct. The basis of valuation for all assets under IFRS is Fair Value. Assets that are classified as (Property, Plant and Equipment) PPE have been valued to Fair Value assuming a continuation of their existing use. This is synonymous with Existing Use Value in the Red Book. The valuation is fully compliant with the requirements of the RICS Valuation Standards - 6th Edition which is commonly known as "The Red Book". The signatory to the valuation is Edwin Bray MRICS Partner at Deloitte LLP.

All properties categorised as PPE have been split into land and buildings, and a remaining economic life provided. The componisation elements of each building have been
- Structure;
- Windows and Doors;
- External Works;
- Roof; and
- Services, fixtures and fittings.

Where provided, they have relied on the site areas from NWAS.

Where no site area has been provided, they sought to ascertain Land Registry plans of the site from NWAS and then measured the site using Ordnance Survey plans in accrodance with observd boundaries.

The properties were inspected internally. Where access was not possible, properties were inspected externally.

Due to the fact that the there is only a four months gap between the time when the valuation was undertaken and the year end it was established that the value of the assets are materially correct (confirmed by Deloitte LLP) and no further valuation at 31st March 2019 was required.

The estimated useful lives of the trust's property, plant and equipment are as follows:

	MIN LIFE	MAX LIFE
	YEARS	YEARS
Buildings [excluding dwellings]	17	66
Plant & Machinery	4	25
Transport Equipment	2	14
Information Technology	3	15
Furniture and Fittings	2	20

Note 16 Inventories

	31 MAR 2019	31 MAR 2018
	£000	£000
Drugs	141	99
Consumables	449	496
Energy	307	169
Total inventories	**897**	**764**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £764k (2017/18: £892k). Write-down of inventories recognised as expenses for the year were £0k (2017/18: £0k).

Note 17 Trade receivables and other receivables

Note 17.1 Trade receivables and other receivables

	31 MAR 2019	31 MAR 2018
	£000	£000
Current		
Contract receivables*	9,981	
Trade receivables*		2,408
Accrued income*		8,400
Allowance for impaired contract receivables / assets*	(709)	
Allowance for other impaired receivables	-	(792)
Prepayments (non-PFI)	2,448	2,276
PDC dividend receivable	110	151
VAT receivable	251	316
Other receivables	326	186
Total current trade and other receivables	**12,407**	**12,945**
Non-current		
Contract receivables*	1,396	
Accrued income*		1,405
Total non-current trade and other receivables	**1,396**	**1,405**
Of which receivables from NHS and DHSC group bodies:		
Current	8,216	8,615
Non-current	-	-

*Following the application of IFRS 15 from 1 April 2018, the trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Note 17.2 Allowances for credit losses - 2018/19

	CONTRACT RECEIVABLES AND CONTRACT ASSETS	ALL OTHER RECEIVABLES
	£000	£000
Allowances as at 1 Apr 2018 - brought forward		**792**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	792	(792)
New allowances arising	709	-
Reversals of allowances	(714)	-
Utilisation of allowances (write offs)	(78)	-
Allowances as at 31 Mar 2019	**709**	**-**

Note 17.3 Allowances for credit losses - 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	ALL RECEIVABLES
	£000
Allowances as at 1 Apr 2017 - as previously stated	**751**
Prior period adjustments	-
Allowances as at 1 Apr 2017 - restated	**751**
Transfers by absorption	-
Increase in provision	116
Amounts utilised	(12)
Unused amounts reversed	(63)
Allowances as at 31 Mar 2018	**792**

Note 18
Non-current assets held for sale and assets in disposal groups

	2018/19	2017/18
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**209**	**400**
Assets classified as available for sale in the year	271	599
Assets sold in year	(271)	(790)
NBV of non-current assets for sale and assets in disposal groups at 31 March	**209**	**209**

One stations was declared as held for sale and sold in 2018-19 and it is Burnley, which was sold for £350k.

Vehicles - The trust disposes of ambulance vehicles it owns. For the period between being taken out of operational use and the final sale the ambulances are classed as held for sale. Normally vehicles are fully depreciated at this stage with a Net Book Value of zero with no impairments.

In addition to disposals of vehicles that are fully depreciated some vehicles are written off due to being damaged as a result of an accident. In this case the insurance proceeds cover the net book value of vehicles. In 2018-19 there were five vehicles written off.

There is only one station that is held for sale and it is Formby.

Note 19
Cash and cash equivalents

Note 19.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an

	2018/19	2017/18
	£000	£000
At 1 April	**42,207**	**37,284**
Net change in year	(1,245)	4,923
At 31 March	**40,962**	**42,207**
Broken down into:		
Cash at commercial banks and in hand	2	2
Cash with the Government Banking Service	40,960	42,205
Total cash and cash equivalents as in SoFP	**40,962**	**42,207**

insignificant risk of change in value.

Note 19.2 Third party assets held by the trust

The trust does not hold any third party assets.

Note 20
Trade and other payables

	31 MAR 2019	31 MAR 2018
	£000	£000
Current		
Trade payables	2,264	968
Capital payables	2,286	8,477
Accruals	18,586	16,538
Social security costs	3,108	2,817
Other taxes payable	2,003	1,859
Other payables	3,383	3,188
Total current trade and other payables	**31,630**	**33,847**
Of which payables from NHS and DHSC group bodies:		
Current	2,064	910

*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note . IFRS 9 is applied without restatement therefore comparatives have not been restated.

Note 21
Other liabilities

	31 MAR 2019	31 MAR 2018
	£000	£000
Current		
Deferred income: contract liabilities	874	752
Total other current liabilities	**874**	**752**

Note 22
Borrowings

The trust has one finance lease which was recognised in the accounts as finance lease in 2010/11. The lease term will be finishing in 2079 and the amount of liability is £78k

	31 MAR 2019	31 MAR 2018
	£000	£000
Obligations under finance leases	78	79
Total non-current borrowings	**78**	**79**

Note 23
Finance leases

Note 23.1 North West Ambulance Service NHS Trust as a lessor

The trust does not act as a lessor for any finance leases.

Note 23.2 North West Ambulance Service NHS Trust as a lessee

Obligations under finance leases where North West Ambulance Service NHS Trust is the lessee.

	31 MAR 2019	31 MAR 2018
	£000	£000
Gross lease liabilities	**487**	**495**
of which liabilities are due:		
- not later than one year;	8	8
- later than one year and not later than five years;	33	33
- later than five years.	446	454
Finance charges allocated to future periods	(409)	(416)
Net lease liabilities	**78**	**79**
of which payable:		
- not later than one year;	-	-
- later than one year and not later than five years;	2	2
- later than five years.	76	77
Total of future minimum sublease payments to be received at the reporting date	-	-
Contingent rent recognised as an expense in the period	-	-

The trust has one finance lease which was recognised in the accounts as finance lease in 2010/11. The lease term will be finishing in 2079 and the amount of liability is £78k.

Note 24.1 Provisions for liabilities and charges analysis

	PENSIONS: INJURY BENEFITS*	LEGAL CLAIMS	EQUAL PAY (INCLUDING AGENDA FOR CHANGE)	REDUNDANCY	OTHER	TOTAL
	£000	£000	£000	£000	£000	£000
At 1 April 2018	**17,391**	**2,213**	**359**	**473**	**3,020**	**23,456**
At start of period for new FTs	**-**	**-**	**-**	**-**	**-**	**-**
Transfers by absorption	-	-	-	-	-	-
Change in the discount rate	(365)	(171)	-	-	-	(536)
Arising during the year	407	290	131	202	657	1,687
Utilised during the year	(716)	(278)	-	(76)	(119)	(1,189)
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-
Reversed unused	-	(53)	-	(7)	(471)	(531)
Unwinding of discount	17	(34)	-	-	-	(17)
Transfer to FT upon authorisation	-	-	-	-	-	-
At 31 March 2019	**16,734**	**1,967**	**490**	**592**	**3,087**	**22,870**
Expected timing of cash flows:						
- not later than one year;	824	500	490	592	3,087	5,493
- later than one year and not later than five years;	4,075	564	-	-	-	4,639
- later than five years.	11,835	903	-	-	-	12,738
Total	**16,734**	**1,967**	**490**	**592**	**3,087**	**22,870**

*In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within other provisions.

The pensions relating to other staff provision consists of £16,734k (2017/18 £17,391k) relating to claims for Personal Injury Benefits recharged by the NHS Pensions Agency. The amounts detailed are amounts that are paid annually to the individuals. The amounts are calculated by the pensions agency following assessment of the individuals claims. The provision includes a prudent assessment of known claims that may result in future liability.

Within legal claims £1,575k (2017/18 £1,842k) represents an amount payable quarterly to an individual. The remaining £392k (2017/18 £371k) relates to Employers Liability Claims recharged monthly by the NHS Litigation Authority as and when cases are successful for which the trust pays up to the first £10k. In addition there is £281k (2017/18 £178k) included in contingent liabilities.

Equal Pay (agenda for change) provision relates to expected backpay liability for Agenda for Change £490k (2017/18 £359k),which is based upon expected assimilation using national profiles for operational staff and the associated payscales published within the Agenda for Change Terms and Conditions. Once these staff have assimilated to Agenda for Change contracts the trust is obliged to pay outstanding arrears (based on national profiles) have been included within provisions. All outstanding cases are proceeding using the agreed Agenda for Change procedures.

Other provision includes a sum of £240k (2017/18 £251k) for banked annual leave which is payable when the individuals leave the trust and remainder relate to various elements of expenditure such as potential cost of dilapidation of leased vehicles (£1.013m).

Note 24.2 Clinical negligence liabilities

At 31 March 2019, £19,221k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of North West Ambulance Service NHS Trust (31 March 2018: £19,684k).

Note 25
Contingent liabilities

	31 MAR 2019	31 MAR 2018
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(281)	(178)
Gross value of contingent liabilities	**(281)**	**(178)**

Note 26
Contractual capital commitments

	31 MAR 2019	31 MAR 2018
	£000	£000
Property, plant and equipment	3,961	5,721
Intangible assets	31	43
Total	**3,992**	**5,764**

Note 27
Financial instruments

Note 27.1 Financial risk management

The trust's treasury management operations are carried out by the finance department, within parameters defined formally within the trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the trust's internal auditors.

Currency risk

The trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The trust has no overseas operations. The trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The trust can borrow from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The trust therefore has low exposure to interest rate fluctuations.

The trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health (the lender) at the point borrowing is undertaken.

The trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the trust's revenue comes from contracts with other public sector bodies, the trust has low exposure to credit risk. The maximum exposures as at 31 March 2019 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity Risk

The trust's operating costs are incurred under contracts with CCGs, which are financed from resources voted annually by Parliament . The trust funds it's capital expenditure from available cash funds. The trust is not, therefore, exposed to significant liquidity risks.

Note 27.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	HELD AT AMORTISED COST	TOTAL BOOK VALUE
Carrying values of financial assets as at 31 March 2019 under IFRS 9	**£000**	**£000**
Trade and other receivables excluding non financial assets	10,994	10,994
Cash and cash equivalents at bank and in hand	40,962	40,962
Total at 31 March 2019	**51,956**	**51,956**

	LOANS AND RECEIVABLES	TOTAL BOOK VALUE
Carrying values of financial assets as at 31 March 2018 under IAS 39	**£000**	**£000**
Trade and other receivables excluding non financial assets	9,368	9,368
Cash and cash equivalents at bank and in hand	42,207	42,207
Total at 31 March 2018	**51,575**	**51,575**

Note 27.3 Carrying value of financial liabilities

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	HELD AT AMORTISED COST	TOTAL BOOK VALUE
Carrying values of financial assets as at 31 March 2019 under IFRS 9	**£000**	**£000**
Obligations under finance leases	78	78
Trade and other payables excluding non financial liabilities	25,645	25,645
Total at 31 March 2019	**25,723**	**25,723**

	OTHER FINANCIAL LIABILITIES	TOTAL BOOK VALUE
Carrying values of financial liabilities as at 31 March 2018 under IAS 39	**£000**	**£000**
Obligations under finance leases	79	79
Trade and other payables excluding non financial liabilities	29,171	29,171
Total at 31 March 2018	**29,250**	**29,250**

Note 27.4 Maturity of financial liabilities

	31 MAR 2019	31 MAR 2018
	£000	£000
In one year or less	25,645	29,171
In more than one year but not more than two years	-	-
In more than two years but not more than five years	2	2
In more than five years	76	77
Total	**25,723**	**29,250**

Note 28
Losses and special payments

	2018/19		2017/18	
	TOTAL VALUE OF CASES	TOTAL NUMBER OF CASES	TOTAL VALUE OF CASES	TOTAL NUMBER OF CASES
	NUMBER	£000s	NUMBER	£000s
Losses				
Bad debts and claims abandoned	36	34	32	12
Stores losses and damage to property	329	100	449	144
Total losses	**365**	**134**	**481**	**156**
Special payments				
Compensation under court order or legally binding arbitration award	34	172	42	163
Ex-gratia payments	83	716	8	636
Total special payments	**117**	**888**	**50**	**799**
Total losses and special payments	**482**	**1,022**	**531**	**955**
Compensation payments received		-		-

Note 29
Initial application of IFRS 9

Note 29.1 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Reassessment of allowances for credit losses under the expected loss model resulted in a £0k decrease in the carrying value of receivables.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classifiction of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £2,239k.

Note 29.2 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

Note 30
Related parties

During the year none of the Department of Health Ministers, Trust Board of Director's or members of the key management staff, or parties related to any of them, has undertaken any material transactions with North West Ambulance Service NHS Trust.

The Department of Health is regarded as a related party. During the year 2018-19, the trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. For example :

	EXPENDITURE WITH RELATED PARTY	INCOME FROM RELATED PARTY	AMOUNTS OWED TO RELATED PARTY	AMOUNTS DUE FROM RELATED PARTY
	£000s	£000s	£000s	£000s
CCGs	36	326,580	71	4,557
NHS Foundation Trusts	1,919	553	361	192
NHS Resolution (formaly Litigation Authority)	3,387	-	10	-
Department of Health and Social Care	1,095	3,525	1,095	-
Health Education england	-	1,488	-	430

Note 31
Better Payment Practice code

	2018/19	2018/19	2017/18	2017/18
	NUMBER	£000s	NUMBER	£000s
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	57,983	172,304	51,716	154,308
Total non-NHS trade invoices paid within target	55,600	164,448	49,559	147,268
Percentage of non-NHS trade invoices paid within target	95.9%	95.4%	95.8%	95.4%
NHS Payables				
Total NHS trade invoices paid in the year	665	5,761	593	5,461
Total NHS trade invoices paid within target	645	5,698	575	5,403
Percentage of NHS trade invoices paid within target	97.0%	98.9%	97.0%	98.9%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 32
External financing

The trust is given an external financing limit against which it is permitted to underspend:

	2018/19	2017/18
	£000s	£000s
Cash flow financing	7,865	(4,741)
External financing requirement	**7,865**	**(4,741)**
External financing limit (EFL)	19,922	8,768
Under / (over) spend against EFL	**12,057**	**13,509**

Note 33
Capital Resource Limit

	2018/19	2017/18
	£000s	£000s
Gross capital expenditure	21,642	18,591
Less: Disposals	(383)	(926)
Charge against Capital Resource Limit	**21,259**	**17,665**
Capital Resource Limit	21,307	18,462
Under / (over) spend against CRL	**48**	**797**

Note 34
Breakeven duty financial performance

	2018/19
	£000s
Adjusted financial performance surplus / (deficit) (control total basis)	5,319
Breakeven duty financial performance surplus / (deficit)	**5,319**

Note 35
Breakeven duty rolling assessment

	1997/98 - 2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	1,041	2,065	1,558	2,707	2,786	513	135	6,965	6,031	6,031	5,319
Breakeven duty cumulative position	4,719	6,784	8,342	11,049	13,835	14,348	14,483	21,448	27,479	27,479	32,798
Operating income	242,220	252,840	259,176	261,312	261,944	266,952	282,429	316,422	327,731	327,731	341,787
Cumulative breakeven position as a percentage of operating income	1.9%	2.7%	3.2%	4.2%	5.3%	5.4%	5.1%	6.8%	8.4%	8.4%	9.6%

The breakeven duty is stated in the National Health Service Act 2006 and it states that: each NHS trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to the revenue account.

Due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009-10, NHS Trust's financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to IFRIC 12 schemes (which would include PFI schemes), which has no cash impact and is not chargeable for overall budgeting purposes, is excluded when measuring Breakeven performance. Other adjustments are made in respect of accounting policy changes (impairments and the removal of the donated asset and government grant reserves) to maintain comparability year to year.

APPENDIX - GLOSSARY OF TERMS

(This glossary does not form a part of the statutory accounts)

Statement of Comprehensive Income

Income and Expenditure
Often called a Profit and Loss account or an Income and Expenditure account. Public Sector accounts tend to use the term Income and Expenditure to indicate that they are non-profit making organisations.

Income from activities
Income from patient care activities of the trust, usually from Clinical Commissioning Groups as the principle commissioner of services.

Other operating income
Income from non-patient care services such as commercial training, research funding etc.

Operating surplus
The surplus generated by the normal operations of the trust before taking into account interest, depreciation and amortisation.

Depreciation
When a fixed asset is purchased, the cost of that asset needs to be charged to the income and expenditure account over the life of the asset to recognise the contribution of that asset to the work of the trust in each year of ownership. On purchase of a fixed asset, the expected life is assessed and the cost is spread over that life. The value of the asset therefore diminishes, or depreciates, over time.

Amortisation
Where depreciation applies to tangible fixed assets, amortisation is the same process for non-tangible fixed assets, such as loans to the trust.

Profit / (loss) on disposal of fixed assets
The difference between the value of an asset in the balance sheet and the actual sale price of the item. This could be equipment or buildings.

Public Dividend Capital (PDC)
PDC originated in NHS Trusts as the difference between the valuation of its assets and liabilities on establishment as an NHS Trust. This originating debt is deemed an asset of the Secretary of State, and equates to taxpayers equity in the organisation. The trust has to make a return on this capital equivalent to 3.5% per annum, and this amount has to be paid over to the Treasury. The original debt can increase over time due to the allocation of additional capital funds, and is repayable over time.

Statement of Financial Position

Fixed Asset / Non-Current Assets
An asset that has a life that extends beyond the current financial year and that will generate economic benefits in future accounting periods – as opposed to current assets, which are realisable immediately or in the next accounting period. Fixed assets are typically equipment or buildings.

Current Assets
These are assets that are held on the balance sheet of the organisation that have an immediate cash value. These include stocks, that could be sold and realise cash quickly, debtors that can be collected quickly to realise cash or cash held in a bank account.

Stock / Inventories
Material held as stock which could be sold to realise cash quickly. Can either be valued at cost where stock is valued in the books at the purchase price or, net realisable value where stock is valued in the books at a value that it could reasonably be expected to fetch if it was sold on the open market today.

Debtors / Receivables
Money owed to the trust for services provided.

Creditors / Payables
Money owed by the trust for goods and services received.

Total Taxpayers' Equity
See Public Dividend Capital

Notes to the Accounts

Historical Cost Convention
The value of an asset carried in the balance sheet is the amount paid for it on the purchase date.

Accruals Convention
The accounts are prepared taking account of all income received and receivable, and all expenditure paid and payable for the goods and services delivered and received in the period, and are not based on cash receipts and payments in the period.

Off Balance Sheet
Refers to fixed assets that are in use by the trust but which are not technically 'owned' by the organisation, and therefore do not appear in the balance sheet. An example of this would be operating leases, where equipment, such as vehicles, is leased by the organisation but never comes into our ownership.

Liquid Resources
Resources that can be released quickly to enable the organisation to settle debts. Typically, cash in hand or in the bank in short term accounts.

Prepayment
Where the trust has paid in advance for goods or services – for example, quarterly payment in advance for telephone rentals.

Deferred Income
Income received in the financial year but deferred to a subsequent accounting period because the relevant services will be provided in that future accounting period.

Reserves
Funds set aside in recognition of a future event, project or change, where the need has been recognised but the event has not happened.

Terminology

Going Concern Basis
The accounts are prepared on the basis that the trust will still be in existence in the next financial year, and that it will therefore be in a position to recover any debtors due to it, and that it will be around to cover its long term liabilities. If it is likely that an organisation will not be in existence beyond this set of accounts, then long term liabilities would become immediately due, and the position of long term debtors would be called into question, resulting in the need to recognise that in the results presented in this set of accounts.

Capital Expenditure
The amount expended by the trust that enhances the value of fixed assets whose useful life extends beyond the current accounting period.

Revenue Expenditure
Expenditure on the day to day operations of the trust, pay and rations as opposed to capital expenditure.

Consumables
Non pay expenditure on items that have a life of less than one year and are therefore not fixed assets. The term relates to everything from drugs, uniform, stationery through to pieces of disposable equipment.

CCGs – Clinical Commissioning Groups
Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. CCGs are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. There are now 31 CCGs in the North West of England.

Liability
A situation where an organisation has an obligation to pay for something that has already occurred, and around which there is certainty, but is not yet physically paid for.

Provisions
An allowance in the accounts for a known item, but where the value or timing of the event giving rise to it is uncertain. An example may be where a pay award from 1 January in a given year has not yet been agreed, and the settlement date is uncertain. The organisation would typically provide an estimate for inclusion in the accounts to ensure that the relevant charge to Income and Expenditure is made in the correct year.

Contingent Liability
A situation where a financial obligation to pay for something that has already happened may arise, but where there is uncertainty or where the final value is difficult to quantify due to dependencies on other things. For example, an outstanding legal claim against the organisation, where if the verdict goes against the organisation, there will be an obligation to pay for an unquantifiable amount. Amounts carried in the accounts under this heading will inevitably be estimates based on the best information available at the time.

Value Added Tax (VAT)
May be in the form of output tax – VAT charged on sales, or input tax – VAT paid on purchases. In the NHS, normal NHS healthcare activity does not attract VAT.

Post Balance Sheet Event
Something that is recognised after the accounts have been finalised, but before publication, which impacts on the results as they are presented, and has a significant impact on how the results should be interpreted.

Risk Pooling Scheme
This is essentially the NHS insurance scheme, where we pay an annual premium to cover any insurance claims that may arise during the year. The scheme covers all the usual insurance risks around buildings, equipment, fire etc, as well as clinical negligence issues.

NHS Resolution
NHS Resolution (NHS R) is the body responsible for handling negligence claims against NHS organisations. NHS R also advises NHS organisations on risk management.

Losses and Special Payments
Any payments made in respect of bad debts, stock write offs, insurance excesses or compensation payments that are not considered a part of the normal business of the trust.

Things to consider when reading a set of accounts

True and Fair View

A set of annual accounts is a snapshot at a point in time of how the business is performing. Is it profitable? Is it viable? Is it fit for purpose? It is not and probably never will be 100% accurate. What is important is that the accounts present a fair reflection of performance and viability, and that the items presented in there have been treated according valid and accepted accounting principles, and can be explained and justified in that context.

No Surprises

The annual accounts should only ever confirm what the Board have been expecting in light of the monitoring reports that have been presented by Director of Finance during the year, and should bear a close resemblance to figures reported at Month 12. If there are significant differences between what the Board was expecting, or from the Month 12 report, then the Director of Finance should include explanations for this in a commentary that accompanies the accounts, and the auditors should be asked to comment on any items of significance.

Previous Year

It can be useful to compare this year's figures with those of the previous year. Again, the Board should already be aware of any significant movements, and the reasons for them, so any changes should be expected. If there are any changes that have not been explained, then these should be queried and satisfactory explanations obtained to approval.

Fixed Assets / Non-Current Assets

The Board should be assured that the changes in the fixed asset figures from one year to another reflect the decisions made by the Board on capital investment and disposals during the year. If a revaluation has taken place during the year, this should be explained in the notes, and the Board should ensure that they are fully aware of the impact that this has had on both the Income and Expenditure account and Balance Sheet.

Current Assets

Again, differences between years should be looked at. Particular things to look for include:

- **Stock –** large swings in stock levels year on year can indicate that stock management is inefficient. As a general rule, the trust should look to carry out as little stock as possible commensurate with ensuring that the right supplies are available at the right time. A very large reduction in stocks in any given year, combined with a reduction in cash balances, may be an indication that the trust is experiencing cash flow problems.
- **Debtors –** high levels of debtors may be a result of inefficient debt collection in the trust and this may be impacting on the cash flow performance.
- **Cash at bank and in hand –** this is an indication of the liquidity of the trust. We should make sure that we have sufficient readily accessible cash available to meet our immediate needs. Significant swings from year to year may indicate that cash management is not as efficient as it should be.

Further Information

Contact the Director of Corporate Affairs at the address, e-mail or telephone number below for information about the Board of Directors or if you would like:

- To view the register of Board of Directors' interests
- To contact the Chair or any member of the Board of Directors
- Information about Board of Directors meetings which are open to the public. Details of meetings are also available on the trust's website.
- To contact the Chief Executive's office for more information or if you have any comments

Write to:

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