NHS
North West
Ambulance Service
NHS Trust

Board of Directors Meeting

Wednesday, 30th November 2022
9.45 am – 12.50 pm
To be held in the Oak Room, Ladybridge Hall, Bolton

AGENDA

Item No	Agenda Item	Time	Purpose	Lead
STAFF STORY				
BOD/2223/84	Staff Story	09:45	Information	Deputy Chief Executive / Director of Strategy, Partnerships and Transformation
INTRODUCTION				
BOD/2223/85	Apologies for Absence	10.00	Information	Chair
BOD/2223/86	Declarations of Interest	10.00	Decision	Chair
BOD/2223/87	Minutes of Previous Meeting held on 28th September 2022	10:00	Decision	Chair
BOD/2223/88	Board Action Log	10:05	Assurance	Chair
BOD/2223/89	Committee Attendance	10:10	Information	Chair
BOD/2223/90	Register of Interest	10:10	Assurance	Chair
STRATEGY				
BOD/2223/91	Chairman & Non-Executive Directors Update	10:15	Information	Chair
BOD/2223/92	Chief Executive's Report	10:20	Assurance	Chief Executive
GOVERNANCE AND RISK MANAGEMENT				
BOD/2223/93	Q2 Board Assurance Framework Review	10:30	Decision	Director of Corporate Affairs
BOD/2223/94	Use of Common Seal Biannual Report	10:40	Assurance	Director of Corporate Affairs
BOD/2223/95	Freedom to Speak Up Biannual Report	10:50	Assurance	Medical Director
BOD/2223/96	Freedom to Speak Up Policy	11:00	Decision	Medical Director
BOD/2223/97	Charitable Funds Annual Report and Accounts 2021/22	11:10	Decision	Director of Finance
BOD/2223/98	Charitable Funds Committee Chairs Assurance Report from the meeting held on 26th October 2022	11:20	Assurance	Mr D Rawsthorn Non-Executive Director
BOD/2223/99	Audit Committee Chairs Assurance Report from the meeting held on 21st October 2022	11:30	Assurance	Mr D Rawsthorn Non-Executive Director
QUALITY AND PERFORMANCE				
BOD/2223/100	Integrated Performance Report	11:40	Assurance	Director of Quality, Innovation, and Improvement
BOD/2223/101	EPRR Annual Assurance 2022/23	12:00	Assurance	Director of Operations
BOD/2223/102	The Kirkup Report into Maternity Services	12:10	Assurance	Medical Director
BOD/2223/103	Quality and Performance Committee Chairs Assurance Report - from the meeting held on 26th September and 24th October 2022	12:20	Assurance	Prof A Esmail Non-Executive Director

BOD/2223/104	Resources Committee Chairs Assurance Report - from the meeting held on 25th November 2022	12:30	Assurance	Mr D Hanley, Non-Executive Director
COMMUNICATIONS AND ENGAGEMENT				
BOD/2223/105	Communications and Engagement Q2 Report	12:40	Discussion	Deputy CEO/Director of Strategy, Partnerships and Transformation
CLOSING				
BOD/2223/106	Any Other Business Notified Prior to the Meeting	12:50	Assurance	Chair
BOD/2223/107	Items for Inclusion on the BAF	12:50	Assurance	Chair
DATE AND TIME OF NEXT MEETING				
9.45am, Wednesday, 25th January 2023 in the Oak Room, Ladybridge Hall, HQ, Bolton				
Exclusion of Press and Public: In accordance with Public Bodies (Admission to Meetings) Act 1960 representatives of the press and other members of the public are excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.				

Minutes
Board of Directors

Details: 9.45am Wednesday, 28th September 2022
Oak Room, Ladybridge Hall, Trust Headquarters

Mr P White	Chair
Mr G Blezard	Director of Operations
Mrs C Butterworth	Non-Executive Director
Dr A Chambers	Non-Executive Director
Mr S Desai	Deputy CEO / Director of Strategy, Partnerships and Transformation
Prof A Esmail	Non-Executive Director
Dr C Grant	Medical Director
Dr D Hanley	Non-Executive Director
Mr D Mochrie	Chief Executive
Mr D Rawsthorn	Non-Executive Director
Mrs L Ward	Director of People
Mrs A Wetton	Director of Corporate Affairs
Mrs C Wood	Director of Finance

In attendance:

Mrs P Harder	Head of Corporate Affairs (Minutes)

Minute Ref:

BOD/2223/64 **Patient Story**

The Director of Strategy, Partnerships and Transformation introduced the patient story featuring a patient who shared his experiences having frequently accessed NWAS services over the last two years with various health issues and learning disabilities.

The patient noted his gratitude for the professionalism and care provided by NWAS however raised some concerns relating to his experience accessing our services as a patient with learning disabilities. He referred to issues in terms of communication and suggested additional training for staff to raise awareness of the different learning disability conditions. He also highlighted the daunting experience relating to his care when handed over to a hospital setting, often feeling anxious when left alone, particularly during long waits and waiting to be assessed by hospital staff unaware of his learning disabilities.

The patient recommended specialist learning difficulties staff to greet patients with learning disabilities.

Whilst complimentary in accessing PTS, the staff and care received, he noted he became anxious when collected by a volunteer car driver as they didn't always provide the right advise in terms of where he needed to be in the hospital. Whereas PTS ambulance care assistants took him directly to the right department.

The Board noted Mike Lloyd was the autism lead for the trust and is developing a programme of training to address some of these issues. The programme will help train and raise awareness of patients with learning disabilities for Trust staff and will also work in partnership with hospital partners on handover.

The Board noted the Communications Team's involvement in specific improvement work with Lesley Jones and Mike Lloyd, working with patient groups to introduce a new area to the trust's website to support patients with learning difficulties. Plans are also in place to develop easy read versions of the trust's main documents and easy watch films showing how to access the trust's key services.

Dr D Hanley noted the patient story with interest and that training around learning disabilities was variable and queried the advise provided to these patients. The Director of Quality, Innovation and Improvement advised Mike Lloyd had been seconded out of operations on a 12 month fixed term contract and had scoped out actions around learning disabilities and autism. This work had provided a series of recommendations for the organisation to review in terms of the interface between the Trust and the rest of the system and to build relationships with the learning disability professionals. She also noted the infrastructure currently being built would enable the Trust to deal with patients remotely and to expect assurance around the work being undertaken to come through to Committees.

The Chair noted the Trust needed to continue working the PPP to shape services. He noted the added level of vulnerability for patients with learning difficulties and the experiences described would be upsetting for patients. The Director of Quality, Innovation and Improvement provided re-assurance that patient safety was paramount and any patients identified with additional needs such as learning disabilities/autism, staff would stay with them until they could handover them over for triage.

The Board:

- Welcomed and acknowledged the content of the Patient Story.

BOD/2223/65 Apologies for Absence

There were no apologies for absence.

BOD/2223/66 Declarations of Interest

There were no declarations of interest to note.

BOD/2223/67 Minutes of the Previous Meeting

The minutes of the previous meeting held on 27th July 2022 were agreed as true and accurate record.

BOD/2223/68 Board Action Log

The Board noted the updates to the Board action log.

BOD/2223/69 Committee Attendance

The Board noted the Board and Committee Attendance Record.

BOD/2223/70 Register of Interest

The Board noted the 2022/23 Register of Interest presented for information.

BOD/2223/71 Chair & Non-Executives' Update

The Chair reported his attendance at the Greater Manchester Awards Ceremony in August, in addition to a series of ICS workshops with Non-Executive Directors. He advised Graham Unwin and the Chair of the Cheshire and Mersey ICS had agreed to meeting on a six monthly basis to discuss ambulance specific issues and would be undertaken with other ICS Chairs.

He also had met with the Chair of Whiston Hospital as a result of the pressures at A&E and noted the agreement to work together. He referred to the AGM held virtually on 31st August 2022 and the number of community meetings attended by the Non-Executive team.

The Chair referred to the Ambulance Leadership Forum and Women in Leadership Conference and noted the good attendance from the trust.

Finally, he reported his attendance at the NHS Providers and NHS Confederation roundtable on urgent and emergency care which provided an opportunity to input into discussions relating to the national Urgent and Emergency Care Strategy.

The Board:

- Noted the update from the Chairman.

BOD/2223/72 Chief Executive's Report

The Chief Executive presented a report to provide the Board of Directors with information on a number of areas since the last report to Board on 27th July 2022.

He referred to the sad passing of Her Majesty, The Queen and that the Trust's sincerest condolences had been forwarded via the North West Lord

Lieutenants to the Royal Family. He noted attendance to a number of events across the North West to commemorate The Queen and the new Sovereign, King Charles III. The Trust supported London Ambulance Service with mutual aid and that he personally represented the Ambulance Sector by attending Westminster at the State Funeral of Her Majesty Queen Elizabeth.

In terms of performance, he reported it had been a busy period and congratulated the team for successfully rolling out NHS Pathways and noted the increase in hear and treat as a result. He referred to the move to a new Intelligent Routing Platform to manage calls on a national basis and noted this would be implemented incrementally commencing with London Ambulance Service and would spread the flow of calls digitally across the ambulance services.

In terms of hospital handover, he noted the deteriorated position and advised it was 54 minutes for 27th September 2022. Work continues with system partners to manage this and is a priority for the Trust. He highlighted the improvement in 111 performance as result of a number of initiatives and drop in demand.

The Chief Executive referred to the national issues detailed in s3.3 of the report and noted the work in relation to National Urgent and Emergency Care strategy for the next decade. He added a number of workstreams had been created and the strategy would be drafted and shared with the Board to approve the content.

He referred to the recent Ambulance Leadership Forum (ALF) and stated it was good to see the number of colleagues that took part in the event from the Trust. He referred to the successful Women in Leadership seminar and Gala and congratulated the staff who won an award.

Discussion followed regarding the ITV Tonight Documentary and Mr D Rawsthorn commented that the Trust should be proud for taking part in the documentary. The Chief Executive advised the Trust were requested to take part in the documentary by NHS England however also demonstrated the Trust was an open and honest organisation. The Chair agreed the issues had visibility which had never been seen before and that the system was working together on the issues.

Dr A Chambers queried the timescales for the implementation of the new Urgent and Emergency Care Strategy. The Chief Executive advised that the draft would be available mid-October and sent to the Minister at the end of October/early November.

The Chief Executive referred to the sad loss of Olivia Pratt-Korbel and Daniel Lee and on behalf of the Board of Directors sent condolences to their families and friends.

The Board:

- Noted the content of the Chief Executives Update.

BOD/2223/73 Integrated Performance Report

The Director of Quality, Innovation and Improvement presented the Integrated Performance Report which highlighted performance on Quality, Effectiveness, Operational Performance, Finance and Organisational Health during August 2022. She advised the format of the report had been revised to ensure greater clarity on key measures and that data was presented using statistical process control to review variation over a period of time.

The Director of Corporate Affairs provided an update in relation to Complaints and reported the team had focussed on providing a good service to patients, particularly during the winter period. Mr P White congratulated the team for the improvements in relation to the backlog of complaints. In response to a query raised by Prof A Esmail relating to whether this could be maintained and whether there were any resource issues, the Director of Corporate Affairs advised no additional resource was required and was as a result of implementing a revised rapid closure process and remained a focus of the team to improve the position.

In terms of effectiveness, the Director of Strategy, Partnerships and Integration reported patient experience had seen an increase in satisfaction levels for PTS and 111 however had fallen for PES. He referred to the comments received from patients and noted any issues are highlighted to the Director of Operations to review. The Director of Quality, Innovation and Improvement added following review by the Quality and Performance Committee, data is not reviewed in detail in terms of EDI and not explored in the narrative. It was agreed this would be stood down from the IPR and be subject to a deep dive at the Quality and Performance Committee. Mrs C Butterworth queried whether the EDI protected characteristics were captured for complaints, the Director of Corporate Affairs confirmed the data was collected however was dependent on the information available on EPR. The Director of Quality, Innovation and Improvement advised this information had been presented to a previous Quality and Performance Committee.

The Medical Director noted the focus relating to the STEMI care bundle and that the Quality and Performance Committee were sighted on the cardiac arrest outcomes and reported the Trust was in the top 3 ambulance trusts for successful outputs for ROSC. He indicated the total outcome was important, as the North West was in the bottom 3 and advised the ICS areas had met as the North West Cardiac Network to discuss the whole outcome process and that the Trust would work with partners to improve outcomes.

The Director of Operations provided an overview in relation to performance for PES, 111 and PTS. In terms of PES, he highlighted call pick up had been challenged due to staff abstractions and increased turnover at Parkway. He advised the C1 90th indicator had been achieved for August 2022 and following the introduction of NHS Pathways, there had been an increase in hear and treat with some improvement in see and treat.

He referred to the detail relating to C3 incidents and noted the fleet profile was being reviewed to meet demand. In terms of the increased handover times,

he reported it was above the national standard of 30:00 at 43:33 and is the highest turnaround of the calendar year.

The Director of Operations highlighted the work being undertaken as part of winter planning in relation to handover, mental health patients and introducing pathways.

Following Prof A Esmail's query relating to C3 and whether a revised methodology was required, the Director of Operations advised low acuity calls are not responded to straight away and highlighted the need to educate dispatch staff. He added clinicians within EOC review C3 calls to identify the opportunity to treat patients as hear and treat, with ambulances dispatched to identified patients. He added NHS Pathways allowed this however the system had only been installed for 6 weeks, with further work required with stakeholders and partners.

In response to Mr D Rawsthorn's query relating to information provided to patients that may experience long waits for an ambulance, the Director of Operations confirmed patients were advised of the average waiting time in order to manage expectations and had been doing so for the last 18 months. The Medical Director also advised there were a number of patient groups where estimated response timeframes are not provided such as stroke patients.

The Director of Quality, Innovation and Improvement highlighted that in early September, the NHS Executive set priorities for winter for all organisations and ICBs. She referred to the metrics provided in the IPR and highlighted the likelihood of system partners paying attention to these metrics.

The Chair expressed concern relating to the deterioration in call pick up and requested the Quality and Performance Committee to monitor. He also acknowledged the comment made by the Director of Quality, Innovation and Improvement and the importance of understanding the pressures within the system at all levels of the organisation, which would be a key focus with partners across the system.

The Director of Operations reported call volume for 111 had decreased which had improved call pick up and stabilised the call profile. He added the roster review was planned in order to match staffing with demand. For PTS, he advised the focus had changed to enhanced priority patients and that contract reviews would change to focus on priorities. He referred to the significant reduced reliance on private providers which had reduced by 10% due to the increase in internal capacity.

In terms of finance, the Director of Finance advised of the reinstatement of the agency ceiling under the 2022/23 financial regime. She added during Q2 there was a reduction in agency costs relating to PES call handlers with a reduction of £2k.

The Director of People provided an overview relating to Organisational Health and highlighted a number of indicators showed improvement however noted

there were some key risks. In terms of turnover, there had been a steady increase over the last 12 months within PES, PTS and EOC however noted the improved position relating to 111. She noted the challenges with recruitment which had been brought back in-house and would continue to work with EOC.

She highlighted the steady increase relating to turnover, particularly within PES and noted the increase in retirements due to staff age and burnout from the pandemic. In addition, she referred to the turnover within the Band 7 group due to the impact of the service delivery restructure. She referred to the national discussion relating to turnover within the sector and student attrition and highlighted turnover should be considered in the context of the vacancy position, which is 5% of the establishment and the need to increase establishment by 125 posts. She noted the Trust had been recruiting at risk however provided assurance the Trust had a grip of the increase.

She referred to the increase in sickness due to Covid in July 2022 and noted it was stable despite higher than required. In terms of long-term sickness related to long covid she highlighted the focussed and robust process with Occupational Health to help staff return to work.

The Director of Strategy, Partnerships and Integration highlighted the importance that the Board note a number of actions were planned relating to the implementation of NHS Pathways and the plan to stop recruitment should be triangulated to understand the planned events.

The Chair acknowledged sickness absence was a concern and thanked the team for the assurances relating to turnover in PES and requested the Resources Committee to monitor going forward.

The Board:

- Noted the content of the Integrated Performance Report.
- Noted the improvements seen in complaints and incident handling times.
- Noted the pressures on performance with handover times increasing.
- Noted that SI's were within the normal limits.
- Noted that long waits for C1 had reduced in August.
- Noted the initial improvements in hear and treat following the NHS Pathways implementation.
- Noted the ongoing work to maintain patient safety and regulatory compliance.

BOD/2223/74 Learning from Deaths Q1 2022/23 Report

The Medical Director presented the Learning from Deaths Q1 2022/23 report to the Board of Directors. He reported the Q1 Dashboard described the opportunities to learn from deaths, in addition to the improved review panel to include members of the Patient and Public Panel for transparency and learning and the Clinical Hub specialists who provide insights into hear and treat. He referred to the number of observers that attend the review panels and

highlighted the learning outcomes and actions as a result of the Structured Judgement Reviews.

Prof A Esmail advised the report was discussed at the Quality and Performance Committee and that the report was moving into the next phase to embed learning and that the Committee would monitor this going forward.

The Chair noted it was a key area of focus and assurance for the Board, particularly in relation to embedding actions.

The Board:

- Noted the contents of the report and supported the recommendations within the report.

BOD/2223/75 IPC Annual Report 2021/22

The Director of Quality, Innovation and Improvement presented the Infection Prevention and Control Annual Report for 2021/22. She noted it was the second annual report written during the COVID-19 pandemic and stated the importance of IPC in practice had been further emphasised as the driver to achieve patient and staff safety in unprecedented times.

She advised the report provided a summary of the efforts and challenges faced and overcome by the Trust during the last 12 months of the pandemic, whilst working to national IPC guidance.

The Director of Quality, Innovation and Improvement referred to the IPC Board Assurance Framework which provided assurance on delivery of IPC within the Trust and is presented to Quality and Performance Committee, as well as Board of Directors.

Dr A Chambers commented it was an excellent report and had been reviewed by the Quality and Performance Committee.

The Board:

- Noted the contents of the report and the assurance provided.
- Noted the arrangements for ongoing monitoring via the IPC Board Assurance Framework.
- Noted the key risks and mitigations.
- Approved the IPC Annual Report for 2021/22.

BOD/2223/76 NWAS Winter Plan

The Director of Operations presented the NWAS Strategic Winter Plan 2022/23 to the Board of Directors following annual review and revision. He advised the plan had been developed in accordance with the 2022/23 Priorities and Operational Planning Guidance (NHS 2022) in the absence of annual Winter Letter. He reported the intention to review the Winter Plan upon receipt of the Winter Letter and would advise the Board accordingly.

The Board:

- Noted the contents of the report and assurance provided.

BOD/2223/77 Quality and Performance Committee Chairs Assurance reports from the meetings held on 25th July 2022

Dr A Chambers presented the Quality and Performance Committee Chairs Assurance Reports from the meeting held on 25th July 2022.

Dr D Hanley referred to the moderate assurance in relation to the Integrated Performance report and noted the Trust was an outlier for C4. The Director of Operations advised this was similar to C3 and that the Trust were looking at how to better dispatch ambulances and escalate to deal with differently to improve performance. He confirmed performance had been improved and that it was no longer an outlier.

The Board:

- Noted the content of the Quality and Performance Chairs Assurance Reports.

BOD/2223/78 Resources Committee Chairs Assurance report from the meeting held on 23rd September 2022

Dr D Hanley presented the Resources Committee Chairs Assurance Report from the meeting held on 23rd September 2022. He referred to the moderate assurances and noted the revised Capital Programme 2022/23, the workforce issues and the resource capacity to deliver the Digital Strategy.

The Board:

- Noted the content of the Resources Committee Chairs Assurance Report.

BOD/2223/79 2022/23 Flu Campaign

The Director of People presented the assurance relating to learning and outcomes from the 2021/22 Flu Campaign and plans for the 2022/23 Flu Campaign. She noted the report included the annual checklist which is designed to provide assurance to the Board that robust plans are in place.

She advised the 2022/23 flu programme had been aligned with one of the quality indicators in the 2022/23 Commissioning for Quality and Innovation (CQUIN) with a goal of vaccinating 70% to 90% of staff and highlighted there was no risk of financial penalty for not achieving targets.

The Director of People advised the campaign would be modelled on the previous year, run with the support of a clinical lead, members of the People Directorate and Medicines Management staff commencing early October. She

highlighted that Board members would be provided with the opportunity to receive a vaccination to show visible support for the campaign.

In terms of COVID-19 Vaccinations, she noted advice from the Joint Committee on Vaccination and Immunisation (JCVI) is that the autumn booster would be offered to identified groups including frontline health and social care workers. She advised staff would need to access jabs through the national booking line and community provisions. She noted there would be less visibility in terms of the booster and noted the Trust did not have access to the national data set. She confirmed there was no national target for the booster vaccination.

The Board:

- Took assurance from the plans for delivery of the annual flu vaccination programme.
- Noted the access to COVID vaccination boosters for Trust staff.
- Supported the Communications plans through Board role modelling of vaccination.

BOD/2223/80 EDI Statutory and Regulatory Reporting

The Director of People presented a report providing an overview of Equality data along with an end of year position relating to three areas of workforce equality – race, disability and gender. She reported the data identified areas for focus over the next twelve months and how these actions aligned against the agreed ED&I priorities agreed by the Board in January 2021 along with any other actions or development.

She highlighted there were some concerning metrics relating to WRES and whilst there were some areas of improvement, it showed a worsening with regards the experiences of colleagues from black and minority ethnic backgrounds (BAME). While some of the metrics are positive, the data indicated the requirement to undertake further work.

She reported WDES data showed an overall increase in the representation of disabled staff across the organisation due to increased recruitment and improved reporting. She highlighted the willingness of staff to be open with the organisation would allow support to be provided by the Trust.

The Director of People referred to the staff survey score and gender pay gap and whilst gaps were narrowing, confirmed work was required to increase female representation. She advised of the worsening position of applicants from BAME or disabled staff of shortlisting to appointment.

The Director of People highlighted there were caveats in the data and through targeted work in terms of tracking applicants through the recruitment process, the results had not yet been reflected in the metrics. In terms of the disciplinary process, she provided caution that by trying to put actions in place to address all the issues, the Board should be confident the priorities identified are still the areas that need to be focussed on.

She referred to the key areas of work being progressed in s6.3 of the report relating to i) improvements in the attraction and recruitment of BAME staff, ii) a project to review progression and promotion and iii) introduction of Beyond Bias Training and Leadership for Inclusion learning modules.

The Chief Executive noted the assessment had been discussed at length and queried whether it related to managers within the operational management restructure and whether the leadership review had inhibited responses and was keen to see developments. The Chair commented that the Board had acknowledged for some time that whilst the numbers are small, the percentage is large for those that have experienced discrimination, which was a concern. It was noted EDI would be reviewed in detail at the next Board Development Session.

The Chief Executive highlighted it had been discussed at length by the Executive Leadership Committee however acknowledged the good work being undertaken and highlighted the need to investigate the results of the metrics to understand the issues and target areas.

The Chief Executive left the meeting at 11.55 am.

Discussion followed regarding the importance of EDI within the health service, the Director of People referred to the connection between patient care and having staff that are happy within the work place results in the quality of patient care being greater and the connection should be kept clear. The Director of Strategy, Partnerships and Integration commented that the North West is a diverse population and the Trust needs to provide equitable care for our staff and patients. He further noted the EDI priorities were clear however the Trust needs to understand the barriers at a specific level.

The Board agreed the EDI priorities were correct and acknowledged the work being undertaken.

The Board:

- Noted the progress on the work undertaken relating to WRES, WDES and Gender Pay Gap agendas
- Noted the planned activities relating to improve the race, disability and gender metrics over the next 12 months
- Approved the publication of the data presented

BOD/2223/81 Any Other Business Notified prior to the meeting

There was no other business notified prior to the meeting.

BOD/2223/82 Items for inclusion on the BAF

There were no items identified for inclusion in the BAF.

BOD/2223/83 Closing Remarks

The Chair commented it was good to understand the challenges patients with learning difficulties face and the ability to learn from lived experiences.

He congratulated the Trust on the implementation of NHS Pathways and plans to improve performance. He acknowledged the performance issues within PES due to high sickness levels and requested the Resources Committee to monitor.

In terms of the IPR, he noted it was good to see the improvements relating to complaints and the improvement of 111 performance.

In terms of learning from deaths, he stated the development of the report is key and was an important learning piece for the organisation.

Finally, he referred to the extensive discussion regarding EDI and the commitment to continue to understand the issues which would feature in the board development programme.

Date and time of the next meeting –

9.45am, 30th November 2022 in the Oak Room, Ladybridge Hall, Trust HQ.

Signed _____ Date _____

Status:	
Complete & for removal	
In progress	
Overdue	
Included in meeting agenda	

BOARD OF DIRECTORS MEETING - ACTION TRACKING LOG

Action Number	Meeting Date	Minute No	Minute Item	Agreed Action	Responsible	Original Deadline	Forecast Completion	Status/Outcome	Status
65	25.05.22	33	Medicines Management Report	Progress update on EPR Project to future Board meeting.	CG	Sep-22		Update Included on 30th Nov 2022 Part 2 Board meeting agenda.	

NWAS Board and Committee Attendance 2022/23

Board of Directors								
	27th April	25th May	17th June	27th July	28th September	30th November	25th January	29th March
Ged Blezard	✔	✔	x	✔	✔			
Prof Alison Chambers	✔	✔	✔	✔	✔			
Salman Desai	✔	✔	✔	✔	✔			
Prof Aneez Esmail	x	✔	✔	x	✔			
Dr Chris Grant	✔	✔	✔	✔	✔			
Dr David Hanley	✔	✔	✔	✔	✔			
Daren Mochrie	✔	✔	✔	x	✔			
Prof Maxine Power	✔	✔	✔	✔	✔			
David Rawsthorn	✔	✔	✔	✔	✔			
Catherine Butterworth	✔	✔	✔	✔	✔			
Lisa Ward	✔	✔	✔	✔	✔			
Angela Wetton	✔	✔	x	✔	✔			
Peter White (Chair)	✔	✔	x	✔	✔			
Carolyn Wood	✔	✔	✔	x	✔			

Audit Committee						
	22nd April	12th May	17th June	21st July	21st October	20th January
Prof Alison Chambers	✔	✔	✔	✔	x	
Prof Aneez Esmail	✔	✔	✔	x	✔	
David Rawsthorn (Chair)	✔	✔	✔	✔	✔	
Catherine Butterworth	✔	x	✔	x	✔	
Dr David Hanley				✔		

Resources Committee						
	20th May	22nd July	23rd September	25th November	20th January	24th March
Ged Blezard	✔	✔	✔	✔		
Salman Desai	✔	✔	✔	✔		
Catherine Butterworth	✔	x	✔	✔		
Dr David Hanley (Chair)	✔	✔	✔	✔		
Prof Maxine Power	x	✔	x	x		
David Rawsthorn	✔	✔	✔	✔		
Lisa Ward	✔	✔	✔	✔		
Carolyn Wood	✔	✔	✔	✔		

Quality and Performance Committee										
	25th April	23rd May	27th June	25th July	26th September	24th October	28th November	23rd January	27th February	27th March
Ged Blezard	✔	✔	✔	✔	✔	x				
Prof Alison Chambers	✔	✔	✔	✔	✔	x				
Prof Aneez Esmail (Chair)	x	✔	✔	x	✔	✔				
Dr Chris Grant	✔	✔	✔	✔	✔	✔				
Dr David Hanley	✔	✔	✔	✔	✔	✔				
Prof Maxine Power	✔	x	✔	✔	✔	✔				
Angela Wetton	✔	✔	✔	✔	✔	✔				

Charitable Funds Committee			
	27th April	26th October	13th December
Ged Blezard	✔	x	
Salman Desai	✔	✔	
Catherine Butterworth	✔	✔	
Dr David Hanley	✔	✔	
David Rawsthorn (Chair)	✔	✔	
Lisa Ward	✔	✔	
Angela Wetton	✔	✔	
Carolyn Wood	✔	✔	

Nomination & Remuneration Committee						
	25th May	27th July	28th September	30th November	25th January	29th March
Catherine Butterworth	No meeting	✔	✔			
Prof Alison Chambers		✔	✔			
Prof Aneez Esmail		x	x			
Dr David Hanley		✔	✔			
David Rawsthorn		✔	✔			
Peter White (Chair)		✔	✔			

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

Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Indirect Interests		From	To	
Ged	Blezard	Director of Operations	Wife is a manager within the Trust's Patient Transport Service				√	Other Interest	Apr-19	Present	To be decided by Chairman if decision is required within a meeting, in relation to the service line.
Catherine	Butterworth	Non-Executive Director	HR Consultant (no live commissions) for NLaG Acture Trust and Beacon GP Care Group				√	Position of Authority	Apr-22		Agreed with Chairman not to accept or start any NHS HR contracts without his prior approval and support.
			Non Executive Director - 3 x Adult Health and Social Care Companies owned by Oldham Countil				√	Position of Authority	Apr-22		Withdraw from decision making process if the organisations listed within the declaration were involved.
			Director / Shareholder for 4 Seasons Garden Companies: 4 Seasons Garden Maintenance Ltd 4 Seasons Gardens (Norden) Ltd 4 Seasons Design and Build Ltd 4 Seasons lawn treatments Ltd CFR HR Ltd (not currently operating) - removed 25th May 2022				√	Position of Authority	Apr-22		4 Seasons garden maintenance Ltd has secured and operates NHS Contracts for grounds maintenance and improvement works at other NW NHS Acute Trusts but these pre date and are disassociated with my NED appointment at NWAS. To withdraw from the meeting and any decision making process if the organisations listed within the declaration were involved.
Alison	Chambers	Non-Executive Director	Husband works for Liverpool CCG (Cheshire and Mersey ICB)				√	Other Interest	Feb-22	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			Governor at Wigan and Leigh College			√		Position of Authority	Apr-20	31-Mar-22	N/A
			Pro Vice Chancellor, Faculty of Health and Social Care and Member of University Executive Group, Manchester Metropolitan University	√				Position of Authority	Apr-19	30-Apr-22	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			Husband is CEO at Barking and Havering and Redbridge University Hospitals NHS Trust				√	Other Interest	Aug-19	Feb-22	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
Salman	Desai	Director of Strategy, Partnerships and Transformation	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A		N/A
Aneez	Esmail	Non-Executive Director	Board member of Charity Dignity in Dying			√		Board member	May-22	Present	
			Employed at the University of Manchester		√			Professor of General Practice	Apr-21	3rd Mar 22	N/A
			Work in GP Practice - Non Exec Chairman of Board	√	N/A	N/A	N/A	Position of Authority	Apr-21	3rd Mar 22	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
Chris	Grant	Medical Director	NHS Consultant - Critical Care Medicine - Liverpool University Hospitals NHS Foundation Trust	√				Connection with organisation contracting for NHS Services	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			A member of Festival Medical Services, a 'not for profit' registered charity staffed by volunteers, delivering professional medical services at events throughout the country. NWAS does not sub-contract events nor does FMS operate any significant activity in the North West.		√			Non Financial Professional Interest.	Jul-22	Present	If FMS run events in the North West, these would be undertaken via usual NWAS command functions and EPRR planning and I would remove myself from any interactions and engage with the NWAS Deputy Director should involvement be required from the Medical Directorate.
David	Hanley	Non-Executive Director	Associate Consultant for the Royal College of Nursing	√				Trainer (part time)	Jan-22	Present	No conflict.
			Trustee, Christadelphian Nursing Homes			√		Other Interest	Jul-19	Present	N/A
Daren	Mochrie	Chief Executive	Chair of Association of Ambulance Chief Executives (AACE) Advisory role to the NHS Leadership Review Team		√				Jan-22	Present	No conflict.
			Member of the JESIP Ministerial Board, HM Government		√			Position of Authority	Jan-22	Present	No conflict.
			Board Member/Director - Association of Ambulance Chief Executive's		√			Position of Authority	Sep-19	Aug-20	No conflict.
			Registered with the Health Care Professional Council as Registered Paramedic		√			Position of Authority	Apr-19	Present	N/A
			Member of the College of Paramedics		√			Position of Authority	Apr-19	Present	N/A
			Chair of Association of Ambulance Chief Executives (AACE)		√			Position of Authority	Aug-20	Present	N/A

Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Indirect Interests		From	To	
			Member of the Royal College of Surgeons Edinburgh (Immediate Medical Care)		√			Position of Authority	Apr-19	Present	N/A
			Member of the Regional People Board		√			Position of Authority	Sep-20	Present	N/A
			Member of Joint Emergency Responder Senior Leaders Board		√			Position of Authority	Sep-20	Present	N/A
			Member of NHSE/I Ambulance Review Implementation Board		√			Position of Authority	Sep-20	Present	N/A
			Board Member/Director - NHS Pathways Programme Board		√			Position of Authority	Mar-20	Aug-20	Appointment declined
Maxine	Power	Director of Quality, Innovation and Improvement	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A		N/A
David	Rawsthorn	Non-Executive Director	Trustee and Treasurer of Citizens Advice Carlisle and Eden (CACE)			√		Position of Authority	Apr-19	31.3.22	N/A
			Member of Green Party			√		Other Interest	May-19	Present	Will not use NED position in any political way and will avoid any political activity in relation to the NHS.
			Member of Cumbria Wildlife Trust			√		Other Interest	Apr-19	Present	N/A
Lisa	Ward	Director of People	Member of the Labour Party	N/A	N/A	√		Other Interest	Apr-20	Present	Will not use position in any political way and will avoid any political activity in relation to the NHS.
Angela	Wetton	Director of Corporate Affairs	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A		N/A
Peter	White	Chairman	Director – Bradley Court Thornley Ltd	√				Position of Authority	Apr-19	Present	N/A
			Non-Executive Director -Miocare (Oldham Care and Support Limited is a subsidiary)	√				Position of Authority	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			Non-Executive Director – The Riverside Group	√				Position of Authority	Apr-19	Jan-22	-
			Non-Executive Director – Miocare Ltd	√				Position of Authority	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
Carolyn	Wood	Director of Finance	Husband was Director of Finance at East Lancashire Hospitals NHS Trust				√	Other Interest	Apr-19	Jul-19	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved.
			Husband is Director of Finance/Deputy Chief Executive at Lancashire Teaching Hospitals NHS Foundation Trust				√	Other Interest	Aug-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved.
			Board Member - Association of Ambulance Chief Executives		√			Position of Authority	Nov-21	Present	No Conflict

North West Ambulance Service NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	30 November 2022
SUBJECT:	Chief Executive's Report
PRESENTED BY:	Daren Mochrie, Chief Executive

LINK TO BOARD ASSURANCE FRAMEWORK:

SR01	SR02	SR03	SR04	SR05
☒	☒	☒	☒	☒

SR06	SR07	SR08	SR09	SR10	SR11
☒	☒	☒	☒	☒	☒

PURPOSE OF PAPER:	For Assurance

EXECUTIVE SUMMARY:

The purpose of this report is to provide members with information on a number of areas since the last CEO's report to the Trust Board on 28 September 2022.

The highlights from this report are as follows:

Paramedic Emergency Services

- Deterioration in performance in October due to increased hospital handover times
- Improvement in Call Pick Up (CPU) due to deployment of new Emergency Medical Advisors (EMAs) with more being deployed prior to the festive season
- C2 validation work being trialed at two pilot sites

NHS 111

- Increase in call demand continues as we approach winter
- The 111 rota review project remains on schedule to be completed and implemented by April 2023
- Sickness and attrition has reduced

PTS

- Year to date July 2022 - September 2022) PTS is performing at 16% below baseline

The paper also provides an update on local, regional and national activities as well as outlining our approach to a number of areas

<table>
<tr><td>RECOMMENDATIONS:</td><td colspan="4">The Board is recommended to:

▪ Receive and note the contents of the report.</td></tr>
<tr><td>CONSIDERATION TO RISK APPETITE STATEMENT
(DECISION PAPERS ONLY)</td><td colspan="4">The Trust's Risk Appetite Statement has been considered as part of the paper decision making process:

☐ Financial/ VfM
☐ Compliance/ Regulatory
☐ Quality Outcomes
☐ Innovation
☐ Reputation</td></tr>
<tr><td>ARE THERE ANY IMPACTS RELATING TO:
(Refer to Section 4 for detail)</td><td>Equality:</td><td>☐</td><td>Sustainability</td><td>☐</td></tr>
<tr><td rowspan="3">PREVIOUSLY CONSIDERED BY:</td><td colspan="4">Not applicable</td></tr>
<tr><td>Date:</td><td colspan="3"></td></tr>
<tr><td>Outcome:</td><td colspan="3"></td></tr>
</table>

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1. PURPOSE

This report seeks to provide a summary of the key activities undertaken by the Chief Executive and the local, regional and national issues of note in relation to the trust since the last report to the Trust Board on 28 September 2022

2. PERFORMANCE

2.1 Paramedic Emergency Service

Overall operational performance improved during September then deteriorated in October. This deterioration was mainly attributable to significant increases in hospital handover times. In September we lost 14172 hours to extended handover time compared with 18719 hours in October (that is the equivalent of all the vehicles in the Greater Manchester Area unavailable for a whole week).

Call pick up has been challenging but some improvement is now being seen with the introduction of 45 new Emergency Medical Advisors (EMAs) being deployed. A new cohort of 67 trainee EMAs commenced early November and will be deployed in time for the festive period. There is another 42 staff in the recruitment pipe line, this will improve the call pick up.

Following the introduction of the Intelligent Routing Platform (IRP) it is too early to understand if there is any impact to NWAS but the early information indicates we are receiving more calls from other services than we exporting.

There is a national development on the horizon that is looking to stratify the C2 calls. C2 calls will be divided into those which need to dispatched on immediately and those that may benefit from a secondary triage process through the clinical hub. The process is being trialled at 2 ambulance services and there is an expectation that other services will follow. NWAS has done some preparatory work on this and there may be some financial implications relating to clinical staffing in the clinical hub.

Preparations for the anticipated industrial action is underway and upon notification of the details mitigating actions will be put in place.

2.2 NHS 111

The NHS 111 service has witnessed an up-turn in call demand during late October and continuing into November resulting in a slight drop in calls answered in 60 seconds KPI to 33.8% (average for October and November mtd).

Following the receipt of the ORH report the 111 team, working with Working Time Solutions and the 4 Trade Unions, have commenced the working parties of the 111-rota review. This will realign staffing resources to the change in the 111-demand profile and enable implementation of team-based scheduling. The project remains on schedule to be completed and implemented by April 2023.

The recruitment, retention and sickness challenges within 111 continues, however we have seen a decrease in sickness recently and although attrition continues it has reduced since the introduction of the retention premia. The main cause of staff absence remains stress/anxiety/depression, and the team continue to focus on delivery of the NHS 111 People Plan, with aims to improve the workplace and the staff health and wellbeing.

The 111 team continue to deliver the actions set out in the Priority Plan developed in collaboration with the commissioners which was presented at the Operations Delivery Group on the 12 July. Within the plan there are actions for NWAS NHS 111, commissioners and other providers. One such action which will support NHS 111 to manage the seasonal increase in demand over the winter period, is a letter sent out to all GP practices on the 15 November cancelling 111 cover for PLT (Practice Learning Time) over the winter period.

2.3 Patient Transport Service

PTS performance is reported one month in arrears. Activity in September was 15% below contract baselines. Year to date July 2022 - September 2022) is performing at 16% below baseline.

3. ISSUES TO NOTE

3.1 Local Issues

Manchester Arena Inquiry

On Thursday 3 November, Sir John Saunders, Chair of the Manchester Arena Inquiry published Volume 2 of his report which looked at the Emergency response on the night of the terrorist attack.

First and foremost, our thoughts remain with everyone affected by this terrible atrocity.

Whilst much of the life-saving work carried out after the atrocity was highlighted, our organisation, and individuals, have faced criticism. There are no winners, grieving families still feel loss and pain, and our colleagues and former colleagues still feel mental trauma.

We were able to see the report early in the morning, ahead of its publication and issued an initial short statement for the media. I then took part in a press conference alongside police and fire service colleagues and read a more comprehensive statement and took questions from the media. This statement was also published on our website

I remain incredibly proud of the efforts of all those who, selflessly and with the best intention, went to help the public and try to save lives. They did the best they could in the most difficult of circumstance and their interventions will not be forgotten by the people who received them.

We have however accepted our fair share of criticism, including the failures of multi-agency working on the night as well as planning and structural issues, which contributed to some of the outcomes. We have quite rightly apologised and have committed to implementing the Chair's recommendations.

We remain confident in NWAS' ability to respond to major incidents. We have refocused our operational plans and procedures and know that our staff will continue to act with the same level of professionalism, intent, compassion, and desire to help as they have always done.

Over the last two years, many current and former colleagues have faced intense questioning and scrutiny. It has been difficult to watch and participate in. Retelling

and reliving the events of the 22 May 2017 have put a great strain on them. I want to thank them for taking part and for their honesty and integrity.

3.2 **Regional Issues**

Escalation to Reap Level 4

Effective from 18 October, the trust's REAP level changed from Level 3 (major pressure) to Level 4 (extreme pressure). The change in REAP level is due to increased and sustained activity and deterioration in handover times.

In moving to REAP Level 4, the trust has carefully considered the actions to be taken. We will be maximising all available resources, increasing staffing levels in EOC and operations. Mandatory training and other regulatory compliance work will continue during this time. Our escalation plans are being implemented proactively and we are working with other healthcare organisations to safely signpost patients to other services where appropriate.

Out and About

I recently spent some time visiting sites in Liverpool, including a tour of the new emergency department at Royal Liverpool Hospital and spoke to colleagues in our frontline teams. Understandably, hospital turnaround is the single biggest concern and frustration amongst any staff who work in operational roles. Tackling handovers is one of our priorities and is something that the Chancellor and Secretary of State for Health & Social Care expects to see improvements on, in return for the money he has set aside for the NHS in his autumn statement.

In return for extra funding, the government expects the NHS to make further efficiencies, deliver improved performance on ambulance response times, A&E waiting times and in improved access to primary care.

Just how the additional funding will be allocated and what the impact will be locally is yet to be determined. I am meeting with the health minister soon, so I will use my position to influence and make the case for investment in the Northwest after it was announced that health spending will increase Nationally by £3.3 billion in each of the next two years.

Whilst in Cheshire and Merseyside I attended the NHS Providers conference in Liverpool where Steven Barclay MP, Health and Social Care Secretary, spoke about his influence on the Autumn Budget amongst many other things, including how the workforce is his number one priority.

I also caught up with both Cheshire and Merseyside's Police Chief Constables and discussed their expectations of us, and us of them, in responding to certain emergency calls. I also met with the Chief Fire Officer of Merseyside to discuss a number of things.

3.3 **National Issues**

Handover pressures

The Board and I are fully aware of the difficulties our front-line staff are facing with hospital handover delays; this remains a priority for the trust and steps are being put in place to try and improve the situation.

NHS England have confirmed that hospital handover improvement is also a key priority for them for winter 2022-23. They fully recognise that delays with patient handovers in EDs mean that we cannot respond to C1 and C2 calls in a timely manner; and the subsequent consequences this has on patient outcomes.

They have confirmed what new measures are required and plans are being drawn up to:

- Better support people in the community; reducing pressures on general practice and social care, and reducing admissions to hospital
- Deliver on their ambitions to maximise bed capacity and support ambulance services
- Ensure timely discharge and support people to leave hospital when clinically appropriate
- Establish a winter improvement collaborative

The trust also has to try to reduce the number of patients transported to hospital by increasing our Hear & Treat and See & Treat outcomes. We will continue to work closely with our health partners to find the right solutions including access to more alternative pathways.

4. GENERAL

Ambulance Academy

The Communications Team launched the Ambulance Academy; a free online educational resource which has been designed to help children and young people to use our services properly. It sits alongside our website and contains everything they may need to know about careers in the ambulance service, being healthy (including mental health), learning lifesaving skills, first aid and advice on staying safe.

There is also a section with lesson plans for teachers and a 360 degree look inside an ambulance which may come in handy for those staff who engage with young people either inside or outside of work.

By creating the Ambulance Academy, we are supporting the notion that by educating children and young people now about the ambulance service, we will reap the rewards in 10 to 15 years. We've kick started the launch by following a series of children as young as five, who have saved the lives of loved ones and encouraged parents, guardians, and relatives to make sure the children in their lives know how to call 999 if they are with somebody who becomes seriously ill or injured.

Turn off the Blues podcast

The idea for a podcast for staff, by staff, came from hosts Craig Davies, Operations Manager and Martin Thomas, EOC Performance Manager. During the first episode Senior Paramedic, Deb Foster, bravely and openly discussed pregnancy loss, IVF and postnatal depression.

Episode two features Dispatcher James Formstone, who talks about his bowel cancer diagnosis, treatment and his life now with a colostomy bag and the third episode of the health and wellbeing podcast features Senior Paramedic Team leader, Josephine Angland and Paramedic, Rebecca Hunt, who talk about their menopause journey.

By talking openly about difficult subjects, we open doors for people who may otherwise feel alone. This is a fantastic resource for our staff and hopefully will encourage others to share their own stories.

Staff Survey

The NHS Staff Survey launched at the beginning of October. Each year, staff are asked to participate in the survey to help the trust build an understanding of experiences as a part of working for NWAS. Honest insights are vital and valuable as we strive to make the organisation a better place to work.

Although the survey is completed just once a year, answers will be used many times over by various organisations and teams looking to improve our experience in the workplace. One of the most significant, given the current cost of living crisis, is the NHS Pay Review Body.

Last year staff told us about the impact of working through the pandemic. We invested in burnout programmes for staff and managers and enabled all our contact centre staff to have access to independent mental health support conversations. We supported the continuing development of staff networks, launching the disability and armed forces networks earlier this year and launched the Women's Network on 11 October to provide a stronger voice for differing groups of staff.

The survey is run in partnership with trade unions and closes on 25 November.

Speak up

The recent BBC Panorama programme featuring the Edenfield Centre in GM; a secure mental health unit, made for extremely difficult viewing. The programme alleged bullying and humiliation of patients and inappropriate use of restraint. The trust concerned has immediately undertaken a clinical review of the patients affected, suspended a number of staff pending further investigations and commissioned an independent clinical review of the services provided at the centre. Working for patients as part of the NHS is a privilege we all share, and one that comes with a heavy sense of responsibility to do our best for each and every patient, every time.

October was Speak Up month; a campaign to raise awareness of Freedom to Speak Up and the work that is ongoing to create a culture in the NHS where staff feel encouraged, confident, and safe to speak up. The scheme allows staff to feel confident that if they raise a concern about a risk, malpractice or wrongdoing at work, their concerns will be taken seriously and handled confidentially with full support.

It's vital that when things go wrong, we make sure lessons are learnt, and improvements are made. If we think something might go wrong, it is important that we all feel able to speak up so that potential harm is prevented and expect that what we say is listened to and used as an opportunity for improvement.

Cost of living

During the past month I have taken part in a briefing session for journalists about the cost-of-living crisis and the impact on the NHS, staff and patients. A survey of trusts by NHS Providers found:

- Every trust which responded reported concerns about the mental, physical and financial wellbeing of staff as a result of the cost-of-living crisis
- 61% reported a rise in staff sickness absence due to mental health issues
- Trusts report staff struggling to afford to come to work, with almost 71% of respondents describing this as having a significant or severe impact on their trust
- The vast majority of trust leaders (95%) said that the cost of living had either significantly or severely worsened health inequalities in their local area. As rising housing, energy and food costs put more people in the position of making difficult choices about heating or eating, trust leaders expect to see more people pushed into poverty and its health consequences
- Trust leaders are keen to do as much as they can to mitigate the impact of the increase in the cost of living on staff and patients. However, some expressed concern about how sustainable it will be to maintain their initiatives, particularly given cost pressures on existing NHS budgets and a lack of co-ordinated central support or funding.

I am aware that people are faced with difficult decisions about eating or heating their homes, with some even opting out of the NHS pension scheme to keep hold of more money in the short term. These serious issues are being highlighted at the highest level through organisations such as NHS Providers, NHS Confederation and the Association of Ambulance Chief Executives. The Northwest Ambulance Charity has a hardship fund which offers £250 as a one-off support payment to staff in band five roles and below.

Black History Month

Black History Month honours the achievements, culture and history of black people. The theme this year was 'Time for change: Action not words'.

We know that all workplaces are reflective of our society in which, sadly, discrimination exists. We know that we must not only condemn racism but actively be anti-racist to ensure we make changes for the better. Addressing prejudice and disparity is essential. We know that discrimination leads to poor staff experience and poorer outcomes for patients and communities.

As part of our Association of Ambulance Chief Executives membership, all UK ambulance services have pledged to play a fundamental role in achieving positive and lasting change in stamping out racism.

As a result, we have collectively promised to:

- Raise awareness
- Respond
- Represent
- Respect and
- be Responsible

At the recent Ambulance Leadership Forum, Hafsa Mahumud, shared her reflections on being a black Muslim paramedic, mainly focusing on her experiences as a student paramedic, her words were of such importance that part of the recording was shared again with the entire ALF audience before the conference closed.

Within our Strategy for 2022-2025 the trust has outlined our commitment to equality, diversity and inclusion. Diversity is something to be celebrated, and we are proud that our networks and forums have provided safe environments where people are encouraged to be themselves, challenge how things are done and work together with leaders to improve NWAS for everyone.

To create an inclusive culture, our focus areas for the next three years are:

- Making sure everyone who works for NWAS has fair job and career progression opportunities to improve diversity and representation at all levels of the organisation.
- Educating and developing our leaders and people to improve understanding of racism, discrimination and cultural competence to deliver a step change in the experience of our people and patients.
- Using patient data and experience to improve access and health inequalities for people from diverse communities.

Restart a Heart Day

Restart a Heart Day takes place on 16 October each year and aims to raise awareness about sudden cardiac arrest and to teach people the life-saving skill of cardiopulmonary resuscitation (CPR). NWAS partnered with the Defibshop to teach CPR skills over 12 hours at Manchester's iconic Trafford Centre. Thank you to David McNally, the Community Resuscitation Team and our community first responder volunteers who took part.

The Women's Network

Congratulations to those involved with the launch of our newest and largest staff network, the Women's Network which is open to anybody, man or woman, who has a passion for wanting to bring change from a gender equality perspective. Such networks are essential in organisations like ours, where women have traditionally been underrepresented and where the influence of male decision-makers can still be seen in the way some of our policies and procedures and designed. The network intends to support career development for women and provide a safe space to discuss women's issues, such as menopause. As men, we should make it our business to understand the barriers women can face in the workplace, listen to our female colleagues' experiences and stories, and be part of the solution.

Climate Change

This year's climate action conference, COP27, opened in Egypt. As the world's first health service to commit to a target of net zero emissions, there is a lot going on in the NHS to play our part in tackling this critical issue.

Two important reports were published last month, reiterating the impact of climate change on health. The Lancet published a report on the health impacts of climate change, which found that climate change is worsening the health impacts from extreme heat, the risk of infectious disease outbreaks, and life-threatening extreme weather events. The UN's Emissions Gap Report 2022: The Closing Window provides an overview of the vast difference between where greenhouse emissions are predicted to be in 2030 and where they should be to prevent the worst impacts of climate change.

World Cup 2022

Every major football tournament has an impact on ambulance demand. Despite occurring in the winter this year, the World Cup in Qatar will be no different. Often, we see the numbers of calls drop during games and peak just after, with increases in calls for assaults and domestic violence.

The Home Office has launched a campaign with GOAL to "raise awareness of football-related abuse towards women in England and Wales" and promote the idea that "the responsibility to end domestic violence and sexual harassment against women and girls lies amongst our men and boys."

The choice of Qatar to host the World Cup has attracted much criticism and continues to do so. I am hopeful that we will see this as the start of much-needed and long-overdue change.

In our Thoughts

It is with great sadness that I write to inform you of the death of our colleagues, Dave Sullivan and Mair Heigh and former colleagues Jen Cole, Peter Cockayne, Bernard Plaskett, Vicky Round and Geoff Woodhouse

Dave was a highly respected operations manager within the Cheshire & Merseyside area and became the first paramedic within NWAS to achieve a milestone 50 years loyal and dedicated service. Dave passed away following a short illness.

Mair, a paramedic based in Barrow, passed away suddenly on 1 November. She had been part of the NWAS family since 2011 and many lives were touched by Mair during her career.

Jen sadly passed away on 18 October after a brave battle with cancer. She had been a health adviser at Middlebrook and had been with NWAS for seven years and previously with NHS Direct before taking ill health early retirement a few months ago

Peter had been the head of training based at Elm House and had worked for the service for 30 years before retiring in 2012 and passed away after a short illness

Bernard started his career in the 1970's at Keswick Ambulance Station before being promoted to shift leader at Penrith and worked as a team leader at Carlisle station for many years before his retirement in 2009.

Vicky worked at NHS Direct and 111 as a clinical advisor for many years before she reluctantly had to retire in 2017 after being diagnosed with motor neurone disease.

Geoff, or 'woody' as he was known, was a paramedic with NWAS for 31 years until his retirement in 1997.

The trust sends sincere condolences to the family, colleagues and friends of Dave, Mair, Jen, Peter, Bernard, Vicky and Geoff

5. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

There are no legal implication contained within this report

6. EQUALITY OR SUSTAINABILITY IMPLICATIONS

There are no equality or sustainability implications associated with the contents of this report.

7. RECOMMENDATIONS

The Board is recommended to:

- Receive and note the contents of the report.

North West Ambulance Service NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	Wednesday 30 November 2022					
SUBJECT:	Q2 Board Assurance Framework Review					
PRESENTED BY:	Angela Wetton, Director of Corporate Affairs					
LINK TO BOARD ASSURANCE FRAMEWORK:	**SR01**	**SR02**	**SR03**	**SR04**	**SR05**	
	☒	☒	☒	☒	☒	
	SR06	**SR07**	**SR08**	**SR09**	**SR10**	**SR11**
	☒	☒	☒	☒	☒	☒
PURPOSE OF PAPER:	For Decision					
EXECUTIVE SUMMARY:	The Corporate Risk Register can be seen in Appendix 1 and the proposed Q2 position of the Board Assurance Framework (BAF) with the associated Corporate Risk Register (CRR) risks scored ≥15 can be viewed in Appendix 2. The BAF Heat Maps for 2022/23 year to date can be viewed in Appendix 3. The Executive Leadership Committee (ELC) recommended the following Q2 changes (s4): • Decrease in risk score of SR06 from 15 to 12 • Increase in risk score of SR09 from 15 to 20					
RECOMMENDATIONS:	The Board of Directors are requested to: • Agree the decrease in risk score of SR06 from 15 to 12 • Agree the increase in risk score of SR09 to 20. • Agree the Q2 position of the Board Assurance Framework					
CONSIDERATION OF THE TRUST'S RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	The Trust's Risk Appetite Statement has been considered as part of the paper decision making process: ☒ Financial/ VfM ☒ Compliance/ Regulatory ☒ Quality Outcomes ☒ Innovation ☒ Reputation					

INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 3 OF REPORT

ARE THERE ANY IMPACTS RELATING TO: **(Refer to Section 4 for detail)**	Equality:	☐	Sustainability	☐

PREVIOUSLY CONSIDERED BY:	Assurance Committees, ELC and Audit Committee	
	Date:	Throughout Q2
	Outcome:	For Assurance

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1. PURPOSE

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

This paper provides an opportunity for the Board of Directors to review the 2022/23 Q2 position of the Board Assurance Framework (BAF) along with the Corporate Risk Register (CRR) risks scored 15 and above that are aligned to each BAF risk.

2. ASSURANCE PROCESS

The BAF and associated corporate risks are reviewed via the Integrated Governance Structure.

The evidenced based assurance information reported throughout the quarter via the assurance committees and identified via a review of Chair's Assurance Reports is collated on the Assurance Map. The assurance mapping has been utilised to support and inform discussions with Executive Directors and assist with the population of the assurance framework.

3. REVIEW OF THE CORPORATE RISK REGISTER

The review of the CRR takes place monthly at the Executive Leadership Committee (ELC) as well as via the Integrated Governance Structure. The CRR is available for review in Appendix 1.

4. REVIEW OF THE Q2 BAF POSITION

The Executive Leadership Committee has reviewed the Q2 position and recommends the following changes to the Board of Directors for approval:

SR06: There is a risk that non-compliance with legislative and regulatory standards could result in harm and/or regulatory enforcement action

- Decrease in current risk score for Q2 from 16 to 12

Opening Score 01.04.2022	Q1 Risk Score	Q2 Risk Score	Exec Lead
15 4x5 CxL	**16** 4x4 CxL	**12** 4x3 CxL	Prof M Power

The risk has decreased in risk score following review, with the following rationale applied by the Chief of Regulatory Compliance:

1. Recent CQC Urgent and Emergency Care System Inspection final report published with 3 should do's for PES and 3 should do's for 111.
2. New audit systems and SOPs are now in place for ambulance cleaning.

3. Progress to redesign our internal quality assurance visits (QAVs) programme in line with the new regulatory model has commenced.

SR09: There is a risk that due to persistent attempts and/or human error, NWAS may suffer a major cyber incident resulting in a partial or total loss of service and associated patient harm

- Increase in current risk score for Q2 from 15 to 20

Opening Score 01.04.2022	Q1 Risk Score	Q2 Risk Score	Exec Lead
20 5x4 CxL	**15** 5x3 CxL	**20** 5x4 CxL	Prof M Power

The risk has increased in risk score following review, with the following rationale applied by the Deputy Director of Quality.

1. Three significant cyber incidents during Q2 (one national and two local).
2. There is a continued high threat for further cyber attacks

5. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS *(including consideration of the Trust's Risk Appetite Statement)*

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

The Board Assurance Framework contains the application of the Trust's Risk Appetite Statement and has been reviewed as part of the Q2 BAF Review process.

6. EQUALITY OR SUSTAINABILITY IMPACTS

None identified.

7. RECOMMENDATIONS

The Board of Directors are requested to:

- Agree the decrease in risk score of SR06 from 15 to 12
- Agree the increase in risk score of SR09 to 20.
- Agree the Q2 position of the Board Assurance Framework

APPENDIX 1
Corporate and Commercially Sensitive Risk Register at 13 October 2022

DX ID	Opened	Risk Description	Approval status	Risk Type	Risk Subtype	Risk Register	Lead(s)	Rating (initial)	Risk Treatment	Likelihood (current)	Consequence (current)	Rating (current)	Controls	Gaps in controls	Assurance	Gaps in assurance	Rating (Target)	Last reviewed	Date of next review
3210	26/02/20	There is a risk that due to strategic interdependencies not being aligned to the Estates Strategy, timescales will be delayed resulting in the non-delivery of the Estates Strategy.	Approved Risks	Financial	Estates and Facilities Management	Corporate and Commercially Sensitive Risk Register	Carolyn Wood	20	Treat - Implement controls and mitigating actions to reduce the risk.	3	5	15	Estates Contact Centre Programme Group Trust IBP has links with all key Trust strategies Corporate Programme Board has oversight of Estates Strategy progress Oversight Forum established August 20 UEC Report approved by the Corporate Programme Board highlighting preferred option and spec. EOF to provide oversight HART Project Group established to proceed OBC Workforce Analysis and informed Report to ELC - completed	Functional strategies from all key areas including estates elements Outcome of options from Estates Contact Centre Programme Group Business Case will require submission to NHSI if cost level is above 15m	Workforce Analysis completed and informed Report to ELC July 2022 Strategic Implementation Plan Through quarterly meeting reports to Resources Committee PMO High Level Plan completed, updates regularly presented at EOF Meeting held with property management (Orbit) to gain their understanding and support EOF established Aug 20 Training highlevel oversight PMO/CPB highl level plan Task and Finish Group established in May 21 Strategic Delivery Board established Nov-21 of which the AD estates, fleet & FM is a member	Limited necessary resources available resulting in not able to complete working group tasks to schedule Trust decision on strategic direction of EOC. HART option 8, Ops changing data/scope from original ELC paper putting it in jeopardy, local resistance to proposal high though no viable alternative proposed. ELC decision June 22 to proceed HART only solution therefore target for BC now Aug 22 and further CCR report to be submitted 14 July 22	5	03/10/22	03/11/22
3255	24/04/20	There is a risk of continued sub-optimal functionality, effective and efficient use of Datix Web because of data inaccuracies, current system functionality and limited use across the organisation which may impact negatively on compliance with regulatory requirements.	Approved Risks	Project	Digital and Innovation	Corporate and Commercially Sensitive Risk Register	Angela Wetton	12	Treat - Implement controls and mitigating actions to reduce the risk.	5	3	15	1. DCIQ Contract 2. DCIQ Service Level Agreement 3. Datix Web Server move to RLDatix Cloud 4. DCIQ Business Case 5. DCIQ Project Initiation Document 6. DCIQ Project Controls 7. DCIQ Project Plan 8. DWeb BAU Governance and Processes 9. DCIQ Health Check - PMO Assurance 10. NWAS Controlled Release Customer	1. DCIQ Launch 2. DCIQ Reporting Requirements (YellowFin) 3. DCIQ Reporting Requirements (NWAS) 4. DCIQ Data Dashboards (NWAS) 5. Controlled Launch of DCIQ 6. NHSEI Patient Safety Strategy Delivery 7. LFPSE Functionality 8. DWeb Change Requests 9. DCIQ Education & Learning 10. DCIQ Communications 11. DCQ Project Resource 12. N3/ Gateway Connection	1. Project initiation document (PID) 2. DCIQ Project Plan 3. DCIQ Health Check Assurance Reports 4. DCIQ Project Exemption Reports 5. DCIQ Project Progress Reports 6. DCIQ Project Board Agenda & Minutes 7. DCIQ Project Controls Documentation: Issues Log 8. DCIQ Project Controls Documentation: Lessons Learnt Log 8. DCIQ Project Controls Documentation: Risk Register 9. Presentations/ Assurance to CPB 10. DCIQ Project Resource Extension Report (ELC) 11. DCIQ Roadmap	1. Final DCIQ Project Plan 2. DCIQ Project Delivery (Launch Date) 3. DCIQ Education and Training Packages 4. DCIQ Data Quality/ Assurance 5. DCIQ Data Triangulation 6. DCIQ Data Interoperability with NWAS Data Warehouse 7. N3/ Gateway Connection Completion 8. RLDatix DCIQ Roadmap Delivery	3	05/09/22	05/10/22
3445	17/11/20	There is a risk that due to the excessive handover delays at hospitals across the North West, there maybe increased numbers of patients being held on the back of ambulances and the number of available ambulances may diminish which may result in increased numbers of delayed responses for our patients.	Approved Risks	Operational	Patient Safety	Corporate and Commercially Sensitive Risk Register	Ged Blezard	20	Treat - Implement controls and mitigating actions to reduce the risk.	4	5	20	01. Local management engagement with hospitals within their Sector 02. NWAS Executive Management engagement with hospitals 03. Implemented HALOs at hospital sites to improve delays 04. Hospital Handover Project to reduce delays at hospitals 05. Installed Hospital Arrival Screens for all hospitals across the NW 06. A&E Delivery Board with NWAS representation 07. Attendance at National calls regarding hospital handovers 08. QI Approach to hospital handover 09. The Hospital Handover Safety Checklist is supported by the Medical and Quality Directorate and can be used in all Emergency Departments 10. Every Minute Matters` collaboration with Hospitals to improve handover times 11. Attendance at NHSE/I North West Winter Planning Meeting 12. Attendance at NHSE/I Hospital Handover Delays Review Meetings 13. Identification of Hospitals to participate in `Every Minute Matters` 14. NWAS concerns raised with AACE for National level discussion 15. Strategic meeting chaired by Prof. A Marsh to review delays 16. NHSE/I and Commissioners taking the lead to reduce hosptial handover times 17. Escalations with Chief Executive Officers of appropriate Acute Trusts 18. Hospital outliers escalated to the Regional Director of NHSE 19. Targeted recovery plans for hospital handover improvements 20. Continued liaison between NWAS and Acute services (Gold Cell meetings in Cheshire and Mersey Region); 21. Monitoring is taking place between Acute and CQC 23 joint monitoring arrangements between lead Commissioners and NWAS. 22. National Handover meeting with AACE 23. Operational Orders being reviewed. 24. Hospital Handover Action Cards to assist with managing a deteriorating patient 25. Commissioners are leading on working with Acutes and monitoring bi-weekly with NHSE 26. Roll-out in Cheshire and Merseyside 27. National Pilot `Rapid Release` at Lancashire Teachng Hospitals (Royal Preston Hospital) as of 01/02/2022 28. Introduction of NHS Pathways during March 2022 - July 2022 in EOC aimed at reducing A & E journeys & redirect to alternative services	01. Not all NW hospitals have signed up to the `Every Minute Matters` collaboration 02. Unpredictable increases in demand across the Service Directorate 03. Increased pressure within hospitals are increasing delays for the release of ambulances 04. DCA vehicle specification for 2023/24 does not include the provision of wheelchairs	01.NWAS Hospital Handover Performance Data to Commissioners and NW NHSE/I 02. NWAS Hospital Handover Safety Checklist developed and being rolled out across the NW. Two sites fully implemented 03.NWAS Integrated Performance Report 04.Hospital Handover Project Documentation 05.Every Minute Matters Project Docmentation 06. Right Care Closer to Home` allocated to SPTLs. 07. Acute Frailty Unit at Whiston Hospital as of September 2021 08. NHSE/I have a focused piece of work to reduce hospital handover delays. 09.Documents include Ambulance Handover Safety Checklist, and Handover Safety Checklist Resource Pack 10. Revised Divert and Deflection Policy (V12.3) 11. NWAS Hospital Handover Fit2Sit developed and being rolled out across the NW. One site fully implemented 12. NWAS Hospital Handover Process redesign developed and being rolled out across the NW. Four sites fully implemented 13. SDEC Pathways and ED avoidance being implemented 14. Resource packs received from Medical Director (Ambulance Handover Safety Checklist Pack & Resocurce Pacls) 15. Successful trial of Escaltion process to improve release of vehicles 16. Delayed admissions report to highlight areas of improvement and areas to have greater focus 17. This risk is also on the Commissioners Risk Register and gets visibility at the Strategic Partnership and Transformation Board which is comprised of NWAS and Commissioner Executives.	01. Continued hospital presssures affect NWAS' ability to handover patients in a timely manner 02. Continued abstraction rates of PES staff remains challenging to provide extra vehicles 03. National Performance Data 04. National Hospital Handover Performance Data 05. NWAS Hospital Handover Process redesign not fully implemented the NW 06. NWAS Hospital Handover Safety Checklist not fully implemented across the NW 07. NWAS Hospital Handover Fit2Sit ongoing with Tameside	5	03/10/22	03/11/22

DX ID	Opened	Risk Description	Approval status	Risk Type	Risk Subtype	Risk Register	Lead(s)	Rating (initial)	Risk Treatment	Likelihood (current)	Consequence (current)	Rating (current)	Controls	Gaps in controls	Assurance	Gaps in assurance	Rating (Target)	Last reviewed	Date of next review
3452	17/11/20	There is a risk that due to increases in operational demand, limited resource and processes the existing operating model for NWAS may be ineffective resulting in delayed patient response and inability to achieve ARP standards.	Approved Risks	Operational	Operational Performance	Corporate and Commercially Sensitive Risk Register	Ged Blezard	25	Treat - Implement controls and mitigating actions to reduce the risk.	4	5	20	01.Shared learning via AACE and other NHS Ambulance Trusts 02.Preparatory workforce planning including overtime and recruitment opportunities 03. Senior operational representation at National level 04. NWAS representation on monthly conference calls 05. Implemented Pre-Determined Attendance (PDAs) part of ARP v2.3 and frequent reviews of PDAs 06. Implemented clinical leadership across all EOCs and Trauma cells 07. Auto-allocation to improve response times 08. Management of IFT/ HCP activity 09. DCA, RRV and ORH Modelling Review Building & Better Rota's Project 10. Fleet Replacement Programme 11. Operational Policies & Procedures and Operational Guidance 12. Operational, Tactical and Strategic Management 13. Performance Management Framework 14. Additional resources utilised to support performance, e.g. use of Third Party Providers with increased scope of practice, use of CFRs and PTS supporting PES work 15. NWAS Communications; use of social media 16. Clinical Leadership Model 17. NWAS Operational Performance Calls 18. ROCC Tactical Commanders & Strategic Commanders 19. Cancellation of mandatory training & appraisals 20. NWAS Winter Plan 21. Engagement with System Leaders & Acute Hospitals 22. Engagement with NHSE/I 23. Engagement with NWAS Lead Commissioner 24.Temporary suspension of Mandatory Training during winter 2021/22 25. Initiated actions for REAP 4 as agreed by ELC 26. Review of strategic intentions with increases in pressures. 27. Additional 45 DCAs being utilised as part of Winter Plan 28. Additional 90 PTS staff being upskilled for PES up to 31 March 2022 29. Additional funding for 111 Service 30. Six Point Plan jointly devleoped with Commissioners to cover - Increase Resources, increase Hear and Treat, reduce loss of vehicle hours 31. Discussions with NHSE re `levelling up` investment 32. International recriutment is being Project led by NHSEE for NWAS 33. Australian Paramedics have commenced in post	01.Confirmation of the receipt of additional finances from Commissioner 02.Delivery of Urgent and Emergency Care Strategy 03. Workforce Planning 04. Awaiting outcome of ORH review 05. Monthly monitoring by Lead Commissioner to facilitate release of funding 06. International appointees will not be in post until circa Sept 2022 07. Current military resources are depleting in stages up to 31/03/2022 following which no further resources will be available. 08. Due to external pressures, REAP level was escalated to REAP 4 24/03/0222	01.National Performance Data 02.National ARP Data 03.ORH Modelling Report 04.NWAS Integrated Performance Report 05.NWAS Performance Reports to Commissioners 06.NWAS Performance Reports to NHSE/I 07.NWAS Business Cases for Fleet Replacement 08.NWAS Workforce Indicators Report 09. National Hospital Handover Performance Data 10. NWAS Hospital Handover Performance Data to Commissioners 11. NWAS Hospital Handover Performance Data to NW NHSE/I 12. NWAS Integrated Performance Report 13. Hospital Handover Project partly implemented across NW Acutes 14. Every Minute Matters Project Documentation 15. £6.23 m investment to cover short-term increase in resources from September 2021 - 31 March 2022 16. Commissioners and NHSE are engaged in improving ED hospital delays 17. Buddy system from NHS Ambulanbce Trusts to alleviate pressures on EOC when required 18. Financial Investment and Monitoring Winter Plan presentation (30/11/21) provides projections of exenditure 19. MACCA application approved January 2022 20. 150 military assets deployed assisting NWAS between January 2022 - 31 March 2022 21. There has been a recorded improvement in performance in late January - early February 2022 22. There has been a reduction in abstractions 23. NWAS at REAP 3 as of 02/02/2022 24. NWAS engaged with NHSEE International recruitment pilot of Paramedics from Australia	01. AACE to simplfy the operating model. 02. Continued hospital pressures 03. No confirmation for re-occuring funding levels for resourses from 01 April 2022	5	03/10/22	03/11/22
3537	17/06/21	There is a risk that due to gaps in controls and user education/awareness, the Trust may be subject to a ransomware attack resulting in disruption to digital operations including critical systems, causing an impact to normal business operations.	Approved Risks	Operational	Digital and Innovation	Corporate and Commercially Sensitive Risk Register	Maxine Power	15	Treat - Implement controls and mitigating actions to reduce the risk.	4	5	20	IT health dashboard enabling real time monitoring of assets, visibility of security threats and vulnerabilities, and assurance around completion of mitigation (e.g. patching and CareCERTs) Cyber essentials Compliant assessment completed (2019 - 2020) Desktop central is utilised for maintaining software updates. Radically reduced the number of servers below 2012 - as of 17/06/2021 25 2008 servers are left Patching effectiveness is very high. Regular security updates deployed for the latest security patches New Cyber Security Manager recruited and in place (Oct 2020) New Firewalls were implemented at the end of 2020 offering better security and visibility Implementation of Mimecast email security service. Protecting NWAS from new and emerging threats through email Microsoft ATP implemented on all servers. providing protection and visibility. This is monitored by the Trust and NHSD Mobile Device Management in use to control services on some mobile devices Anti-virus protection (including malware protection) on both physical and virtual clients/server's Device encryption on all laptops and some mobile devices mobile devices to protect data Automated daily threat assessment in place for Windows 10 Business Continuity Plans Regular Audits undertaken by MIAA Regular Pen Tests undertaken Mandatory staff cyber training via ESR External and internals scans and patching completed as released in hours Cyber Incident Management Plan/Policy	Admin Accounts have internet access Out of support software No SIEM Lack of uptake in staff security awareness	ITHealth Dashboard - brithd01.northwestambulance.nhs.uk Cyber Essential Certificate Desktop Central - http://epdskc01.northwestambulance.nhs.uk:2581/homePage.do?actionToCall=homePageDetails Regular Reporting via IT Security Forum to the Information Governance Sub Committee on number of unsupported Operating Systems Regular Reporting via IT Security Forum to the Information Governance Sub Committee on number of patched/unpatched devices and servers Firewall alerts and dashboard Mimecast dashboard - https://login-uk.mimecast.com/u/login/?gta=apps&link=/home#/login ATP Dashboard - https://security.microsoft.com/endpoints/dashboard# MDM Intune portal - https://endpoint.microsoft.com/#@nwas.nhs.uk/dashboard/private/b259b43f-b7b8-47df-b8e0-a2109214d03a Malware protection dashboard - https://eptrnd01:4119/SignIn.screen BC plans are managed within continuity2 Yearly Staff Training figures reported to IG team Pen Test - External Vulnerability & DSPT Assessment (Internal) Feb 2021 Pen Test - External Vulnerability & DSPT Assessment (External) Feb 2021 Pen Test - External Vulnerability & DSPT Assessment (Safe check) Feb 2021 MIAA IT Continuity Audit Dec 2020 MIAA User Privilege Audit Dec 2020 New Cyber Security Manager recruited and in place (Oct 2020) IT Health dashboard has provided significant oversight of log j4 patching status External scans undertaken to search for logj4 vulnerabilities	Lack of defined KPI's relating to Cyber Security & governance/assurance process Actions from NHS Digital, Pen Tests & MIAA assessments to be addressed &b monitored Lack of independent evaluation of security training re Social Engineering Lack of multiple and immutable backups	5	15/09/22	28/10/22
3540	17/06/21	There is a risk that due to digital expansion/interoperability increasing the Trust's attack surface which in turn increases overall risk to the Trust resulting in a loss of critical systems and business disruption or exfiltration of confidential data.	Approved Risks	Operational	Digital and Innovation	Corporate and Commercially Sensitive Risk Register	Maxine Power	12	Treat - Implement controls and mitigating actions to reduce the risk.	4	4	16	DPIA Process for all systems, processes and applications SLSP process for all systems, processes and applications Logging and monitoring Risk Management Process Digital Design Forum Interoperability Forum Change Advisory Board - monitoring and reporting Control and managing product versions. Active fire wall restrictions and monitoring Advanced threat protection linked to NHS Digital	Incomplete Information Asset Register Not all systems have a completed SLSP or DPIA Processes are not known by all staff Lack of penetration testing on new connections	Pen Test - External Vulnerability & DSPT Assessment (Internal) Feb 2021 Pen Test - External Vulnerability & DSPT Assessment (External) Feb 2021 Pen Test - External Vulnerability & DSPT Assessment (Safe check) Feb 2021 MIAA User Privilege Audit Dec 2020 New Cyber Security Manager recruited and in place (Oct 2020) Digital Design Forum Firewalls in place DPIA/SLSP process Mandatory Training Data Protection Module over 80% compliance reported Cyber Security Green Room Page Bi-monthly Cyber Security Forum	Lack of a robust supplier assurance process No all staff follow the correct route when developing digital solutions	4	31/08/22	28/10/22

DX ID	Opened	Risk Description	Approval status	Risk Type	Risk Subtype	Risk Register	Lead(s)	Rating (initial)	Risk Treatment	Likelihood (current)	Consequence (current)	Rating (current)	Controls	Gaps in controls	Assurance	Gaps in assurance	Rating (Target)	Last reviewed	Date of next review
3611	03/02/22	There is a risk due to the gaps in assurance surrounding the enactment of Duty of Candour for incidents that do not meet the Serious Incidents threshold, that regulatory Duty of Candour conversations will be missed, leading to regulatory enforcement, financial implications and loss of service user confidence	Approved Risks	Operational	Patient Safety	Corporate and Commercially Sensitive Risk Register	Maxine Power	20	Treat - Implement controls and mitigating actions to reduce the risk.	4	4	16	01. Duty of Candour Procedure (Serious Incidents) 02. Duty of Candour Training 03. Duty of Candour Enactment Documentation 04. Duty of Candour Documentation in DatixWeb System 05. Openness and Transparency Questions during Incident Reporting in DatixWeb System 06. Openness and Transparency Questions during Complaint Handling in DatixWeb System vv 07. Duty of Candour Questions Available during Incident Management in DatixWeb System 08. Duty of Candour Questions Available during Complaint Management in DatixWeb System	01. Inaccuracies within Duty of Candour Procedure 02. Organisational awareness of Duty of Candour 03. Enhanced Duty of Candour Training Package 04. Duty of Candour Repository 05. Duty of Candour Audits/ Compliance Reviews	Duty of Candour Training Compliance Data Duty of Candour Compliance Reviews (Serious Incidents)	Duty of Candour Assurance Reporting to Patient Safety Sub Cttee	4	14/09/22	14/11/22
3632	04/05/22	There is a risk that due to the number of HSS Practitioner vacancies and high level of abstractions within the HSS team, HSS statutory and operation activity will be compromised leading to a lack of assurance and increased staff and patient safety incidents.	Approved Risks	Operational	Health, Safety and Security	Corporate and Commercially Sensitive Risk Register	Maxine Power	12	Treat - Implement controls and mitigating actions to reduce the risk.	4	4	16	HSS establishment consists of 5 substantive HSS Practitioners, 1 Administrator and 1 Team leader position Head of Compliance [incl HSS] is a substantive position Many staff in org hold NEBOSH/IOSH qualifications in HSS, beyond that of the HSS team	Head of Compliance [incl HSS] is also on long term sick Vacancies are: 3 x HSS Practitioners	All vacant posts are substantive HSSC committee has oversight of HSS team workplan, and associated risks External reporting requirements such as RIDDOR to the HSE continue to be prioritised MIAA review of RIDDOR scheduled in for 22/23 Agency support and temporary support arranged and in place New team leader in place and current completing probationary period	Recruitment to be initiated for vacant positions	4	18/08/22	30/09/22
3651	28/06/22	There is a risk that due to the lease to our current Grange O.S Ambulance Station expiring on 31/03/23 and the landlord taking possession of the site. Unless a suitable alternative site is found before this date the Trust will not be able to operate in the area, this will lead to delayed patient care.	Approved Risks	Operational	Estates and Facilities Management	Corporate and Commercially Sensitive Risk Register	Carolyn Wood	16	Treat - Implement controls and mitigating actions to reduce the risk.	4	4	16	Search for alternative premises within the area	Project Team yet to be established Landlord confirmed that there is no potential for lease extension/purchase	Internal communications relating to ongoing site search Discussion notes available from meetings with Cumbria FR Legal advice has been taken and formal letter requesting lease extension submitted. In the interim, local comms engagement has been initiated to help source alternative options	Project Team to be established with reporting to Estate Oversight Forum	4	03/10/22	03/11/22
3656	05/07/22	There is a risk due to a significant vacancy gap and rise in turnover and healthy external job market the HR Hub are unable to recruit and retain resources resulting in unfulfillment of transactional recruitment activity.	Approved Risks	Operational	People	Corporate and Commercially Sensitive	Lisa Ward	12	Treat - Implement controls and mitigating actions to reduce the	4	4	16	1. Close monitoring of HR Hub workforce 2. Review of workload distribution 3. Review budget with Finance to ensure all posts are filled and where possible to recruit permanently at risk	Buoyant labour market will impact on ability to attract and retain staff	1. Weekly meetings with HR Hub Team Managers 2. Review of adverts to ensure they are attractive 3. Linking in with agencies to support attracting applicants	Strategic Workforce Committee	4	18/08/22	19/09/22
3659	07/07/22	There is a risk to the reputation of the Trust due to the planned closure of the current Preston ambulance station (Co-located with LFRS), which could result in an increased response time in the South Lancs Sector which may attract further political challenges by governing and regulatory bodies such as NHSE/I, MPs, DH, CQC etc and requests via FOI and/or media attention at a regional level.	Approved Risks	Reputational	Patient Safety	Corporate and Commercially Sensitive Risk Register	Salman Desai	16	Treat - Implement controls and mitigating actions to reduce the risk.	4	4	16	Formal communication has been issued from the Chief Executive to external stakeholders including Members of Parliament and the DoH Local press have been issued bulletins via Communications Dept Monitoring any request for information in relation to this project □ Proactive updates are issued as required including to Healthwatch and Council□ Linked performance risk (ID 3658) is being managed via project and area consultative arrangements□	Despite proactive engagement and repsones provided to key stakeholders, the Trust still may receive further requests from sources currently unidentified / unknown.	Estate Project Team Meeting Estate Oversight Forum Discussed at Level 3 Parliamentary Question and HoS, Director of Operations response, approved by Exec Team for Parlimentary Feedback Executive Leadership Team oversight. Area Consultative Meetings	No identified gaps in assurance	4	21/09/22	28/10/22
3661	13/07/22	There is a risk that due to the variation in security provisions at ambulance bases where controlled drugs (CDs) are stored, the Trust will breach Home Office licence security requirements resulting in subsequent enforcement action and/or removal of the licence leading to a significant adverse impact in the Trust's ability to provide emergency care.	Approved Risks	Operational	Patient Safety	Corporate and Commercially Sensitive Risk Register	Ged Blezard	15	Treat - Implement controls and mitigating actions to reduce the risk.	3	5	15	Trust SOP: Controlled Drugs Standard Operating Procedures 2021-2024 is currently in place. CDs stored on only 40 bases across the Trust footprint and some of these sites meet the required standard. Vehicles are stored with a locked compound where facilities permit Audits are completed by the Medicines Management Team and the results fed back to the local management teams Develop improvement plans where possible based upon audit results. Daily/weekly checks are in place for paramedics to complete	Inability to store all vehicles containing controlled drugs in a locked compound. Inability to comply with the advice to install CCTV covering any room containing CDs or general medicines. Duty to operational pressures there is an inability to conduct the daily vehicle CD check in accordance with the SOPs Proportionate level of security is unknown for all bases. SOP ; Controlled Drugs Standard Operating Procedures 2021-2024 requires auditing to show compliance levels. No formal risk-based approach agreed to determine proportionate provisions No funding identified for any security upgrade work to take place Some estates may not be suitable for storage of CDs	Raised at C & M Level 3 meeting Escalation to the Medicines Management Team Home Office conduct regular inspection on a limited number of bases.	Currently no escalation to SMT, ELC Exact security provisions for each individual base are unknown No plan to address any gaps	5	21/09/22	28/10/22
3664	19/07/22	There is a risk, due to the lack of a detailed emergency response specification for the use of private ambulance providers in the provision of PES, that variations in provision of drugs and associated training results in difficulties regarding assurance checks and could result in medicines not being administered in accordance with NWAS protocols leading to serious patient safety incidents	Approved Risks	Operational	Patient Safety	Corporate and Commercially Sensitive Risk Register	Ged Blezard	9	Treat - Implement controls and mitigating actions to reduce the risk.	3	5	15	All TPP are inspected on an annual basis TPP report all incidents into NWAS A contract and specification outlining basic requirements is in place TPP inspection process is in place All TPP staff are issued with an NWAS PIN number upon receipt of DBS and qualification confirmation Crew qualification linked to the individual's PIN number flags to the EOC dispatcher Third party framework is in place Only approved providers vetted by NWAS operate on behalf of the Trust	No specification within the current Contract to specify the requirements for PES Drugs. No standard specification for training for PES staff Currently no audit to ensure than qualifications are kept up to date. No specification to assess new providers for Emergency response work Limited number of PES vehicle checks undertaken Cross match exercise to assess different external qualifications to NWAS skills has not been undertaken	Working group established to look at the requirement. Reports on third party provider assurance submitted to the PTS Level 3 meeting and a chairs assurance report to the HSSSC Annual report regarding third party provider assurance submitted to the Quality & Performance Committee All providers are on a Framework which is vetted by NWAS before they operate on our behalf	Decision is required as to whether the providers work to NWAS' governance framework or individual provider protocols. Currently no independent oversight	5	03/10/22	03/11/22

North West Ambulance Service NHS Trust

BOARD ASSURANCE FRAMEWORK 2022/23

BOARD OF DIRECTORS

30 NOVEMBER 2022

nwas.nhs.uk

Q2 2022/23 Reporting Timescales:

Quality & Performance Cttee:	24/10/22
Resources Cttee:	25/11/22
Executive Leadership Cttee:	19/10/22
Audit Cttee:	21/10/22
Board of Directors:	30/11/22

BOARD ASSURANCE FRAMEWORK KEY

Risk Rating Matrix (Likelihood x Consequence)

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

Director Lead:	
CEO	Chief Executive
DoQII	Director of Quality, Innovation & Improvement
MD	Medical Director
DoF	Director of Finance
DoOps	Director of Operations
DoP	Director of People
DoSPT	Director of Strategy, Partnerships & Transformation
DoCA	Director of Corporate Affairs

Board Assurance Framework Legend

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

OUR STRATEGY AT A GLANCE

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

Values:

WORKING TOGETHER.

We work together to understand and value every role in achieving our shared purpose. We live and breathe inclusivity, everyone matters.

BEING AT OUR BEST.

We challenge ourselves to be the best we can be. We are curious and push boundaries to improve everything we do.

MAKING A DIFFERENCE.

We make a difference through doing the right thing by our staff, patients, partners and communities. We act with compassion and kindness.

Priorities:

Urgent and Emergency Care

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

Quality

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

Digital

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

Business and Commercial Development

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

Workforce

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

Stakeholder relationships

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

Infrastructure

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

Environment

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

Supporting strategies:

- Urgent and Emergency Care Strategy
- Quality (Right Care) Strategy
- Digital Strategy
- Finance plan - long term financial model
- Workforce Strategy
- Communications and Engagement Strategy
- Estates and Fleet Strategies

BOARD ASSURANCE FRAMEWORK DASHBOARD 2022/23

BAF Risk	Committee	Exec Lead	01.04.22	Q1	Q2	Q3	Q4	2022/23 Target	Final Target
SR01: There is a risk that the Trust may not deliver safe, effective, and patient centred care leading to avoidable harm, poorer patient outcomes and reduction in patient satisfaction	**Quality & Performance**	**MD**	**15** 5x3 CxL	**15** 5x3 CxL	**15** 5x3 CxL			**15** 5x3 CxL	**5** 5x1 CxL
SR02: There is a risk that the Trust cannot achieve financial sustainability impacting on its ability to deliver safe and effective services	**Resources**	**DoF**	**20** 4x5 CxL	**16** 4x4 CxL	**16** 4x4 CxL			**16** 4x4 CxL	**8** 4x2 CxL
SR03: There is a risk that the Trust does not deliver improved national and local operational performance standards resulting in delayed care	**Quality & Performance**	**DoOps**	**20** 5x4 CxL	**15** 5x3 CxL	**15** 5x3 CxL			**15** 5x3 CxL	**5** 5x1 CxL
SR04: There is a risk that the Trust will be unable to attract or retain sufficient suitably qualified staff and maintain low abstraction levels, which may impact on our ability to maintain safe staffing levels	**Resources**	**DoP**	**12** 4x3 CxL	**12** 4x3 CxL	**12** 4x3 CxL			**12** 4x3 CxL	**4** 4x1 CxL
SR05: There is a risk that sufficient progress is not made in developing a compassionate, inclusive and supportive culture, impacting adversely on staff wellbeing and engagement, resulting in poor quality services, staff harm and reduced productivity	**Resources**	**DoP**	**12** 4x3 CxL	**12** 4x3 CxL	**12** 4x3 CxL			**12** 4x3 CxL	**4** 4x1 CxL
SR06: There is a risk that non-compliance with legislative and regulatory standards could result in harm and/or regulatory enforcement action	**Quality & Performance**	**DoQII**	**15** 5x3 CxL	**15** 5x3 CxL	**12** 4x3 CxL			**10** 5x2 CxL	**5** 5x1 CxL
SR07: There is a risk that the proposed changes to legislation reduces the Trust's ability to engage effectively and influence across all the ICS within its regional footprint	**Resources**	**DoSPT**	**12** 4x3 CxL	**12** 4x3 CxL	**12** 4x3 CxL			**8** 4x2 CxL	**4** 4x1 CxL
SR08: (**Sensitive Risk**)	**Resources**	**DoSPT**	**12** 4x3 CxL	**12** 4x3 CxL	**12** 4x3 CxL			**8** 4x2 CxL	**4** 4x1 CxL
SR09: There is a risk that due to persistent attempts and/or human error, NWAS may suffer a major cyber incident resulting in a partial or total loss of service and associated patient harm.	**Resources**	**DoQII**	**15** 5x3 CxL	**15** 5x3 CxL	**20** **5x4** **CxL**			**10** 5x2 CxL	**5** 5x1 CxL
SR10: (**Sensitive Risk**)	**Resources**	**DoSPT**	**20** 5x4 CxL	**20** 5x4 CxL	**20** **5x4** **CxL**			**15** 5x3 CxL	**10** 5x2 CxL
SR11: (**Sensitive Risk**)	**Resources**	**DoOps**		**12** 4x3 CxL	**12** **4x3** **CxL**			**4** 4x1 CxL	**4** 4x1 CxL
SR12: (**Sensitive Risk**)	**Resources**	**DoOps**			**15** **5x3** **CxL**			**10** 5x2 CxL	**4** 4x1 Cx**L**

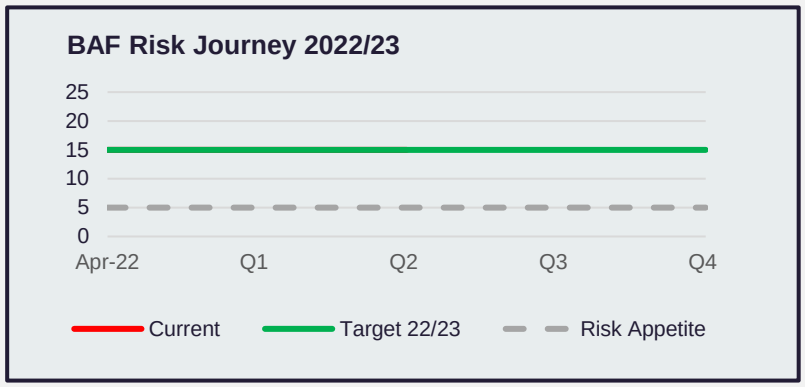
BOARD ASSURANCE FRAMEWORK 2022/23

BAF RISK SR01:
There is a risk that the Trust may not deliver safe, effective, and patient centred care leading to avoidable harm, poorer patient outcomes and reduction in patient satisfaction

Strategic Priority: Quality & Digital

Executive Director Lead: MD

Risk Appetite Category: Quality Outcomes – Low



BAF RISK SCORE JOURNEY:

	01.04.22	Q1	Q2	Q3	Q4	22/23 Target	Final Target
	15	15	15			15	5
	5x3	5x3	5x3			5x3	5x1
	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite	Exceeded	Exceeded	Exceeded			Exceeded	Within

RATIONALE FOR CURRENT RISK SCORE:
The risk score for the Q2 position of this BAF risk has maintained at a score of 15 due to ongoing pressures across NHS 111, PTS and 999 services that sees delivery against ARP standards on going concerns. The greatest clinical risks are deemed to reside in excessive waits in Category 2. However, the Trust has deescalated to REAP 3 for a sustained period and NHS Pathways implementation has been completed. This has allowed significant clinical benefits in hear and treat and opened up opportunity for additional clinical validation, clinical signposting and additional see and treat. We have seen a decrease in SI declarations attributed to a lack of resource and response times during this period. In terms of improvement steps, considerable ongoing focus is required to address hospital handover delays and the harm associated. In addition, the workstreams for maternity and MH throughout 2022/23 address the high-risk patient groups across all service lines. Agreement with ICBs regarding MH joint response vehicles and exploring EOC models. With reference to digital, the Phase 2 of EPR has required additional scrutiny and challenge due to concerns of delivery to meet original timescales.
During winter planning, it is clear that seasonal projections regarding Covid and Influenza, population level economic challenges (including industrial action) and sustained health and social care pressures are a significant concern. This strongly indicates the Trust will again face significant challenges in the delivery of SR01.

CONTROLS	ASSURANCES	EVIDENCE
QUALITY		
Quality Performance	**Level 2:** NWAS Quality Account	Reported to BoD (PBM/ 2223/24)
Quality and Operational Metric Surveillance	**Level 2:** Integrated Performance Report (IPR) **Level 2:** Reportable Events Report **Level 2:** HS&S Sub Cttee Chairs Assurance Report **Level 2:** Patient Safety Sub Cttee Chairs Assurance Report **Level 2:** Clinical Effectiveness Sub Cttee Chairs Assurance Report	Reported to BoD (BoD/ 2223/31) Reported to BoD (PBM/ 2223/12) Reported to Q&P Cttee (QPC/ 2223/35) Reported to Q&P Cttee (QPC/ 2223/34) Reported to Q&P Cttee (QPC/ 2223/33)
Clinical Audit	**Level 2:** 2022/23 Clinical Audit Plan	Reported to Q&P Cttee (QPC/ 2223/31)
Prevention and Control of Infection	**Level 2:** IPC Board Assurance Framework **Level 2:** IPC Sub Cttee Chairs Assurance Report	Reported to Q&P Cttee (QPC/ 2223/53) Reported to Q&P Cttee (QPC/ 2223/55)
Digital Capture and Monitoring of Clinical Outcomes	Level 2: Clinical Effectiveness Sub Cttee Chairs Assurance Report	Reported to Q&P Cttee (QPC/2223/100)
Safety Culture	Level 2: Q&P Chairs Assurance Report	Reported to BoD (BoD/2223/59)
Single Primary Triage	Level 2: Integrated Performance Report (IPR)	Reported to BoD (BoD/2223/73)

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
QUALITY					
Duty of Candour	Implementation of Duty of Candour review recommendations	Prof M Power	March 2023	Q&P Cttee	In Progress
Midwifery Strategic Plan	Deliver the NWAS Midwifery Strategic Plan	Dr C Grant	March 2023	Q&P Cttee	In Progress

Mental Health, Dementia, LD & Autism Strategic Plan	Develop an integrated MH joint review & response model	Prof M Power	March 2023	Q&P Cttee	In Progress
Hospital Handover	System working to agree plans to address handover to reduce harm	Prof M Power	March 2023	Q&P Cttee	In Progress
Digital Capture and Monitoring of Clinical Outcomes	Deliver Phase 2 EPR roll out and systems for automating clinical audit	Dr C Grant	2023/24	Q&P Cttee	In Progress
Safety Culture	Devise a plan to improve performance on safety culture & F2SU	Prof M Power Dr C Grant	March 2023	Q&P Cttee	In Progress
NHS Patient Safety Strategy	Implementation of the Patient Safety Incident Response Framework	Prof M Power Ms A Wetton	2023/24	Q&P Cttee	In Progress
DIGITAL					
Out of Hours Technical Resilience	Development of proposal in conjunction with operations	Prof M Power	March 2023	Audit Cttee	In Progress
Single Primary Triage System	Delivery of Phase 2: Migration to Single Primary Triage System	Prof M Power	March 2023	Audit Cttee	Completed
Quality & Safety Business Intelligence	Triangulation of data with performance activity to predict key risks	Prof M Power	March 2023	Q&P Cttee	Not Commenced
Digital Interoperability	Joint working with ICSs to enable data sharing solutions and referrals	Prof M Power	March 2023	Q&P Cttee	Not Commenced

Operational Risks Scored 15+ Aligned to BAF Risk: SR01						
Datix ID	**Directorate**	**Risk Description**	**Initial Score**	**Current Score**	**Trend Analysis**	**Target Score**
3445	Operational/ Patient Safety	There is a risk that due to the excessive handover delays at hospitals across the North West, there maybe increased numbers of patients being held on the back of ambulances and the number of available ambulances may diminish which may result in increased numbers of delayed responses for our patients.	20 High	20 High	⇔	5 Low
3611	Operational/ Patient Safety	There is a risk due to the gaps in assurance surrounding the enactment of Duty of Candour for incidents that do not meet the Serious Incidents threshold, that regulatory Duty of Candour conversations will be missed, leading to regulatory enforcement, financial implications and loss of service user confidence.	20 High	16 High	⇔	4 Low
3632	Operational/ Health, Safety & Safety	There is a risk that due to the number of HSS Practitioner vacancies and high level of abstractions within the HSS team, HSS statutory and operation activity will be compromised leading to a lack of assurance and increased staff and patient safety incidents.	12 Moderate	16 High	⇑	4 Low
3651	Operational/ Estates & Facilities Management	There is a risk that due to the lease to our current Grange O.S Ambulance Station expiring on 31/03/23 and the landlord taking possession of the site. Unless a suitable alternative site is found before this date the Trust will not be able to operate in the area, this will lead to delayed patient care.	16 High	16 High	⇔	4 Low
3659	Reputational/ Patient Safety	There is a risk to the reputation of the Trust due to the planned closure of the current Preston ambulance station (Co-located with LFRS), which could result in an increased response time in the South Lancs Sector which may attract further political challenges by governing and regulatory bodies such as NHSE/I, MPs, DH, CQC etc and requests via FOI and/or media attention at a regional level.	16 High	16 High	New Risk	4 Low
3664	Operational/ Patient Safety	There is a risk, due to the lack of a detailed emergency response specification for the use of private ambulance providers in the provision of PES, that variations in provision of drugs and associated training results in difficulties regarding assurance checks and could result in medicines not being administered in accordance with NWAS protocols leading to serious patient safety incidents	12 Moderate	15 High	⇔	5 Low

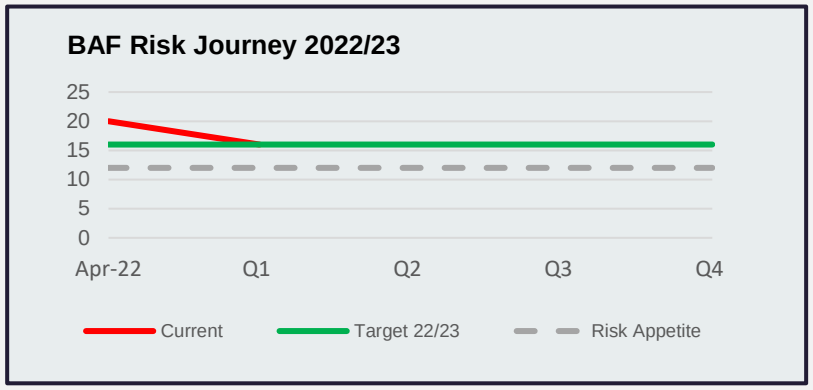
BOARD ASSURANCE FRAMEWORK 2022/23

BAF RISK SR02:
There is a risk that the Trust cannot achieve financial sustainability impacting on its ability to deliver safe and effective services

Strategic Priority: ALL

Executive Director Lead: DoF

Risk Appetite Category: Finance/ VfM – Moderate



BAF RISK SCORE JOURNEY:

	01.04.22	Q1	Q2	Q3	Q4	22/23 Target	Final Target
	20	16	16			16	8
	4x5	4x4	4x4			4x4	4x2
	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite	Exceeded	Exceeded	Exceeded			Exceeded	Within

RATIONALE FOR CURRENT RISK SCORE:
The risk score for the Q2 position remains at a score of 16. Although the revised and break even plan was submitted and approved by Board in July the efficiency requirement remains high at 4.18%. As at month 5, the latest reported position, financial performance is on plan with a small surplus to date. There remains a balance of £4.4m of efficiency still to be identified for the remainder of the financial year, and delivery of £4.9m recurrently.
Looking forward to the remainder of the financial year, in addition to risk around the delivery of the efficiency requirement, there is also the continued risk in relation to the rising energy costs which is being closely monitored.

CONTROLS	ASSURANCES	EVIDENCE
Financial Controls	**Level 3:** MIAA Internal Audit: Key Financial Controls	Reported to Audit Cttee (AC 2021/114)
Annual Accounts/ VfM Statement	**Level 3:** Audit Completion Report (ISA 260) **Level 3:** Independent Auditors Report **Level 3:** Audited Annual Accounts 2021/22	Reported to Audit Cttee (AC/ 2223/48 & AC/ 2223/49) Reported to BoD (PBM/ 2223/20 & PBM/ 2223/21)
2022/23 Opening Financial Plans (Revenue and Capital)	**Level 2:** 2022/23 Opening Financial Plans & M01 Financial Position	Reported to Resources Cttee (RC/ 2223/07)
Reviewed 2022/23 Financial Plans	**Level 2:** Update and approval of Financial Plans 2022/23	Reported to BoD and Resources Cttee (RC/2223/28 & PBM/2223/30)
Financial Performance	**Level 2:** M02 Financial Position **Level 2:** M03 Financial Position **Level 2:** M04 Financial Position **Level 2:** M05 Financial Position	Reported to ELC (ELC/ 2223/125) Reported to Resources Cttee (RC/2223/29) Reported to ELC (ELC/2223/198) Reported to Resources Cttee (RC/2223/54)

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
FINANCE					
2022/23 Planning Guidance	Receipt of 2022/23 Planning Guidance from NHSEI	Ms C Wood	2022/23	Resources Cttee	Completed
2022/23 Financial Plan Revenue	Approval of 2022/23 Financial Plan (Revenue)	Ms C Wood	2022/23	Resources Cttee	Completed
2022/23 Financial Plan Capital	Approval of 2022/23 Financial Plan (Capital)	Ms C Wood	2022/23	Resources Cttee	Completed
Reviewed 2022/23 Financial Plans	Review & Approval of 2022/23 Financial Plans	Ms C Wood	July 2022	Resources Cttee/ BoD	Completed
Product and Efficiency Oversight Forum	Establishment of the Product and Efficiency Oversight Forum	Ms C Wood	November 2022	Resources Cttee	In Progress
Recurrent Funding	Recurrent funding requirement to PES and 111 to deliver safe & effective services	Ms C Wood	December 2022	Resources Cttee	In Progress
2023/24 Financial Planning	Receipt of 2023/24 Planning Guidance from NHSEI	Ms C Wood	December 2022	Resources Cttee	Not Commenced
	Draft 2023/24 Financial Plan (Revenue & Capital)	Ms C Wood	March 2023	Resources Cttee / BoD	Not Commenced

	Approval of 2023/24 Financial Plans by Resources Cttee & BoD	Ms C Wood	March 2023	Resources Cttee / BoD	Not Commenced

Operational Risks Scored 15+ Aligned to BAF Risk: SR02					
Directorate	**Risk Description**	**Initial Score**	**Current Score**	**Trend Analysis**	**Target Score**
Operational/ Estates & Facilities Management	There is a risk that due to strategic interdependencies not being aligned to the Estates Strategy, timescales will be delayed resulting in the non-delivery of the Estates Strategy.	**20** High	**15** High	⇧	**5** Low

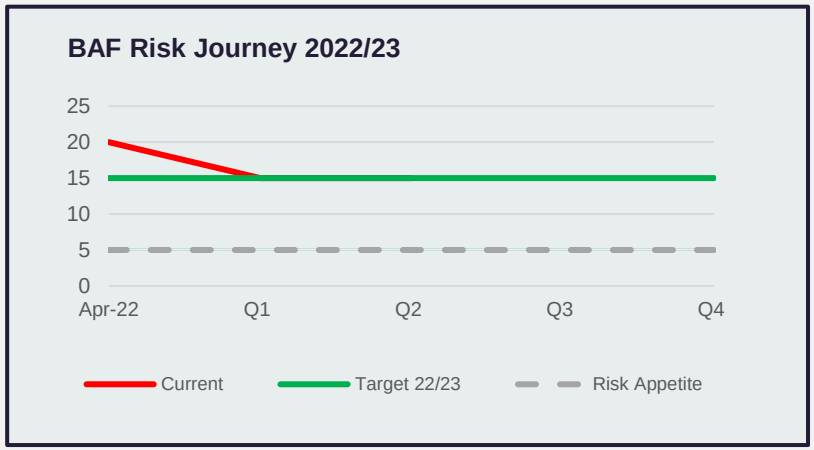
BOARD ASSURANCE FRAMEWORK 2022/23

BAF RISK SR03:
There is a risk that the Trust does not deliver improved national and local operational performance standards resulting in delayed care

Strategic Priority: Urgent & Emergency Care

Executive Director Lead: DoOps

Risk Appetite Category: Quality Outcomes – Low



BAF RISK SCORE JOURNEY:

	01.04.22	Q1	Q2	Q3	Q4	22/23 Target	Final Target
	20	15	15			15	5
	5x4	5x3	5x3			5x3	5x1
	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite	Exceeded	Exceeded	Exceeded			Exceeded	Within

RATIONALE FOR CURRENT RISK SCORE:

The risk score for the Q2 position of the BAF risk has remained at a score of 15 due to uncertainty around funding, NWAS remain well placed for response standard when compared to ambulance trusts across the country. ARP performance standards have shown some improvements in response standards to C1 and C2, although call pick has deteriorated and C3 and 4 response standards are still below the national average. It is anticipated that response standards will deteriorate during Q3 given known pressures of winter and hospital pressures resulting in extended handover. NHS Pathways is now live across the NWAS footprint (final phase live as off August 22). The anticipated benefits of NHSP are already being delivered, specifically reducing in the proportion of C1 and C2 and improvements in Hear and Treat. NHS 111 performance has improved through Q2 due to increases in front line workforce, enables by £6m SDF funding for winter and a reduction in overall activity. Forecast for Q3 for 111 is a deteriorating position due to winter pressures and challenges in recruitment. The Trust remains at REAP level 3. Alternative care pathways are now formally managed via the North West System Plan which is governed through ODG and SPB. SDMR continues to progress with SROs established to deliver the Band 7 operations review and the review of utilisation and future operating model for non-EA resources, namely RRVs and UCS. Winter funding in place to support 111 and EOCs agreed. Discussion have now commenced with Commissioners relating to 111 / PTS / PES contracts. These discussions are in their infancy and no formal clarity has been provided to date.

CONTROLS	ASSURANCES	EVIDENCE
Operational Performance Surveillance	**Level 2:** Integrated Performance Report (IPR)	Reported to BoD (BoD/ 2223/31)
Single Primary Triage System	**Level 2:** Integrated Performance Report (IPR) **Level 2:** CEO Board of Directors Report	Reported to Q&P (Q&P/2223/95) Reported to BoD (BoD/2223/72)

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Single Primary Triage System	Phase 2 migration to Single Primary Triage System	Mr G Blezard	September 2022	Q&P Cttee	Complete
Recurrent Financial Gap	Engagement with Commissioners	Mr G Blezard	March 2023	ELC	In Progress
Recurrent Financial Gap	Engagement with Commissioners surrouding PTS & NHS111 contracts	Mr G Blezard	March 2023	ELC	In Progress
Alternative Care Pathways	Improve availability of alternative care pathways	Dr C Grant	March 2023	Q&P Cttee	In Progress
	Optimise the use of Hear and Treat and See and Treat pathways	Dr C Grant	March 2023	Q&P Cttee	In Progress
Hospital Handover	Embedding the Hospital Handover Escalation process into BAU	Mr G Blezard	March 2023	Q&P Cttee	In Progress
Service Delivery Model Review	Delivery of SDMR project to improve working practices	Mr G Blezard	March 2023	Q&P Cttee	In Progress
	Maximise use of existing resources	Mr G Blezard	2023/24	Q&P Cttee	In Progress

Operational Risks Scored 15+ Aligned to BAF Risk: SR03						
Datix ID	**Directorate**	**Risk Description**	**Initial Score**	**Current Score**	**Trend Analysis**	**Target Score**
3445	Operational/ Patient Safety	There is a risk that due to the excessive handover delays at hospitals across the North West, there maybe increased numbers of patients being held on the back of ambulances and the number of available ambulances may diminish which may result in increased numbers of delayed responses for our patients.	20 High	20 High	⇔	5 Low
3452	Operational/ Performance	There is a risk that due to increases in operational demand, limited resource and processes the existing operating model for NWAS may be ineffective resulting in delayed patient response and inability to achieve ARP standards.	25 High	20 High	⇔	5 Low
3651	Operational/ Estates & Facilities Management	There is a risk that due to the lease to our current Grange O.S Ambulance Station expiring on 31/03/23 and the landlord taking possession of the site. Unless a suitable alternative site is found before this date the Trust will not be able to operate in the area, this will lead to delayed patient care.	16 High	16 High	⇔	4 Low

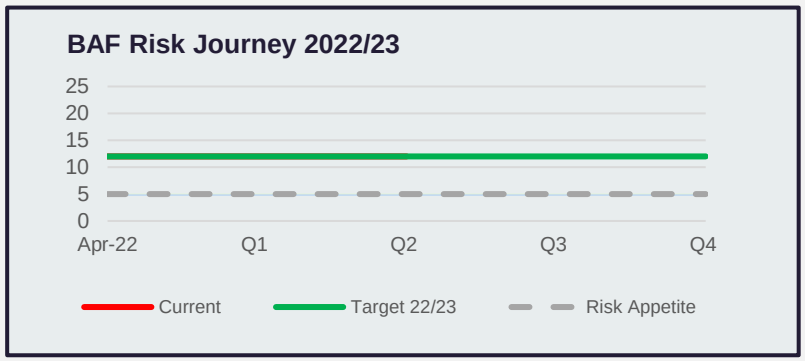
BOARD ASSURANCE FRAMEWORK 2022/23

BAF RISK SR04:
There is a risk that the Trust will be unable to attract or retain sufficient suitably qualified staff and maintain low abstraction levels, which may impact on our ability to maintain safe staffing levels

Strategic Priority: Workforce

Executive Director Lead: DoP

Risk Appetite Category: Quality Outcomes – Low



BAF RISK SCORE JOURNEY:

	01.04.22	Q1	Q2	Q3	Q4	22/23 Target	Final Target
	12	12	12			12	4
	4x3	4x3	4x3			4x3	4x1
	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite	Exceeded	Exceeded	Exceeded			Exceeded	Within

RATIONALE FOR CURRENT RISK SCORE:
The risk score for the Q2 position of this BAF risk has maintained at a score of 12. Robust workforce and recruitment/training plans in place and whilst there is indication of emerging risks as a result of a challenging recruitment market, plans currently remain on track. Indication of improving position in some areas since Q1: health adviser gap closing and turnover reducing; actions taken to improve drop out rates on courses. PES vacancy position remains strong with substantive staffing, other vacancy positions are improving. AITs are in place to support improvement in attendance. NHS111 recruitment and retention remains a risk with plans being implemented which are showing early signs of improvement and continue to remain a key area of focus.

CONTROLS	ASSURANCES	EVIDENCE
PEOPLE		
Strategic People Plan	**Level 2:** NWAS People Plan	Reported to Resources Cttee (RC/ 2223/12)
Workforce Plan	**Level 2:** Operating Plan Submission	Reported to Resources Cttee (RC/ 2223/07)
Recruitment Delivery Plans	**Level 2:** Workforce Indicators Assurance Report **Level 2:** Strategic Workforce Assurance Report	Reported to Resources Cttee (RC/ 2223/13, , RC/2223/39, RC/2223/67) Reported to Resources Cttee (RC/2223/41, RC/2223/70)
People Metric Surveillance	**Level 2:** Workforce Indicators Assurance Report **Level 2**: Integrated Performance Report	Reported to Resources Cttee (RC/ 2223/13, RC/2223/39, RC/2223/67) Reported to BoD (BOD/2223/33, BOD/2223/56, BOD/2223/73)
Attendance	**Level 2:** Thematic Analysis: Attendance Management **Level 2:** Strategic Workforce Assurance Report	Reported to Resources Cttee (RC/ 2223/11) Reported to Resources Cttee (RC/2223/41, RC/2223/70)
Vaccination	**Level 2:** Vaccination Report 2022/23	Reported to BoD & Resources Cttee (RC/2223/68)
Retention	**Level 2:** Strategic Workforce Assurance Report	Reported to Resources Cttee (RC/2223/41, RC/2223/70)

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Recruitment Plans	Delivery of Q1 Recruitment Plans	Ms L Ward	June 2022	Resources Cttee	Complete
	Delivery of Q2 Recruitment Plans	Ms L Ward	October 2022	Resources Cttee	Complete
	Delivery of Q3 Recruitment Plans	Ms L Ward	January 2023	Resources Cttee	In Progress
	Delivery of Q4 Recruitment Plans	Ms L Ward	March 2023	Resources Cttee	In Progress
	Implementation of additional training capacity to support plans	Ms L Ward	March 2023	Resources Cttee	In Progress
Attendance	Delivery of actions to improve attedance including AIT	Ms L Ward	March 2023	Resources Cttee	In Progress

Vaccination	Delivery of 2022/23 Flu Campaign	Ms L Ward	March 2023	Resources Cttee	In Progress
Retention Plans	Delivery of Retention Plans	Ms L Ward	March 2023	Resources Cttee	In Progress

Operational Risks Scored 15+ Aligned to BAF Risk: SR04						
Datix ID	**Directorate**	**Risk Description**	**Initial Score**	**Current Score**	**Trend Analysis**	**Target Score**
3632	Operational/ Health, Safety & Security	There is a risk that due to the number of HSS Practitioner vacancies and high level of abstractions within the HSS team, HSS statutory and operation activity will be compromised leading to a lack of assurance and increased staff and patient safety incidents.	12 Moderate	16 High	⇔	4 Low
3656	Operational /People	There is a risk due to a significant vacancy gap and rise in turnover and healthy external job market the HR Hub are unable to recruit and retain resources resulting in unfulfillment of transactional recruitment activity.	12 Moderate	16 High	⇔	4 Low

BOARD ASSURANCE FRAMEWORK 2022/23

BAF RISK SR05:
There is a risk that sufficient progress is not made in developing a compassionate, inclusive and supportive culture, impacting adversely on staff wellbeing and engagement, resulting in poor quality services, staff harm and reduced productivity

Strategic Priority: Workforce

Executive Director Lead: DoP

Risk Appetite Category: Quality Outcomes – Low

BAF RISK SCORE JOURNEY:

	01.04.22	Q1	Q2	Q3	Q4	22/23 Target	Final Target
	12	12	12			12	4
	4x3	4x3	4x3			4x3	4x1
	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite	Exceeded	Exceeded	Exceeded			Exceeded	Within

RATIONALE FOR CURRENT RISK SCORE:
The risk score for the Q2 position of this BAF risk has maintained at a score of 12 due to the Trust continuing facing challenges in a climate where pressure on staff and managers demand, activity and recovery from COVID-19 continues to be significant. There continues to a good health and wellbeing offer that remains in place and has been further strengthened through additional NHSEI funding. The staff survey results shown an improvement in comparison with sector scores and provides a foundation for the Trust to build upon in 2022/23. There is a clear plan for developing work to improve culture and staff experience being implemented and has been reported to Resources Cttee. Key elements of the work have commenced including leadership development roll out, appointment of a Consultant Psychologist, and progress with the review of disciplinary procedure.

CONTROLS	ASSURANCES	EVIDENCE
PEOPLE		
People Plan	**Level 2:** People Plan 2022/23 Objectives	Reported to Resources Cttee (RC/ 2223/07)
Appraisals & Wellbeing	**Level 2:** Workforce Indicators Assurance Report **Level 2:** Wellbeing Annual Report	Reported to Resources Cttee (RC/ 2223/13) Reported to Resources Cttee (RC/ 2223/40)
CULTURE		
Equality & Diversity Priorities	**Level 2:** EDI Annual Report **Level 2:** D&I Chairs Assurance Report **Level 2:** EDI Assurance Report	Reported to BoD & Resources Cttee (RC/ 2223/14) Reported to Resources Cttee (RC/ 2223/15) Reported to BoD & Resources Cttee (RC/ 2223/69)
Staff Networks	**Level 2:** EDI Annual Report **Level 2:** D&I Chairs Assurance Report	Reported to BoD & Resources Cttee (RC/ 2223/14) Reported to Resources Cttee (RC/ 2223/15)
Just Culture & Treat Me Right	**Level 2:** Workforce Indicators Assurance Report	Reported to Resources Cttee (RC/ 2223/13 RC/ 2223/39, RC/2223/67)
Violence and Aggression	**Level 2:** Violence and Aggression Assurance Report	Reported to Q&P Cttee (QPC/ 2223/52)
Leadership	**Level 2:** Strategic Workforce Assurance Report	Reported to Resources Cttee (RC/ 2223/41 & RC/ 2223/70)

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Operations and Medical Management Restructure	Implementation of Phase 1 Senior Management Restructure	Mr G Blezard Ms L Ward	May 2022	ELC	Completed
	Implementation of Operational & Clinical management Restructure	Mr G Blezard Ms L Ward	March 2023	ELC	In Progress
EDI Priorities	Review delivery of Year 1 Action Plans (Workforce Elements)	Ms L Ward	May 2022	Resources Cttee	Completed
	Review delivery of Year 2 Action Plans (Workforce Elements)	Ms L Ward	May 2023	Resources Cttee	In Progress
FTSU Action Plan	Delivery of agreed actions	Ms L Ward	May 2022	Resources Cttee	Completed
Fully embedding Just Culture Principles	Improved investigation training compliance	Ms L Ward	March 2023	Resources Cttee	In Progress

	Review of Disciplinary Procedure	Ms L Ward	November 2022	Resources Cttee	In Progress
Partnership Agreement	Review of Partnership Agreement	Ms L Ward	April 2023	ELC	In Progress
Evaluation of Trust Values	Undertake an evaluation on the impact on the Trust Values	Ms L Ward	March 2023	Resources Cttee	In Progress
Trailblazer for National Health and Wellbeing Framework	Review and report outcomes from dianostics	Ms L Ward	March 2023	Resources Cttee	In Progress
Wellbeing	Implementation of menta health pledge and AACE commitment	Ms L Ward	2023/24	Resources Cttee	In Progress
Leadership	Delivery of full Making a Difference Programme	Ms L Ward	March 2024	Resources Cttee	In Progress

Operational Risks Scored 15+ Aligned to BAF Risk: SR05		
Datix ID	**Directorate**	**Risk Description**
There are no operational risks scored 15+ aligned to this BAF risk		

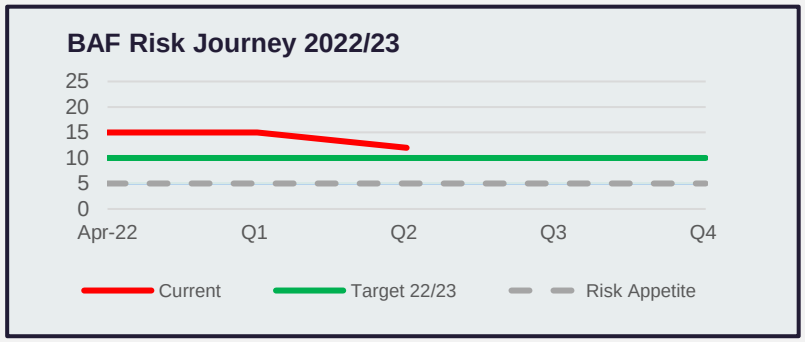
BOARD ASSURANCE FRAMEWORK 2022/23

BAF RISK SR06:
There is a risk that non-compliance with legislative and regulatory standards could result in harm and/or regulatory enforcement action

Strategic Priority: ALL

Executive Director Lead: DoQII

Risk Appetite Category: Compliance & Regulatory – Low



BAF RISK SCORE JOURNEY:

	01.04.22	Q1	Q2	Q3	Q4	21/22 Target	Final Target
	15	15	12			10	5
	5x3	5x3	4x3			5x2	5x1
	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite	Exceeded	Exceeded	Exceeded			Exceeded	Within

RATIONALE FOR CURRENT RISK SCORE:
The risk score for the Q2 position of this BAF risk has reduced to a 12 due to some risks which remain associated with assurance reporting and checks compliance for both clinical and non-clinical safe systems of work A recent CQC Urgent and Emergency Care System Inspection was well managed. The final report was published with 3 should do's for PES and 3 should do's for 111. Particular focus was in relation to the achievement of ARP response standards, the impact of handover delays and ambulance cleaning. New audit systems and SOPs are now in place for ambulance cleaning. Progress to redesign our internal quality assurance visits (QAVs) programme in line with the new regulatory model has commenced. APEX developments continue but this is taking longer than anticipated. The complaints and incidents back logs continues to improve..

CONTROLS	ASSURANCES	EVIDENCE
QUALITY & SAFETY		
CQC Overall Rating of 'Good'	**Level 3:** CQC Inspection Report	Reported to BoD (2020)
CQC UEC System Inspection	**Level 2:** CQC Assurance Report	Reported to BoD (BoD/ 2223/37)
Prevention and Control of Infection	**Level 2:** IPC Board Assurance Framework	Reported to Q&P Cttee (QPC/ 2223/53)
Complaints & Incidents	**Level 2:** Integrated Performance Report	Reported to Q&P Cttee (QPC/2223/95) Reported to Board (BOD/2223/73)
PEOPLE		
People Plan	**Level 2:** People Plan 2022/23 Objectives	Reported to Resources Cttee (RC/ 2223/07)
People Metric Surveillance	**Level 2:** Workforce Indicators Assurance Report	Reported to Resources Cttee (RC/ 2223/13)
Mandatory Commander Competencies	**Level 2:** Mandatory Commander Training Assurance Report	Reported to Q&P Cttee (QPC/ 2223/26)

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
QUALITY & SAFETY IMPROVEMENTS					
Medical Devices	Improve assurance arrangements with servicing and checks	Dr C Grant	October 2022	Q&P Cttee	In Progress
Quality and Safety Metrics (Complaints & Incidents)	Devise improvement action plan to address the backlog	Ms A Wetton	November 2022	Q&P Cttee	Complete
Quality Assurance Processes	Redesign of Quality Assurance Visits	Prof M Power	March 2023	Q&P Cttee	In Progress
Essential Checks	Improve compliance around essential vehicle and premises checks	Mr G Blezard Ms C Wood	March 2023	Q&P Cttee	In Progress
Learning from IPC and RPE Audits	Improve compliance with IPC practices, including ambulance cleaning and RPE across the Trust	Prof M Power	March 2023	Q&P Cttee	In Progress

	Improve processes for FFP3 Face Fit Testing	Prof M Power	October 2022	Q&P Cttee	In Progress
	Embed learning from all IPC Audit findings	Prof M Power	March 2023	Q&P Cttee	In Progress
Clinical Audit Submissions	Development of APEX tool to ensure new e-PRF can be audited	Dr C Grant	September 2022	Q&P Cttee	In Progress
	Undertake a review of all clinical audits including AGP	Prof M Power	March 2023	Q&P Cttee	In Progress
Electronic Quality Measurement Auditing/ Reporting Systems	Develop automated systems for non-clinical audits	Prof M Power	March 2023	Q&P Cttee	In Progress
PEOPLE					
Mandatory & Statutory Training Compliance	Achieve 85% compliance	Ms L Ward	March 2022	Resources Cttee	Complete
Appraisals Compliance	Achieve 85% compliance	Ms L Ward	March 2023	Resources Cttee	In Progress
Mandatory Training Compliance	Achieve 85% compliance	Ms L Ward	March 2023	Resources Cttee	In Progress

Operational Risks Scored 15+ Aligned to BAF Risk: SR06						
Datix ID	**Directorate**	**Risk Description**	**Initial Score**	**Current Score**	**Trend Analysis**	**Target Score**
3255	Project/Digital & Innovation	There is a risk of continued sub-optimal functionality, effective and efficient use of Datix Web because of data inaccuracies, current system functionality and limited use across the organisation which may impact negatively on compliance with regulatory requirements.	**12** Moderate	**15** High	⇔	**3** Low
3445	Operational/ Patient Safety	There is a risk that due to the excessive handover delays at hospitals across the North West, there maybe increased numbers of patients being held on the back of ambulances and the number of available ambulances may diminish which may result in increased numbers of delayed responses for our patients.	**20** High	**20** High	⇔	**5** Low
3611	Operational/ Patient Safety	There is a risk due to the gaps in assurance surrounding the enactment of Duty of Candour for incidents that do not meet the Serious Incidents threshold, that regulatory Duty of Candour conversations will be missed, leading to regulatory enforcement, financial implications and loss of service user confidence.	**20** High	**16** High	⇔	**4** Low
3632	Operational/ Health, Safety & Security	There is a risk that due to the number of HSS Practitioner vacancies and high level of abstractions within the HSS team, HSS statutory and operation activity will be compromised leading to a lack of assurance and increased staff and patient safety incidents.	**12** Moderate	**16** High	⇔	**4** Low
3659	Reputational/ Patient Safety	There is a risk to the reputation of the Trust due to the planned closure of the current Preston ambulance station (Co-located with LFRS), which could result in an increased response time in the South Lancs Sector which may attract further political challenges by governing and regulatory bodies such as NHSE/I, MPs, DH, CQC etc and requests via FOI and/or media attention at a regional level.	16 High	16 High	New Risk	4 Low
3661	Operational/ Patient Safety	There is a risk that due to the variation in security provisions at ambulance bases where controlled drugs (CDs) are stored, the Trust will breach Home Office licence security requirements resulting in subsequent enforcement action and/or removal of the licence leading to a significant adverse impact in the Trust's ability to provide emergency care.	15 High	15 High	New Risk	5 Low

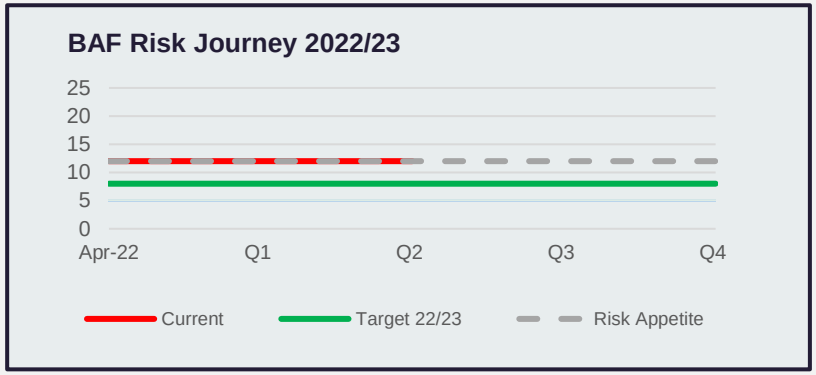
BOARD ASSURANCE FRAMEWORK 2022/23

BAF RISK SR07:
There is a risk that the proposed changes to legislation reduces the Trust's ability to engage effectively and influence across all the ICS within its regional footprint

Strategic Priority: Stakeholder Relationships

Executive Director Lead: DoSPT

Risk Appetite Category: Reputation – Moderate



BAF RISK SCORE JOURNEY:

	01.04.22	Q1	Q2	Q3	Q4	22/23 Target	Final Target
	12	12	12			8	4
	4x3	4x3	4x3			4x2	4x1
	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite	Within	Within	Within			Within	Below

RATIONALE FOR CURRENT RISK SCORE:
The risk score for the Q2 position of this BAF risk is at a score of 12 due to associated new structures and work programmes being proactively progressed by the Trust which will assist to ensure the proposed Parliamentary changes for the ICS to be placed on a statutory footing are mitigated. Ongoing issues remain surrounding the clarity on how the Ambulance Service will work and function with the various ICSs. The Trust will be utilising the extra time to embed processes and systems in place for effective engagement and influencing across the various ICSs and ICPs across the NWAS catchment area.

CONTROLS	ASSURANCES	EVIDENCE
NWAS		
CEO via AACE Role Engagement with NHSE/I	**Level 2:** CEO Report	Reported to BoD (BoD/2122/97) & (BoD/2122/98)
Designated Executive Director Lead for each ICS	**Level 2:** Executive Portfolios	Reported to BoD (BOD/2122/87)
Partnership & Integration Team	**Level 2:** Established in September 2021	Reported to BoD (BOD/2122/87)
NWAS Manager Representation at Key Meetings	**Level 2:** Assessment to ensure the right expertise is in attendance	Reported to Board (BOD/2122/87)
ICS		
Involvement in ICS Structures	**Level 2:** P&I Team involved in establishing relationships	Reported to BoD (BOD/2122/97) & (BOD/2122/98)
Involvement in ICS Structures	**Level 2:** P&I Team involved in establishing relationships	Reported to BoD (BOD/2122/97) & (BOD/2122/98)

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Knowledge Vault	Utilisation and monitoring by Senior Managers within the Trust	Mr S Desai	Q2	Resources Cttee	In Progress
	Familiarisation sessions for managers across all three areas of the Trust	Mr S Desai	Q2	Resources Cttee	In Progress
Stakeholder Mapping	Refresh stakeholder mapping across the Trust for external meetings	Mr S Desai	Q2	Resources Cttee	In Progress

Operational Risks Scored 15+ Aligned to BAF Risk: SR07

Risk Description
There are no operational risks scored 15+ aligned to this BAF risk

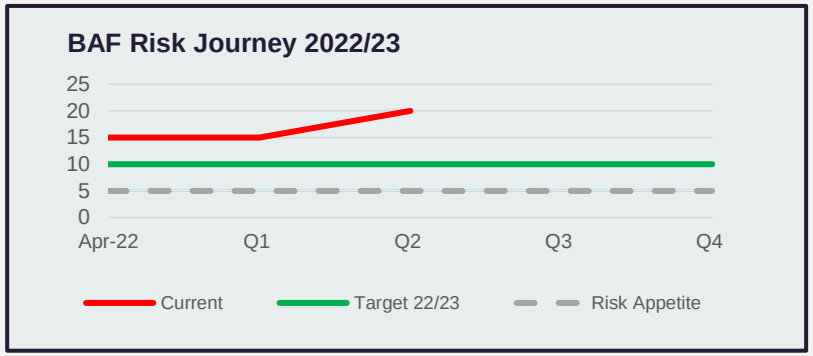
BOARD ASSURANCE FRAMEWORK 2022/23

BAF RISK SR09:
There is a risk that due to persistent attempts and/or human error, NWAS may suffer a major cyber incident resulting in a partial or total loss of service and associated patient harm

Strategic Priority: ALL

Executive Director Lead: DoQII

Risk Appetite Category: Compliance/Regulatory - Low



BAF RISK SCORE JOURNEY:

	01.04.22	Q1	Q2	Q3	Q4	22/23 Target	Final Target
	15	15	20			10	5
	5x3	5x3	5x4			5x2	5x1
	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite	Exceeded	Exceeded	Exceeded			Exceeded	Within

RATIONALE FOR CURRENT RISK SCORE:
The risk score for the Q2 position of this BAF risk has increased in score. There have been three significant cyber incidents in this reporting period, including Operation Silver Puncture, Apple vulnerabilities and a sophisticated ransomware attack on the Trust. The continuing high threat of a cyber-attack remains significant. NWAS systems for detection and management are operating well and have proved to be successful, significantly reduced reported systems, with continued work on patching.
The Trust continues to have a high standard of oversight and processes for cyber security. A desk top exercise has been undertaken with the resilience team and an options appraisal completed to increase resilience. The implementation of the backup solution is completed. All 2008 servers except for two, linked to the PEARL scam, have been decommissioned. The Trust continues to be responsive to nationally issued guidance and is progressing the cyber security work plan. Multifactorial authentication has commenced with deployment across the Trust and expected completion by the end of Q2. A new backup solution is mid implementation and our focus remains on closing unsupported servers (2008) and ensuring all systems are supported and patched as required.

CONTROLS	ASSURANCES	EVIDENCE
Data Security Protection Toolkit	**Level 2:** Digital Strategy Assurance Report	Reported to Resources Cttee (RC 2122/119)
CareCert Compliance	**Level 2:** Digital Strategy Assurance Report	Reported to Resources Cttee (RC/ 2223/16)
Patching	**Level 2:** Digital Strategy Assurance Report	Reported to Resources Cttee (RC/ 2223/16)
Penetration Testing	**Level 2:** Digital Strategy Assurance Report	Reported to Resources Cttee (RC/ 2223/16)
Monitoring and Surveillance	**Level 2:** Digital Strategy Assurance Report	Reported to Resources Cttee (RC/ 2223/16)
Additional Back-ups	**Level 2:** Digital Strategy Assurance Report	Reported to Resources Cttee (AC/2223/42)
Access Controls Multi factoral Authentication (email)	**Level 2:** Digital Strategy Assurance Report	Reported to Resources Cttee (AC/2223/42)
Develop business case for 24/7 support	**Level 2:** Digital Strategy Assurance Report	Reported to Resources Cttee (RC/2223/72)
Business Continuity Team to desktop worst case scenario	**Level 2:** Digital Strategy Assurance Report	Reported to Resources Cttee (RC/2223/72)

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Additional Back-ups	Implement additional back-ups as required	Prof M Power	August 2022	Audit Cttee	Complete
Critical System Security	Implement recommendations from MIAA Internal Audit for Cleric	Prof M Power	September 2022	Audit Cttee	In Progress
Supported Systems	Decomission unsupported servers (2008) and (2008 R2)	Prof M Power	September 2022	Audit Cttee	In Progress
	Upgrade windows operating systems to within a supported 12 month version	Prof M Power	March 2023	Audit Cttee	In Progress

	Replacement of all system using SQL 2008 and 2008 R2	Prof M Power	March 2023	Audit Cttee	In Progress
Access Controls	Implement Multi-Factoral Authentication	Prof M Power	August 2022	Audit Cttee	Complete
	Strengthen Password Policy in line wth best practice & national recommendations	Prof M Power	March 2023	Audit Cttee	In Progress
	Implement express route in Azure to block public route	Prof M Power	March 2023	Audit Cttee	In Progress
	Meet Multi-Factoral Authentication solution on remote access	Prof M Power	March 2024	Audit Cttee	In Progress
Cyber Security Plan	Implement the Cyber Security plan	Prof M Power	March 2023	Audit Cttee	In Progress
	Implementation of BeyondTrust	Prof M Power	March 2023	Audit Cttee	In Progress
Patching (999 and NHS 111)	Enable monthly failover & patching opportunities	Prof M Power	March 2023	Audit Cttee	In Progress
Data Security Protection Toolkit Compliance	Achieve 95% compliance with Data Security Awareness Training	Prof M Power	March 2023	Audit Cttee	In Progress
	Implement findings from DSPT Audit findings	Prof M Power	March 2023	Audit Cttee	In Progress
Out of Hours Resilience	Develop business case for 24/7 support	Prof M Power	March 2023	Audit Cttee	Complete
	Work with Business Continuity Team to desktop worst case scenario	Prof M Power	March 2023	Audit Cttee	Complete
	Implement recommendations from desktop worst case scenario	Prof M Power	March 2023	Audit Cttee	In Progress

Operational Risks Scored 15+ Aligned to BAF Risk: SR09						
Datix ID	**Directorate**	**Risk Description**	**Initial Score**	**Current Score**	**Trend Analysis**	**Target Score**
3537	Operational/ Digital and Innovation	There is a risk that due to gaps in controls and user education/awareness, the Trust may be subject to a ransomware attack resulting in disruption to digital operations including critical systems, causing an impact to normal business operations.	15 High	20 High		5 Low
3540	Operational/ Digital and Innovation	There is a risk that due to digital expansion/interoperability increasing the Trust's attack surface which in turn increases overall risk to the Trust resulting in a loss of critical systems and business disruption or exfiltration of confidential data.	12 Moderate	16 High		4 Low

Appendix 2:
2022/23 Board Assurance Framework (BAF) Heat Maps
Q1 Position

NHS North West Ambulance Service NHS Trust

2022/23 Opening BAF Risk Scores

Consequence	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
5 Catastrophic	5	10	15 SR01 SR06 SR09	20 SR03 SR10	25
4 Major	4	8	12 SR04 SR05 SR07 SR08	16	20 SR02
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Insignificant	1	2	3	4	5

Populated: 11 April 2022

Likelihood

Q1 BAF Risk Scores

Consequence	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
5 Catastrophic	5	10	15 SR01 SR03 SR06 SR09 SR11	20 SR10	25
4 Major	4	8	12 SR04 SR05 SR07 SR08	16 SR02	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Insignificant	1	2	3	4	5

Populated: 08 July 2022

Likelihood

Q2 BAF Risk Scores

Consequence	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
5 Catastrophic	5	10	15 SR01 SR03 SR12	20 SR08 SR10	25
4 Major	4	8	12 SR04 SR05 SR07 SR08 SR11	16 SR02	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Insignificant	1	2	3	4	5

Populated:

Likelihood

Q3 BAF Risk Scores

Consequence	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Insignificant	1	2	3	4	5

Populated:

Likelihood

Q4 BAF Risk Scores

Consequence	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Insignificant	1	2	3	4	5

Populated:

Likelihood

2022/23 Target BAF Risk Scores

Consequence	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
5 Catastrophic	5	10 SR06 SR09	15 SR01 SR03 SR10	20	25
4 Major	4	8 SR07 SR08	12 SR04 SR05	16 SR02	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Insignificant	1	2	3	4	5

Populated: 11 April 2022

Likelihood

Final Target BAF Risk Scores

Consequence	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
5 Catastrophic	5 SR01 SR03 SR06 SR09	10 SR10	15	20	25
4 Major	4 SR04 SR05 SR07 SR08	8 SR02	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Insignificant	1	2	3	4	5

Populated: 11 April 2022

Likelihood

North West Ambulance Service NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	30th November 2022					
SUBJECT:	Use of Common Seal Bi-Annual Report					
PRESENTED BY:	Angela Wetton, Director of Corporate Affairs					
LINK TO BOARD ASSURANCE FRAMEWORK:	**SR01**	**SR02**	**SR03**	**SR04**	**SR05**	
	☐	☒	☐	☐	☐	
	SR06	**SR07**	**SR08**	**SR09**	**SR10**	**SR11**
	☐	☐	☐	☐	☐	☐
PURPOSE OF PAPER:	For Assurance					
EXECUTIVE SUMMARY:	Use of the Common Seal is determined by Section 8 of the Trust's Standing Orders. Clause 8.4 of Section 8 requires the occasions of use to be reported to the Board on a bi-annual basis with the previous report received by the Board on 27th April 2022. During the period 1st April 2022 to 30th September 2022, the Trust's Common Seal was applied on a total of 6 occasions and the details can be found in s2.					
RECOMMENDATIONS:	The Board of Directors is recommended to: • Note the occasions of use of the Common Seal as detailed in s2 of the report. • Note compliance with s8 of the Standing Orders.					
CONSIDERATION TO RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	The Trust's Risk Appetite Statement has been considered as part of the paper decision making process: ☐ Financial/ VfM ☐ Compliance/ Regulatory ☐ Quality Outcomes ☐ Innovation ☐ Reputation					
ARE THERE ANY IMPACTS RELATING TO: **(Refer to Section 4 for detail)**	Equality:	☐	Sustainability	☐		
PREVIOUSLY CONSIDERED BY:						
	Date:					
	Outcome:					

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1. PURPOSE

The purpose of this report is to report the use of the Common Seal to the Board of Directors between the period 1st April 2022 to 30th September 2022.

2. USE OF COMMON SEAL

Use of the Common Seal is determined by Section 8 of the Trust's Standing Orders. Clause 8.4 of Section 8 requires the occasions of use to be reported to the Board on a bi-annual basis with the previous report received by the Board on 27th April 2022.

During the period of 1st April 2022 to 30th September 2022, the Trust's Common Seal was applied on a total of 6 occasions. These were:

Reg No	Date	Reason
157	17 May 2022	Deed of Variation
158	17 May 2022	Lease of Lancaster Fire Station
159	20 July 2022	Authorisation for PSG Services to Act as Direct Representatives for completion and submission of customs (vehicles).
160	1 August 2022	Lease Unit C47 Redscar Business Park, Preston
161	4 August 2022	Engrossment Lease, Substation Blackpool station
162	14 September 2022	Dead of Easement, Bolton Ambulance Station

A Register of Use of the Common Seal is maintained by the Director of Corporate Affairs and includes either the supporting documentation for each entry or details of the final distribution of the relevant documentation. The Director of Corporate Affairs is responsible for the safe custody of the Common Seal. Authorisation for Use of the Common Seal requires the signatures of both the Chief Executive and Director of Finance and the application of the Seal is witnessed by a further 2 senior managers.

Authorisation and witness signatures are incorporated in the Trust's Register of Sealings. Compliance with the requirements of Section 8 of Standing Orders is being maintained.

3. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

The Trust is required to comply with Section 8 of the Trust's Standing Orders relating to the Use of the Common Seal.

4. EQUALITY OR SUSTAINABILITY IMPACTS

Not applicable.

5. RECOMMENDATIONS

The Board of Directors is recommended to:

- Note the occasions of use of the Common Seal as detailed in s2 of the report.
- Note compliance with s8 of the Standing Orders.

North West Ambulance Service NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	30th November 2022
SUBJECT:	Freedom to Speak Up (FTSU) – Biannual Report
PRESENTED BY:	Chris Grant - Executive Medical Director
LINK TO BOARD ASSURANCE FRAMEWORK:	

SR01	SR02	SR03	SR04	SR05
☒	☐	☐	☐	☒

SR06	SR07	SR08	SR09	SR10	SR11
☐	☐	☐	☐	☐	☐

PURPOSE OF PAPER:	For Assurance
EXECUTIVE SUMMARY:	• During Q1 and Q2 2022/23, 47 concerns were raised via FTSU. This is a 28% reduction from the same period in 21/22. • The main category of concerns relates to "inappropriate attitudes and behaviours." This has changed from previous years but could be due to a new way of recording. • A new fully revised and updated Freedom to Speak Up Policy has been submitted on the 23rd of November for ELC approval. This followed a period of extensive consultation. • The Guardians continue to work closely with local managers and frontline teams to ensure speaking up is embedded as business as usual.
RECOMMENDATIONS:	The Board of Directors is recommended to: • Note the contents of the report • Note the recent changes in Guardian structures • Note the development of a new Freedom to Speak Up Policy.
CONSIDERATION OF THE TRUST'S RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	The Trust's Risk Appetite Statement has been considered as part of the paper decision making process: ☐ Financial/ VfM ☐ Compliance/ Regulatory ☐ Quality Outcomes

	☐ Innovation ☐ Reputation

INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 3 OF REPORT

ARE THERE ANY IMPACTS RELATING TO: **(Refer to Section 4 for detail)**	Equality:	☒	Sustainability	☐
PREVIOUSLY CONSIDERED BY:				
	Date:			
	Outcome:			

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1. PURPOSE

The purpose of the paper is to provide the Board of Directors with a summary of information related to Freedom to Speak Up (F2SU), including details regarding the number of concerns raised in Q1 and Q2 of 2022/23 and to provide assurance that concerns are being listened to and managed appropriately. In accordance with the national framework and guidance for Freedom to Speak up, confidentiality is respected throughout this paper.

2. BACKGROUND

Freedom to Speak Up arose from the review by Sir Robert Francis into Mid Staffordshire NHS Foundation Trust. An organisational culture of fear pervaded which prevented speaking up given the lack of confidence that concerns would be addressed. Recommendations from the review set out a vision for creating an open and honest reporting culture in the NHS through Freedom to Speak Up to normalise the raising of concerns for the benefit of all patients and employees.

In April 2022, the responsibility for Freedom to Speak Up was transferred from Corporate Affairs to the Medical Directorate as part of the organisational realignment of portfolio responsibilities. Initially, two part time FTSU Guardians were introduced whilst a full-time Guardian was recruited. This recruitment has finished, and the Lead FTSU Guardian started July 2022

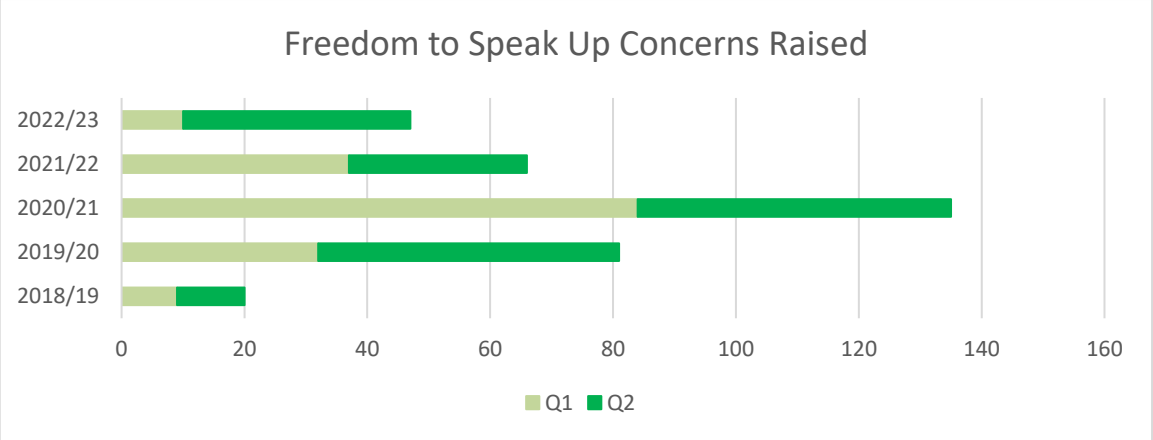
The Freedom to Speak Up Guardians remain determined in a commitment to ensure that staff feel they can speak up safely and that their concerns will be heard and taken seriously. No-one should experience detriment or be discriminated against for speaking up, but across the NHS, fear of this can prevent staff from doing so.

3. FREEDOM TO SPEAK UP IN Q1 AND Q2 2022/23

Freedom to Speak Up Concerns

During both Q1 and Q2 of 2022/23, 47 concerns were raised via Freedom to Speak Up Guardians (Chart 1). This is a 28% reduction from the same period in the previous year. This is a smaller reduction than the year before, which demonstrated a 51% reduction. As reported across the whole of the NHS, these numbers are suggested to have been higher due to concerns over COVID19 pandemic.

Chart 1



The type of concerns raised in Q1 and Q2 has also changed from the same period in previous years. Chart 2 shows the breakdown of each concern category for both 2021/22 and 2022/23. This chart shows a reduction in the number of concerns raised due to worker safety. This is related to the peak initial period of the COVID19 pandemic. There is an increase in 'Inappropriate Attitudes and Behaviours,' which may be attributed to a change in the way the FTSU Guardians are now recording cases. They now utilise the new National Guardians Office advice regarding bullying and harassment. It will be key to compare this to the NHS staff survey results to triangulate data around bullying and harassment. There has also been an increase in the percentage of patient safety issues raised. This is potentially indicative of a change in the safety culture within the Trust and encouraging that we are being informed by staff of concerns involving patients.

Chart 2

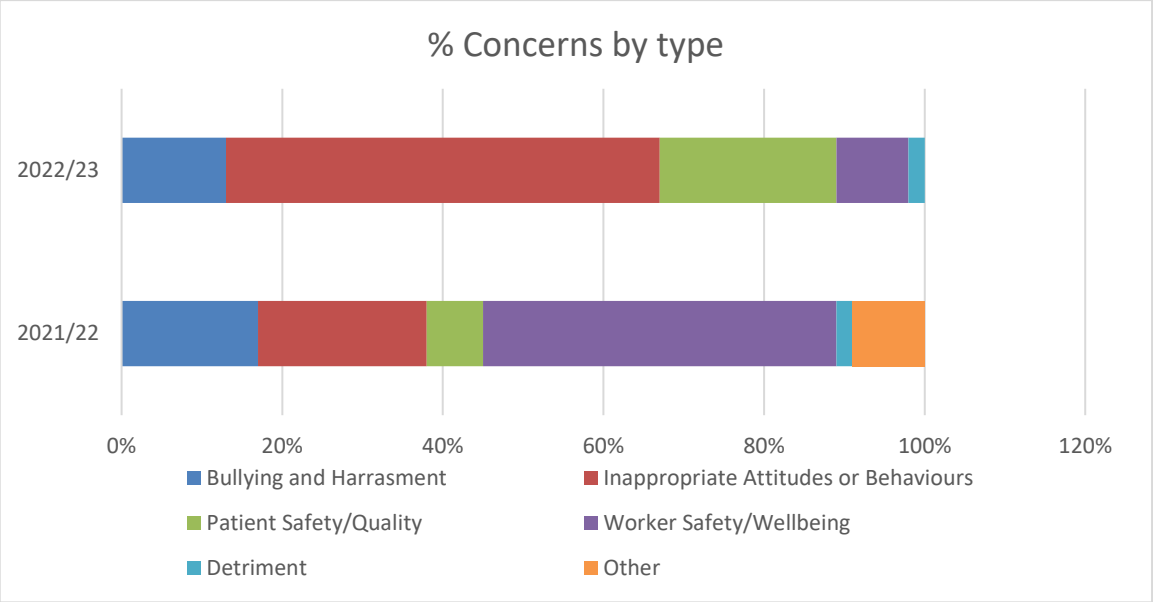
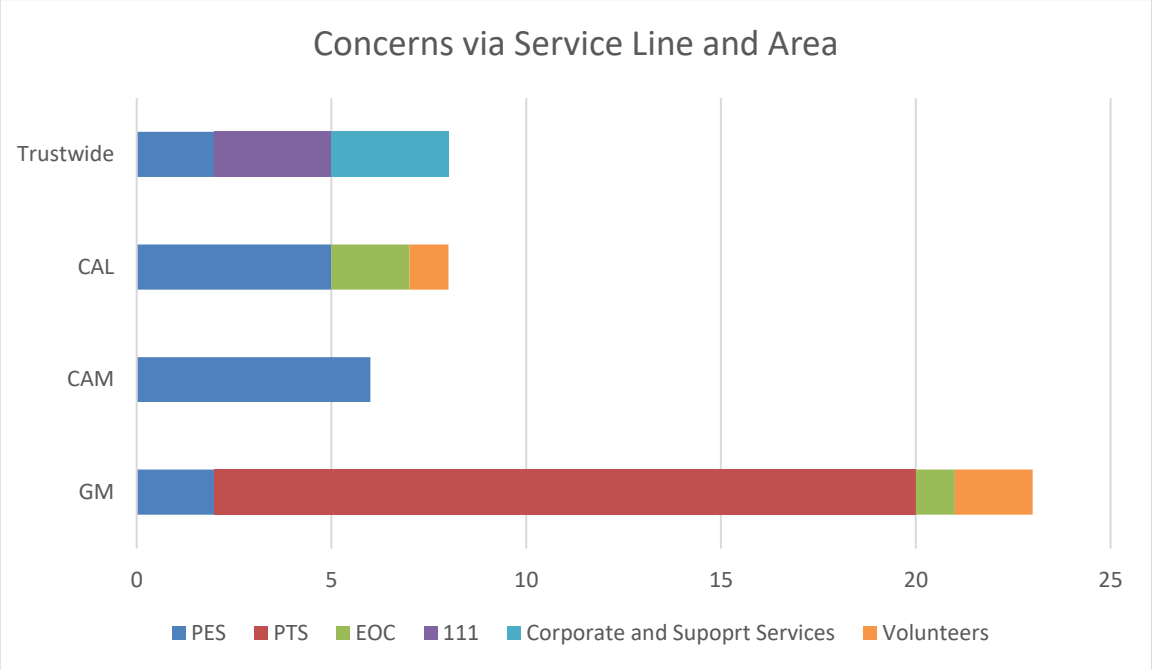


Chart 3 shows the service lines and areas where concerns are being raised. It should be noted that a high number of concerns raised by PTS in GM is in part due to a change in guidance from the National Guardians Office. This now stipulates that if multiple reporters raise a single concern, it should be reported as individual concerns. Hence, this resulted in one 'topic' of concern being recorded 17 times. Attention is also drawn to the fact that, although small numbers, Emergency Operations Centres (EOC) staff have raised

concerns in only two out of three centres, with no concerns raised from the EOC team within Estuary Point.

In Q1 and Q2 there have only been 3 anonymous reports; it is not possible to identify a pattern or theme due to the small numbers of these anonymous concerns. This is a 66% decrease from 2021/22.

Chart 3



Thematic Analysis

Similar to previous Board reports, common themes appear consistently with concerns raised surrounding HR issues and inappropriate attitudes. These concerns have been in the majority low-level and have often been raised with local management, often managed via informal or formal HR processes. There was a number of concerns raised in Q1 relating to previously raised issues and the way the investigations were conducted. This caused some conflict with reporters as the investigations had been closed and, in some cases, learning not shared with local managers.

Given that most concerns have been dealt with on a local basis. the Guardians will continue to monitor and try to understand why in some areas our staff do not feel able to approach local managers or local HR Hubs in the first place.

Freedom to Speak Up Support

In Q1 and Q2, the FTSU Guardians have continued to utilise the following support mechanisms:

- Monthly meetings between the FTSU Guardian; Chief Executive, FTSU Executive Lead and the Director of People. This provides oversight that the Trust's systems and processes for speaking up are working effectively. It also offers an opportunity to escalate and seek advice.
- Regular 1:1 meetings held with FTSU Executive Lead to discuss FTSU matters and seek support when necessary
- Dedicated diary time scheduled with Non-Executive Director to feedback themes that are emerging from speaking up activity

The Guardians have modified some of the Freedom To Speak Up processes with an emphasis on signposting reporters to the most appropriate leaders ideally at a local level. Concerns that the Guardians determine require executive oversight are directed to the appropriate executive. This is supports a naturing relationship between local managers and the Guardians, with some now contacting the Guardians directly for advice and assistance. The Guardians will continue to monitor this and ensure that it is embedded across the organisation as business as usual.

Education

During Q1 and Q2 of 2022/23, the ESR team were able to migrate all staff onto the new national mandatory training module 'Speaking Up: In addition, all managers and senior leader were migrated onto the national 'Listen Up' module. We have introduced the final national module for, executives, and non-executives; 'Follow Up'

The current uptake rates of are shown in Table 1.

Table 1

Module	Enrolled Staff	Staff Achieved	% Compliance
Speak Up	7049	5844	82.91%
Listen Up	889	632	71.09%
Follow Up	82	15	18.29%

The 'Follow Up' module uptake is currently low, although it is noted this has only just been added to individuals learning.

Alongside this, and to support the embedding of FTSU, the Guardians have visited Universities, paramedic inductions and clinical hub inductions to raise awareness of the importance of speaking up.

Policy

The FTSU Guardians have reviewed, revised, and re-written the Freedom to Speak Up Policy in line with the national NHS England policy ensuring we are fully compliant. This has been reviewed by the NWAS Policy Group and is awaiting ELC approval on the 23rd of November.

‘Re-branding’

During Q1 and Q2, the Guardians have worked with the communications team to ‘re-brand’ and refresh Freedom to Speak Up. This has been completed, ensuring it is in line with the Trust’s corporate image with banners now on all corporate sites, new posters on operational sites, and a refreshed Green Room page.

4. EQUALITY OR SUSTAINABILITY IMPACTS

Protected Characteristics of staff raising concerns will be monitored by the Freedom to Speak Up Guardians through the Feedback Forms following the raising of a concern.

The Guardians will continue to work with the EDI team and the various networks to ensure people who report concerns are supported appropriately.

Though demographic monitoring is not part of the NGO reporting requirements, the Guardians will continue to improve the capture of this data in the coming year and this information will be shared with the WRES team.

5. RECOMMENDATIONS

The Board of Directors is recommended to:

- Note the contents of the report
- Note the recent changes in Guardian structures
- Note the development of a new Freedom to Speak Up Policy

North West Ambulance Service NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	30th November 2022
SUBJECT:	Freedom to Speak Up Policy
PRESENTED BY:	Dr Chris Grant – Executive Medical Director

LINK TO BOARD ASSURANCE FRAMEWORK:

SR01	SR02	SR03	SR04	SR05
☐	☐	☐	☐	☒

SR06	SR07	SR08	SR09	SR10	SR11
☐	☐	☐	☐	☐	☐

PURPOSE OF PAPER: For Decision

EXECUTIVE SUMMARY:

The Freedom to Speak Up Policy has been reviewed and agreed through the Policy Group as part of the normal review cycle.

The changes can be broadly grouped as follows:

- A clear link to the NHS People Promise.
- Greater clarity about what staff can speak up about.
- Clarification of other policies and procedures that may better align to the concern being raised.
- Greater encouragement for informal resolution without recourse to the policy has been included.
- Clarification of how a concern will be handled.
- Clear external bodies with whom a concern can be raised.

The remainder of the changes seek to refine the language used and processes in place for raising concerns. The changes also clarify the role and responsibilities of the Executive Director with responsibility for Freedom To Speak Up. This was felt to be important by Staff side who wanted confirmation that there was no conflict by having an Executive Director with overall responsibility for Freedom To Speak Up.

The policy has been equality impact assessed. Review of data gives no indication of barriers to access or differential treatment.

RECOMMENDATIONS:

The Board is recommended to:

- Approve the Freedom To Speak Up Policy.

CONSIDERATION OF THE TRUST'S RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	The Trust's Risk Appetite Statement has been considered as part of the paper decision making process: ☐ Financial/ VfM ☒ Compliance/ Regulatory ☒ Quality Outcomes ☐ Innovation ☐ Reputation			
INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 3 OF REPORT				
ARE THERE ANY IMPACTS RELATING TO: **(Refer to Section 4 for detail)**	Equality:	☐	Sustainability	☐
PREVIOUSLY CONSIDERED BY:	**Executive Leadership Committee**			
	Date:	23rd November 2022		
	Outcome:	Approved		

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North West Ambulance Service NHS Trust

Freedom to Speak Up Policy and Procedure

Freedom to Speak Up Policy and Procedure		Page:	Page 1 of 13
Author:	Freedom to Speak Up Guardians	Version:	7.2
Date of Approval:		Status:	
Date of Issue:		Date of Review	Jan 2024

Recommended by	Executive Medical Director
Approved by	Board of Directors
Approval Date	
Version Number	7.2
Review Date	January 2024
Responsible Executive Director	Executive Medical Director
Responsible Manager	Freedom to Speak up Guardians
For use by	All Trust Employees bank staff, agency staff, all self-employed NHS Professionals, trainees, student placements, volunteers, or contractors

This procedure is available in alternative formats on request.
Please contact the Human Resources Assistant on 01204 498400

Change record form

Version	Date of change	Date of release	Changed by	Reason for change
4.0	30th January 2008	30th January 2008	L Slaymaker	Policy approved
4.1	29th November 2011	9th December 2011	E Forsyth	Minor amendment to the Policy
4.2	12th July 2013	12th July 2013	V Camfield	Policy Group
4.3	8th August 2013	8th August 2013	V Camfield	Revisions following EMT approval
5.0	25th September 2013	25th September 2013	V Camfield	Approval by Board of Directors
5.1	7th November 2014	7th November 2014	V Camfield	Amendment following changes to legislation
5.2	28 November 2016		L McConnell	Revisions following Policy Review
6.0	29th March 2017	29th March 2017	V Camfield	Approval by Board of Directors
6.1	27th July 2017		R.Williams	Minor amendment to Policy – Section 4.7
6.2	1st July 2017		V. Camfield	Minor amendment to Policy – section 4.8.3
6.2	26th October 2017	26th October 2017	L. Ward	Amendments following approval by EMT for section change
6.3	July 2017		K Evans	Amendments following advice to amalgamate the F2SU guidance to ensure clarity
6.4	Dec 2019		K Evans	Approved at Policy Group
7.0	Jan 20	Feb 20	ELC	Approved at ELC
7.1	Feb 2022		S Bell	Scheduled review. Comprehensive revisions to align to national guidance from NGO
7.2	Sept 2020		G Pacey	Comprehensive revisions following release of national policy.

Freedom to Speak Up Policy and Procedure

Contents

1. Introduction

1.1 We welcome speaking up and we will listen. By speaking up at work you will be playing a vital role in helping us to keep improving the services for all our patients and the working environment for our people.

1.2 This Freedom to Speak Up Policy aims to protect all our people who raise a concern. The policy also aims to support people that may wish to speak out about a concern and provides an assurance that they will be valued, listened to, and their concern acted upon.

1.3 NWAS is committed to an open and just culture in order to maintain the highest standards of patient safety and care in keeping with the Trust values, and to ensure the organisation acts with honesty and integrity to act as a responsible employer. 1.4 This policy has been introduced to enable you to speak up about concerns at an early stage.

2.0 Scope

2.1 This policy applies to **ALL** employees of the Trust, bank staff, agency staff, volunteers, contractors, and students working for NWAS (herein known as NWAS 'people'). However, volunteers are not afforded protection under Public Interest Disclosure Act (PIDA).

3.0 What can I speak up about?

3.1 You can speak up about anything that gets in the way of patient care or affects your working life. That could be something which doesn't feel right to you: for example, a way of working or a process that isn't being followed; you feel you are being discriminated against; or you feel the behaviours of others is affecting your wellbeing or that of your colleagues or patients. Indicative examples may include:

- action we are taking that may be causing unsafe patient care
- unsafe working conditions
- unethical behaviour
- procurement concerns
- recruitment malpractice
- a bullying culture

This is not an exhaustive list, and you are encouraged to raise concerns or seek advice for any matter you are worried is causing you concerns at work.

3.2 Speaking up captures a wide range of issues, some of which may be appropriate for other existing processes and policies, for example HR Processes or patient safety processes, that's fine as an organisation we will work with you to identify the most appropriate way of responding to the issue you raise.

3.3 We know some groups in our workforce feel they are seldom heard or are reluctant to speak up. You could be an agency worker, bank worker, volunteer, contractor, or student. We also know people with legally protected characteristics do not always feel able to speak up. **This policy is for all our people, and we want to hear all our people's concerns.**

4.0 Public Interest Disclosure Act (PIDA)

4.1 Protected Disclosures

A protected disclosure is defined in the Public Disclosure Act 1998. This legislation allows certain categories of workers to lodge a claim for compensation with an employment tribunal if they suffer as a result of 'speaking up'.

4.2 In order to qualify for protection under the Public Interest Disclosure Act 1998, you must make a protected disclosure. This has three main elements to it:

- You must provide information of a concern that you "reasonably believe" shows a category of wrongdoing set out in the law.
- You must reasonably believe that the concern is in the public interest.
- You must raise your concern in accordance with the law – either internally to your employer or externally to an outside body.

To help you consider whether you might meet these criteria the trust suggests you should seek independent advice from Protect or a legal representative.

5.0 Responsibilities

5.1 **The Board of Directors will: -**

- Be responsible for approving and reviewing the Freedom to Speak Up policy against best practice guidelines.
- Ensure the policy is accessible to all staff and training is absorbed into mandatory training.
- Ensure there is a range of support options to staff who raise a concern
- Ensure compliance with all legal obligations to take reasonable steps to prevent individuals who speak up from unfair treatment or detriment.
- Ensure data is evaluated and learn lessons from concerns raised and action taken, making necessary improvements where appropriate

5.2 **Leaders are responsible for: -**

- Being familiar with the policy and understand and adhere to the relevant processes and procedures.
- To encourage our people to raise any concerns with line managers within the first instance where deemed appropriate.
- Respecting the persons concern and actively listen to facilitate resolution

- To be confidential and supportive to the person providing feedback as and when required
- To provide support for all parties concerned when a concern has been raised
- Keeping up to date with changes surrounding freedom to speak up by engaging with the freedom to speak up process and education offered.

5.3 **NWAS People are responsible for: -**

- Reading the policy and becoming familiar with the associated procedure and processes.
- Engaging with the education offered
- Raising concerns at the earliest opportunity in person or in writing giving as much detail as possible.
- Raise the concern with their line manager initially, unless there is a good reason for not doing so.
- Adhering to a duty of confidentiality in respect of their professional NHS responsibilities and codes of conduct particularly regarding patient data.

6.0 Feeling Safe to Speak Up

6.1 *Your Safety and Security* – The Trust Board is committed to an open, transparent and Just Culture. If you raise a genuine concern, you will not be at risk of losing your job or suffering any form of retribution as a result.

6.2 *Your Confidence* – The Trust Board will ensure you will not be at risk of losing your job or suffering any form of reprisal from any source as far as practicably possible. The Trust will not tolerate the harassment or victimisation of anyone raising a concern, and the Trust will not tolerate any attempt to prevent an individual from raising a concern. Such behaviour is a breach of our values and may result in disciplinary action.

6.3 We hope you will feel comfortable raising your concern openly, but we also appreciate that you may want to raise it confidentially. If you ask us to protect your identity by keeping your confidence, we will not disclose it without your consent. If the situation arises where we are not able to resolve the concern without revealing your identity, we will discuss with you whether and how we can proceed.

6.4 *Anonymous Complaints* - You have the choice to speak up anonymously if you do not want to reveal your identity to anyone. This can make it difficult for others to ask you for further information about the matter and may make it more complicated to act and resolve the issue. It also means you may not be able to access any extra support you need or any feedback on the outcome. The Trust will consider what action may be justified by an anonymous report on the information available.

6.5 *Personal Support* – we recognise that this can be a stressful experience for all concerned. The Trust will take reasonable steps to assist all parties affected through any stress or difficulty from the raising of a concern, including access to a free

confidential counselling service. You can also access peer support within the Trust to act as a listening ear.

7.0 Who Should I Raise my Concerns with?

7.1 Most speaking up happens through conversations with supervisors and line managers where challenges are raised and resolved quickly. We strive for a culture where that is normal, everyday practice and we encourage you to explore this option – it may well be the easiest and simplest way of resolving matters.

However, you have other options in terms of who you can speak up to, depending on what feels most appropriate to you and your concern; -

7.2 **Patient Safety Team and/or Patient Safety Specialist –** can be contacted when you have concerns surrounding patient safety or wider quality issues.

7.3 **HR Business Partnering Team –** Your local HR team will be able to discuss your options on the appropriate course of action or process to follow in order for your concern to be raised and heard effectively.

7.4 **Local Counter Fraud Team -** If you are concerned about fraud the local NHS Counter Fraud Specialist can be contacted.

7.5 **Trade Unions –** Your Trade Union will also be able to discuss your options and provide support regarding the appropriate process.

7.6 **Freedom to Speak Up Guardian(s)** – The Trust has appointed Freedom to Speak up Guardian(s). The role of a Freedom to Speak Up Guardian is to be an independent and impartial source of advice regarding the application and procedure associated with raising a concern at work They will also:

- Act as the point of contact for all people within the Trust who require support, guidance or advice when they wish to discuss or formally raise a concern.
- Discuss and signpost other options that may be more appropriate in the first instance
- Advise if the Freedom to Speak Up policy is being applied appropriately.
- Take immediate appropriate action when matters that people are speaking up about indicate that safety and quality may be compromised.
- Signpost individuals to support mechanisms available across the organisation, externally or internally as required support individuals, managers and others involved in the freedom to speak up process
- Ensure that individuals receive appropriate feedback on how issues that they speak up about are investigated, and the conclusion of any such investigation.
- The Freedom to Speak up Guardian(s) can be contacted via email: freedom2.speakup@nwas.nhs.uk

7.7 **Freedom to Speak Up Champions** – The role of the freedom to speak up champion is to provide confidential independent support and information to people who want to raise a concern.

If you remain concerned after this you can contact

7.8 **Our Executive Medical Director with responsibility for Freedom to Speak Up**– who
provides senior oversight to the speaking up process.

7.9 **Our Non-Executive Director with responsibility for Freedom to Speak Up –**
provides independent support for people who speak up: they also provide a fresh pair of eyes to ensure that investigations are conducted with rigor and when needed can assist in escalating issues.

In the rare case you may need to contact the above their contact details can be requested form the corporate affairs team

7.10 In rare cases you still may not feel able to speak up to someone within the organisation. You can speak up externally to

- Care Quality Commission (CQC) for quality and safety concerns about the services.
- The National Guardians Office can independently review how people have been treated having raised concerns
- NHS England – NHS England may decide to investigate your concern themselves, ask the organisation or another appropriate organisation to investigate (usually with their oversight) and/or use the information you provide to inform their oversight to the relevant organisation. The precise action they take will depend in the nature of your concern and how it relates to their various roles.

Please note that neither the Care Quality Commission nor NHS England can get involved in individual employment matters.

If you would like to speak up externally about the conduct of a registered clinician, you can do this by contacting the relevant professional body including:.

- The General Medical Council
- Health and Care Professionals Council
- Nursing and Midwifery Council
- General Pharmaceutical Council

8.0 Process for Raising and Escalating a Concern

STEP ONE

8.1 In the first instance you should attempt to get a local resolution and your concern should be raised with your line manager, giving the nature of your concern and the reasons for it. In the event that the concern is about your line manager, the concern should then be raised with their line manager. This can be done verbally or in writing. Whichever route you choose, please be ready to explain as fully as you can the information and circumstances that gave rise to your concern. You may also invite your union or professional body to raise this matter on your behalf. A meeting will be arranged to discuss the concern and you have a right to be accompanied by a representative of your union or professional body or invite your representative to act on your behalf.

8.2 This is considered outside of the formal Freedom to Speak Up process although the Trust's Freedom to Speak Up Guardian(s) will be able to advise.

STEP TWO

8.3 If you feel unable to raise the matter with your line manager or their line manager, or you do not feel this is appropriate or Step One has not worked, then consider contacting either:

a) Head of Operations (PES, EOC, PTS or NHS111)
b) Corporate Services: Directorate Deputy Director or equivalent.
c) Head of Human Resources.

8.4 This can be done verbally or in writing. You may also invite your union or professional body to raise this matter on your behalf. A meeting will be arranged to discuss the concern and you have a right to be accompanied by a representative of your union or professional body or invite your representative to act on your behalf.

STEP THREE

8.5 If Steps One and Two have been followed but have not worked or you feel that the matter is too serious and you cannot discuss it at either Step One or Step Two, then please contact the **Freedom to Speak Up Guardian (s),**. A Freedom to Speak up Guardian will ensure the concern is addressed or escalated via the appropriate route.

8.6 The Freedom to Speak up Guardian(s) can be contacted by email, phone, WhatsApp, or via the greenroom FTSU form and again NWAS's people are requested to explicitly state that they are making a disclosure under the Freedom to Speak Up Policy.

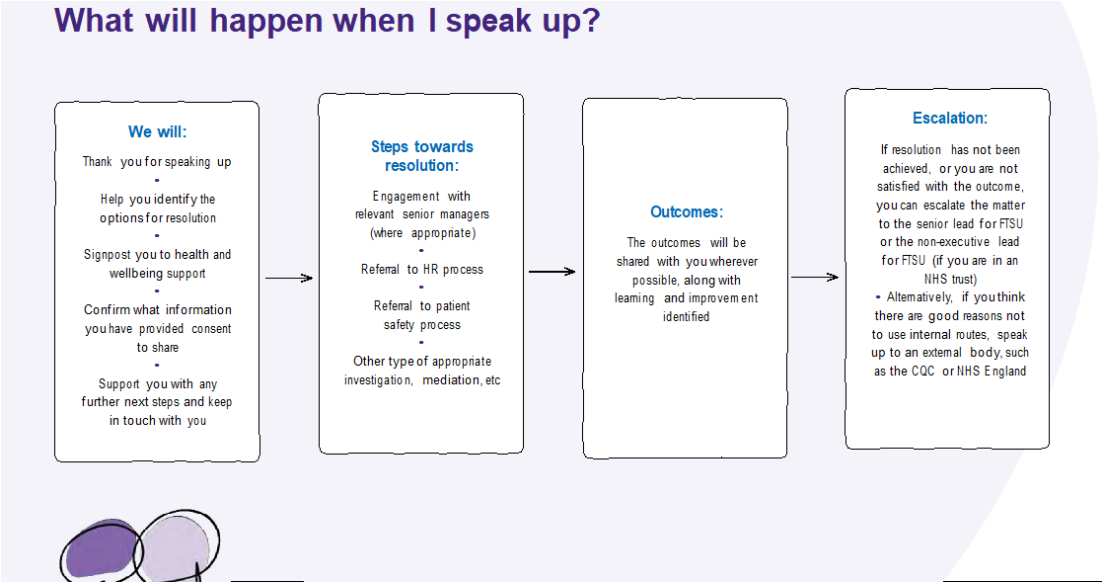
8.7 In the instance where an individual is suspended from work but has a current Freedom to Speak Up case in progress, they may maintain contact with a Freedom to Speak Up Guardian(s) on issues relating to that case during their suspension. The Freedom to Speak Up Guardian(s) will not be able to advise or

update you on matters relating to any separate aspects related to your period of suspension.

9.0 How Your Concern Will Be Handled by The Freedom to Speak Up Guardian(s)

9.1 The Freedom to Speak Up Guardians will handle your concern in line with the NHS England national policy guidance seen in fig 1

Fig 1



10.0 Review and Monitoring

10.1 The Freedom to Speak Up Guardians are responsible for monitoring overall compliance with this policy.

10.2 The Trust will review the effectiveness of this policy and local process bi-annually and changes made as appropriate.

10.3 This policy will be monitored, and information will also be collated on the number of cases in the organisation and presented to the Quality & Performance Committee in accordance with the Committee's reporting schedule. This will be undertaken in such a way to protect the confidentiality of the individuals. The Board will be given thematic data about all concerns raised by our staff through this policy and what we are doing to address any problems. Whilst the CEO and executive medical director will be informed monthly of non-identifiable case details

10.4 The Policy will be available to all our people on the Greenroom and will also be retained in the HR Department.

11.0 How will we learn from your Concerns?

11.1 The focus of all investigation outcomes will be on improving the service we provide for patients. Where it identifies improvements that can be made, we will track them to ensure necessary changes are made, and are working effectively. Lessons will be shared with teams across the organisation, or more widely, as appropriate.

Appendix A

North West Ambulance NHS Trust
Equality Impact Assessment Form (EIA) - Policies & Procedures

Name of policy or procedure being reviewed: **Freedom to Speak Up Policy**

Equality Impact Assessment completed by: **Graham Pacey (FTSU Guardian)**

Initial date of completion: **27th October 2022**

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

Section 1 – Overview

What kind of policy/procedure is this – eg clinical, workforce?

This 'workforce' policy has been reviewed in line with its review date. It has been updated to reflect national changes and the Implementation of new national policy.

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

The policy applies to **ALL** employees of the Trust, bank staff, agency staff, volunteers, contractors, and students working for NWAS (herein known as NWAS 'people'). However, volunteers are not afforded protection under Public Interest Disclosure Act (PIDA).

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

The reviewed policy will be added to the greenroom and cited within FTSU literature across the organisation.

Section 2 – Data and consultation

In order to complete the EIA it may be useful to consider the following:-

- What data have you gathered about the impact of policy or guidance on different groups?
- What does it show?
- Would it be helpful to have feedback from different staff or patient groups about it?

Please document activity below:

Equality Group	Evidence of Impact
Age	There is no direct or indirect impact in relation to this policy in respect of the protected characteristic of age.
Disability – considering visible and invisible disabilities	There is no direct or indirect impact in relation to this policy in respect of the protected characteristic of disability.
Gender	There is no direct or indirect impact in relation to this policy in respect of the protected characteristic of gender.

Marital Status	There is no direct or indirect impact in relation to this policy in respect of the protected characteristic of marital status.
Pregnancy or maternity	There is no direct or indirect impact in relation to this policy in respect of the protected characteristic of pregnancy or maternity.
Race including ethnicity and nationality	There is no direct or indirect impact in relation to this policy in respect of the protected characteristic of ethnicity and nationality.
Religion or belief	There is no direct or indirect impact in relation to this policy in respect of the protected characteristic of religion or belief.
Sexual Orientation	There is no direct or indirect impact in relation to this policy in respect of the protected characteristic of sexual orientation.
Trans	There is no direct or indirect impact in relation to this policy in respect of the protected characteristic of trans.
Any other characteristics e.g. member of Armed Forces family, carer, homeless, asylum seeker or refugee	There is no direct or indirect impact in relation to this policy in respect of any other protected characteristics not listed above.

Section 3: Impact Grid

Having considered the data and feedback through consultation, please detail below the impact on different groups (Age, Disability – considering visible and invisible disabilities, Gender, Marital Status, Pregnancy or maternity, Race including ethnicity and nationality, Religion or belief, Sexual Orientation, Trans, Any other characteristics for patient or staff e.g. member of Armed Forces family, carer, homeless, asylum seeker or refugee):

Equality Group	**Evidence of Impact**	**Is the impact positive or negative?**
All Groups	The FTSU guardians work closely with Equality, Diversity and Inclusion networks to ensure all our people are included. This allows for understanding of barriers and further work to resolve them.	Positive

Section 4 – Action plan

At this point, you should prepare an action plan which details the group affected, what the required action is with timescales, and expected progress. You may still be seeking further information as part of your plan. You can use the table 3 above to detail any further action.

Section 5 – Monitoring and Review

You should document any review which takes place to monitor progress on the action plan or add any information through further data gathering or consultation about the policy. It is sensible for the review of this to be built into any plans. More information about resources can be found on the greenroom.

Further information about groups this policy may affect can be found here pages 10-11.
https://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf

North West Ambulance Service NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	30 November 2022
SUBJECT:	Charitable Funds Annual Report and Accounts 2021/22
PRESENTED BY:	Carolyn Wood, Executive Director of Finance

LINK TO BOARD ASSURANCE FRAMEWORK:

SR01	SR02	SR03	SR04	SR05
☐	☒	☐	☐	☐

SR06	SR07	SR08	SR09	SR10	SR11
☐	☐	☐	☐	☐	☐

PURPOSE OF PAPER:	For Decision
EXECUTIVE SUMMARY:	The purpose of this paper is to present the audited annual Charitable Funds Annual Report and Accounts for 2021/22 to the Board of Directors, as the Corporate Trustee for approval and adoption. The main points for noting are: - Income for the year amounted to £982k; - Total expenditure during 2021/22 was £370k, where the main elements were the purchase of medical equipment and staff welfare; and - The overall funds have increased by £612k.
RECOMMENDATIONS:	As Corporate Trustee, the Board of Directors is asked to: - Approve and adopt the Charitable Funds Annual Report and Accounts for 2021/22; and - Approve the signing of the letter of representation and Statement of Trustees Responsibilities (Appendix 4) on behalf of the Corporate Trustee.
CONSIDERATION OF THE TRUST'S RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	The Trust's Risk Appetite Statement has been considered as part of the paper decision making process: ☐ Financial/ VfM ☐ Compliance/ Regulatory ☐ Quality Outcomes ☐ Innovation ☐ Reputation

INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 5 OF REPORT				
ARE THERE ANY IMPACTS RELATING TO: **(Refer to Section 6 for detail)**	Equality:	☐	Sustainability	☐
PREVIOUSLY CONSIDERED BY:	Charitable Fund Committee			
	Date:	26 October 2022		
	Outcome:	Supported		

1. PURPOSE

1.1 The purpose of this paper is to present the independently reviewed Charitable Funds Annual Report and Accounts 2021/22 to the Board of Directors, as Corporate Trustee, for approval and adoption.

2. BACKGROUND

2.1 The Annual Report and Accounts are prepared in accordance with guidance issued by both the Audit and Charity Commissions. The Board of Directors are the Corporate Trustee for Charitable Fund purposes.

3. CURRENT SITUATION

3.1 The attached Annual Report (Appendix 2) and Accounts (Appendix 1) were independently reviewed by the independent examiner Mark Surridge, Mazars LLP during September 2022.

3.2 As part of sign-off of the Annual Accounts and Annual Report, a letter of representation (Appendix 3) and a Statement of Trustees Responsibilities (Appendix 4), signed on behalf of the Corporate Trustee, must be included.

3.3 The Charitable Funds Committee has reviewed the Accounts and Annual Report, Independent Examiner's Report, Letter of Representation and Statement of Trustees Responsibilities for 2021/22 and is recommending them for adoption and approval.

3.4 The deadline for submission of the Annual Report and Accounts to the Charity Commission is the 31 January 2023.

4. SUMMARY OF FINANCIAL PERFORMANCE 2021/22

4.1 In summary, the income of the charitable funds in 2021/22 amounted to £982k, out of which £124k was for the unrestricted fund, where the main element came from legacies of £81k, and the remaining £858k was for restricted funds where largest income element was £687k from NHS Charities Together for the welfare of staff.

4.2 Expenditure in 2021/22 amounted to £370k of which £94k was from unrestricted funds and £276k from restricted funds.

4.3 The overall available resource in 2021/22 has increased by £612k where unrestricted funds increased by £30k while restricted funds increased by £582k. The largest element of expenditure was the purchase of medical equipment, mainly defibrillators and staff welfare, all in line with donor's wishes.

4.4 The Trustees are required to approve the Annual Accounts attached at Appendix 1; the Annual Report can be found at Appendix 2.

5. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS *(including consideration of the Trust's Risk Appetite Statement)*

5.1 The attached Annual Report and Accounts were independently examined by the independent examiner Mark Surridge, Mazars LLP. The examination was undertaken in September 2022. There were no concerns and no other matter in connection with the examination to which attention should be drawn.

6. EQUALITY OR SUSTAINABILITY IMPACTS

6.1 There are no equality or sustainability implications associated with this report.

7. RECOMMENDATIONS

7.1 The Board of Directors, as Corporate Trustee, is asked to:

- approve and adopt the Annual Accounts and Annual report for 2021/22; and
- approve the signing of the letter of representation and Statement of Trustees Responsibilities on behalf of the Corporate Trustee.

Appendix 1

CHARITABLE TRUST ACCOUNT - NORTH WEST AMBULANCE SERVICE NHS TRUST

Data entered below will be used throughout the workbook:

This year	2021-22
Last year	2020-21
This year ended	2022
Last year ended	2021
This year beginning	1 April 2021
This year name	31 March 2022
Last year name	31 March 2021

North West Ambulance Service NHS Trust Charitable Fund
Statement of Financial Activities and Income & Expenditure for the 12 months ended 31 March 2022

	Note	Unrestricted Funds £000	Restricted Funds £000	**12 months to 31 March 2022 Total Funds £000**	12 months to 31 March 2021 Total Funds £000
Income and Endowments					
Donation and Legacies	3	124	858	**982**	354
Total Income and Endowments		124	858	**982**	354
Expenditure					
Expenditure on Charitable Activities	4,5, 6	94	276	**370**	191
Total Expenditure		94	276	**370**	191
Net Income/(Expenditure)		30	582	**612**	163
Net Movement in funds		30	582	**612**	163
Reconciliation of Funds					
Total Funds brought forward 1 April 2021		607	356	**963**	800
Total Funds carried forward 31 March 2022		637	938	**1,575**	963

North West Ambulance Service NHS Trust Charitable Fund
Balance Sheet as at 31 March 2022

	Notes	Unrestricted Funds	Restricted Funds	**Total Funds 31 March 2022**	Total Funds 31 March 2021
		£000	£000	**£000**	£000
Current Assets:					
Stock	7	-	1	**1**	1
Debtors			21	**21**	
Cash at bank and in hand		628	932	**1,560**	997
Total Current Assets		628	954	**1,582**	998
Creditors: Amounts falling due within one year	8	(2)	(5)	**(7)**	(35)
Net Current Assets		626	949	**1,575**	963
Total Assets less Current Liabilities		626	949	**1,575**	963
Total Net Assets		626	949	**1,575**	963
Funds of the Charity					
Restricted income funds	9		938	**938**	356
Unrestricted income funds		637		**637**	607
Total Charity Funds		637	938	**1,575**	963

Notes 1 to 11 form part of these accounts.

Signed ……

Daren Mochrie, Chief Executive

Date:

North West Ambulance Service NHS Trust Charitable Fund
Statement of Cash Flows

	2021/22	2020/21
Movement in cash resources		
Cashflow from opersting activities	612	163
Movement in debtors - (increase)/decrease	(21)	
Movement in creditors - increase/(decrease)	(28)	30
Movement in Stock - (increase)/decrease		1
Total movement in cash resources	**563**	**194**
Movement in cash resources	563	194
Brought forward cash balance at 1 April	997	803
Cash and cash equivalent at 31 March	**1,560**	**997**

Notes on the Accounts

1 Accounting Policies

(a) Basis of preparation

The accounts (financial statements) have been prepared under the historical cost convention with items recognised at cost or transaction value unless otherwise stated in the relevant note(s) to these accounts. The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011.

The trust constitutes a public benefit entity as defined by FRS 102.

The financial statements have been prepared on a going concern basis which the Trustees consider to be appropriate for the following reasons.
The business model of the charity is such that its charitable activities are limited to those which it has sufficient funds to support from the excess of funding received over the costs of administering the charity. The charity therefore has no specific commitments and no committed costs beyond its fixed costs of operation which are detailed in note 4.

(b) Income and Endowments

All income is recognised once the charity has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

Donations, are recognised when the Charity has been notified in writing of both the amount and settlement date. In the event that a donation is subject to conditions that require a level of performance before the charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the charity and it is probable that those conditions will be fulfilled in the reporting period. Gifts in kind are valued at estimated fair market value at the time of receipt.

Legacy gifts are recognised on a case by case basis following the granting of probate when the administrator/executor for the estate has communicated in writing both the amount and settlement date. In the event that the gift is in the form of an asset other than cash or a financial asset traded on a recognised stock exchange, recognition is subject to the value of the gift being reliably measurable with a degree of reasonable accuracy and the title to the asset having been transferred to the charity.

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank. Dividends are recognised once the dividend has been declared and notification has been received of the dividend due. This is normally upon notification by our investment advisor of the dividend yield of the investment portfolio.

(c) Expenditure Recognition

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that settlement will be required and the amount of the obligation can be measured reliably.

All expenditure is accounted for on an accruals basis. All expenses including support costs and governance costs are allocated or apportioned to the applicable expenditure headings. For more information on this attribution refer to note (e) below.

Grants payable are payments made to third parties in the furtherance of the charitable objects of the Charity. In the case of an unconditional grant offer this is accrued once the recipient has been notified of the grant award. The notification gives the recipient a reasonable expectation that they will receive the one-year or multi-year grant. Grants awards that are subject to the recipient fulfilling performance conditions are only accrued when the recipient has been notified of the grant and any remaining unfulfilled condition attaching to that grant is outside of the control of the Charity.

Provisions for grants are made when the intention to make a grant has been communicated to the recipient but there is uncertainty as to the timing of the grant or the amount of grant payable.

The provision for a multi-year grant is recognised at its present value where settlement is due over more than one year from the date of the award, there are no unfulfilled performance conditions under the control of the Charity that would permit the Charity to avoid making the future payment(s), settlement is probable and the effect of discounting is material. The discount rate used is the average rate of investment yield in the year in which the grant award is made. This discount rate is regarded by the trustees as providing the most current available estimate of the opportunity cost of money reflecting the time value of money to the Charity.

(d) Allocation of support and governance costs

Support costs have been allocated between governance costs and other support costs. Governance costs comprise all costs involving the public accountability of the charity and its compliance with regulation and good practice. These costs include costs related to independant examination and legal fees.

Governance costs and support costs relating to charitable activities have been apportioned based on total expenditure. The allocation of support and governance costs is analysed in note 4.

(e) Expenditure on charitable activities

Costs of charitable activities include grants made, governance costs and an apportionment of support costs as shown in note 4.

(f) Irrecoverable VAT

Irrecoverable VAT is charged against the expenditure heading for which it was incurred.

(g) Structure of Funds

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by the donor. Where the restriction requires the gift to be invested to produce income but the Trustees have the power to spend the capital, it is classed as expendable endowment. There are no expendable endowments at 31 March 2022.

Restricted funds include legacy funds where the donor has made known their non binding wishes or where Trustees, at their discretion, have created a fund for a specific purpose. The Trustee ring fences legacy funds within the restricted fund and ensures that the funds are used in a way that is consistent with the wishes of the donor.

Unrestricted income funds comprise those funds which the Trustee is free to use for any purpose in furtherance of the charitable objects.

The Charity has no endowment funds. The major funds held in both the restricted and unrestricted categories are disclosed in note 10.

(h) Fixed asset investments

The North West Ambulance Service NHS Charitable Trust has held no fixed asset investments in the financial year ended 31 March 2022.

(j) Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (purchase date if later). Unrealised gains and losses are calculated as the difference between the market value at the period end and opening market value (purchase date if later).

(k) Change in the Basis of Accounting

The Accounts of the Charitable Trust have been prepared on a going concern basis.

(l) Stocks

Stocks are valued at the lower of cost and net realisable value.

2 Related Party Transactions

The Trustee is the North West Ambulance Service NHS Trust. All expenditure made from the Charitable Funds are for the benefit of the North West Ambulance Service NHS Trust. During 2021/22 none of the members of the NHS Trust Board or senior NHS Trust staff or parties related to them were beneficiaries of the Charity. NWAS is the creditor in the Charitable Funds Accounts.

3 Analysis of voluntary income

	Unrestricted Funds £000	Restricted Funds £000	**12 months to 31 March 2022 Total £000**	12 months to 31 March 2021 Total £000
Donations from individuals and organisations	43	858	**901**	244
Legacies - General fund	81	-	**81**	110
	124	858	**982**	354

4 Allocation of support costs

All support costs were allocated to the governance.

	12 months to 31 March 2022 Total £000	Allocated to Governance £000	12 months to 31 March 2021 £000
Independent Examiner's Remuneration	**2**	2	2
Administration	**1**	1	1
Total	**3**	3	3

5 Analysis of charitable expenditure

The Charity undertook direct charitable activities mainly on the provision of staff welfare and the purchase of medical and surgical equipment and sundries with regards to the First Responder Funds.

	Activities undertaken directly £000	Support Costs £000	**12 months to 31 March 2022 Total £000**	12 months to 31 March 2021 £000
Staff Education and Welfare	183	2	**185**	77
Purchase of New Equipment	174	1	**175**	114
Patient Education and Welfare	10	0	**10**	0
Total	367	3	**370**	**191**

6 Independent Examiner's Remuneration

	12 months to 31 March 2022 Total £000	12 months to 31 March 2021 Total £000
Independent Examiner's Remuneration	2	2
Total Cost	**2**	**2**

7 Analysis of current assets

(a) Stocks

	12 months to 31 March 2022 Total £000	12 months to 31 March 2021 £000
Raw materials and consumables	1	1
	1	1

Stocks relate to medical and surgical equipment and sundries held by the Lancashire First Responders.

(b) Analysis of cash and deposits

	12 months to 31 March 2022 Total £000	12 months to 31 March 2021 £000
National Westminster Deposit Account	1,560	997
Total	**1,560**	997

8 Analysis of current liabilities and long term creditors

Creditors under 1 year

	31 March 2022 Total £000	31 March 2021 Total £000
Other creditors	**7**	35
Total	**7**	35

Other creditors represent sums owed at the year end by the charity to a related party, North West Ambulance Service NHS Trust, for costs incurred by the NHS Trust on behalf of the charity in the furtherance of the charity's objects.

9 Analysis of charitable funds

Type of Funds	**Balance 31 March 2022 c/fwd £000**	Balance 1 April 2021 b/fwd £000
Unrestricted - General Purpose Funds	**637**	607
Restricted - Designated Funds	**199**	244
Restricted - Other Funds	**739**	112
	1,575	963

(a) Restricted funds

	Balance 1 April 2021 b/fwd £000	Resources expended £000	Incoming resources £000	**Balance 31 March 2022 c/fwd £000**
First Responders Community Fund	2	0	0	2
Greater Manchester First Responders	31	0	0	31
Station Specific	244	(46)	1	199
Cardiac Smart	23	(8)	170	185
Charity Together	56	(222)	687	521
Grand Total	356	(276)	858	**938**

Name of Fund	**Description, nature and purpose of the fund**
Greater Manchester First Responders	The objects of this restricted fund are to promote and support volunteer First Responder Teams operating in the Greater Manchester area through fund raising and access to training and medical equipment.
Cardiac Smart	Funds restricted to support the general aims of the "Cardiac Smart" campaign, including the provision of equipment and training in communities, and equipment and support for volunteer Community First Responders.
Charity Together	Funds originating as grants from "NHS Charities Together" and to be spent on specific multi-year projects as agreed with this funder.
Station Specific	These legacy and donations funds are restricted to be used in a specific area, or at a particular ambulance station.

	31 March 2022 £000	31 March 2021 £000
Nelson Ambulance Station	0	1
Cumbria- Penrith area	4	5
Cumbria area- for purchase of new equipment	17	54
Cumbria Area (various stations)	25	25
Mersey Area	132	133
Various Ambulance stations - small balances	3	1
Flimby	1	1
Birchwood Station	1	1
PTS	16	23
	199	244

(b) Unrestricted funds

	Balance 1 April 2021 b/fwd £000	Resources expended £000	Incoming resources £000	**Balance 31 March 2022 c/fwd £000**
Unrestricted- General Purpose Funds	607	(94)	124	**637**
	607	(94)	124	637

Name of Fund	**Description, nature and purpose of the fund**
North West Ambulance Service General Fund	This general fund represents the merger of general funds from the previous four Ambulance Trusts. This fund has general objects for any charitable purpose relating to the North West Ambulance Service NHS Trust or purposes relating to the National Health Service.

10 Post Balance Sheet Events

There were no post Balance Sheet events.

North West Ambulance Service NHS Trust

Charitable Fund

Unaudited Trustee's Annual Report &

Annual Accounts

For the Year to 31st March 2022

Registered Charity No. 1122470

Contents

Reference and administrative details

Principal Office:
North West Ambulance Service NHS Trust Charitable Fund
Ladybridge Hall
Chorley New Road
Bolton
BL1 5DD

Registered Charity no:
1122470

Bankers:
National Westminster Bank PLC
Preston Branch
35 Fishergate
Preston
PR1 3BH

Solicitors:
Hempsons
The Exchange
Station Parade
Harrogate
HG1 1DY

Independent Examiner:
Mark Surridge FCCA
Mazars LLP
First Floor
2 Chamberlain Square
Birmingham
B3 3AX

Foreword

The Corporate Trustee presents the Charitable Funds Report together with the Annual Accounts for the 12 months ended 31st March 2022. The Charity's report and accounts have been prepared by the Corporate Trustee in accordance with Part VI of the Charities Act 2011 and the Charities (Accounts & Reports) Regulations 2008.

The Charity's report and accounts include all the separately established funds for which the North West Ambulance Service NHS Trust is the sole beneficiary.

Structure, Governance and Management

CORPORATE TRUSTEE

The sole corporate trustee of the Charity is the North West Ambulance Service NHS Trust.

The North West Ambulance Service NHS Trust has been the Corporate Trustee of the charitable fund and its four predecessor charitable funds since 1 July 2006 and is governed by the law applicable to Trusts, principally the Charities Regulations 2008 and the Charities Act 2011.

The Corporate Trustee is managed by its Board of Directors which consists of executive and non-executive directors. It has responsibility for planning, directing and controlling the activities of the entity, ensuring that the NHS body fulfils its duties in managing the charitable funds.

Non-Executive Directors of the Trust Board are appointed by NHS Improvement on behalf of the Secretary of State and Executive Directors of the Board are subject to recruitment by the North West Ambulance Service NHS Trust Board of Directors.

The members of the North West Ambulance Service NHS Trust Board of Directors who served during the 12 months were as follows:-

Peter White	Chair
Daren Mochrie	Chief Executive
Carolyn Wood	Director of Finance
Ged Blezard	Director of Operations
Angela Wetton	Director of Corporate Affairs
Salman Desai	Director of Strategy, Partnerships & Transformation
Maxine Power	Director of Quality, Innovation & Improvement
Lisa Ward	Director of People
Dr Chris Grant	Medical Director
Richard Groome	Non-Executive Director
David Rawsthorn	Non-Executive Director
David Hanley	Non-Executive Director
Alison Chambers	Non-Executive Director
Prof. Aneez Esmail	Non-Executive Director
Rod Thomson	Associate Non-Executive Director
Gillian Singh	Associate Non-Executive Director (resigned August 2021)

The Charitable funds were established by the Trust deed on 31 January 2007.

The Charitable Funds were registered with the Charity Commission (No. 1122470) on 25 January 2008 in accordance with the Charities Act 1993.

CHARITABLE FUNDS COMMITTEE

The North West Ambulance Service NHS Trust has been the Corporate Trustee of the charitable fund and its four predecessor charitable funds since 1 July 2006 and is governed by the law applicable to Trusts, principally the Charities Regulations 2008 and the Charities Act 2011.

The NHS Trust Board devolved responsibility for the management, monitoring and reviewing of the charitable funds of the Trust to the Charitable Funds Committee. Acting for the Corporate Trustee, the Charitable Funds Committee is responsible for the overall management of the Charitable Fund. The Committee is required to:

- Control, manage and monitor the use of the fund's resources.
- Provide support, guidance and encouragement for all its income raising activities whilst managing and monitoring the receipt of income.
- Ensure that 'best practice' is followed in the conduct of all its affairs fulfilling all of its legal responsibilities.
- Keep the Trust Board fully informed on the activity, performance and risks of the charity.

The accounting records and the day to day administration of the funds are dealt with by the Finance Department located at Trust's Headquarters, Ladybridge Hall in Bolton.

The names of those people who served as members of the Charitable Funds Committee, as permitted under regulation 16 of the NHS Trusts (Membership and Procedures) Regulations 1990 for the 12 months to March 2022 were as follows:

David Rawsthorn	Non-Executive Director (Chair)
Richard Groome	Non-Executive Director
David Hanley	Non-Executive Director
Carolyn Wood	Director of Finance
Ged Blezard	Director of Operations
Angela Wetton	Director of Corporate Affairs
Salman Desai	Director of Strategy, Partnerships & Transformation
Lisa Ward	Director of People

The Head of Technical Accounts attended the meetings along with independent examiners.

SCHEME OF DELEGATION

For the period up to the 31 March 2022 the Trust Scheme of Delegation and level of authorised expenditure is detailed below in table 1.

Table 1, Scheme of Delegation to 31 March 2022:

Expenditure	Authorisation Limits
Up to £2,499	Deputy Director of Finance or Head of Technical Accounts or Director of Corporate Affairs
£2,500 to £24,999	Director of Finance or Chief Executive
Above £25,000	Board of Directors on behalf of Corporate Trustee

NOTE: In line with Charitable Funds Committee decision, with the exception of flowers and retirements expenditure, all other expenditure requests are authorised by the Director of Finance. The scheme of delegation above is for reference.

RESTRICTED AND UNRESTRICTED FUNDS

The charity's unrestricted fund was established using the model declaration of trust and all funds held on trust as at the date of registration were either part of this unrestricted fund or registered as separate restricted funds under the main charity. Subsequent donations and gifts received by the charity that are attributable to the original funds are added to those fund balances within the existing charity.

The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objects of each fund and by designating funds the Trustee respects the wishes of the donors to benefit patient care and the good health and welfare of staff. Where funds have been received which have specific restrictions set by the donor a restricted fund has been established.

Funding held within the general or unrestricted legacy fund may be used in-line with the Charitable Aims as authorised by the Trustees without pre-existing or specific restrictions by donors or legators.

The charitable funds available for spending during the 12 months reporting period have been allocated to the charitable fund managed in accordance with the North West Ambulance Service NHS Trust Scheme of Delegation.

As at 31st March 2022 the charity comprised 8 individual funds, namely:

Unrestricted Funds:

1. General Fund, including unrestricted legacies

This is the North West Ambulance Service NHS Trust General Fund for use against charitable aims and unrestricted legacy funds that are designated funds without specific areas and purposes.

Restricted Funds:

2. Mayor of Wigan Rapid Response Vehicle Fund
3. Greater Manchester First Responders Fund
4. Heart of Lancashire First Responders Fund
5. Cheshire and Mersey First Responders Fund
6. NHS Charities Together
7. Cardiac Smart Fund (regional)
8. Station and Area Specific Funds

Charitable funds received by the charity are accepted, held and administered as funds and property held on trust for purposes relating to the Health Service in accordance with the National Health Service Act 1977 and the National Health Service and Community Care Act 1990 and these funds are held on trust by the corporate body.

The Corporate Trustee is responsible for ensuring that all charity related activity is managed effectively and it is therefore essential that key objectives are met, with actions implemented to safeguard the charity's funds and assets.

Objectives and Strategy

The Objects of the Charitable Fund are defined in the Trust Deed as:

"For the general or specific purposes of North West Ambulance Service NHS Trust or for a charitable purpose or purposes relating to the National Health Service"

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

Core Charity Priorities:

1. To provide equipment, uniform and training for our volunteer Community First Responders
2. To build awareness of life-saving skills and defibrillators in our communities
3. To support NWAS staff with new equipment and better working environments

Policies, procedures and reserves are regularly reviewed as the charitable trust remains committed to ensuring that there are sufficient funds to secure its objectives. The aims and objectives shown above will be reviewed by the Charitable Funds Committee during 2022/23.

Public Interest Benefit

The Corporate Trustee ensures that the *public interest benefit criteria*, as detailed in the Charities Act 2011, are met by critically assessing each request for expenditure presented to the charity. Applications can be made by any member of North West Ambulance NHS Trust Staff with prior authorisation of their line manager and applications are only restricted by the availability of funds, the quality of the application and that the application meets the Charitable Aims of the Charity.

Where possible, funds are used to provide benefit to a wide range of patients, and funds used for staff enablement are allocated to projects where a benefit to staff and/or patients can be demonstrated.

Reserve Policy

In accordance with Charity Commission guidance, the Corporate Trustee acknowledges that there is a requirement to hold reserves. The reserves policy should take into account future commitments from the general unrestricted funds held by the Charity. Assuming that funds have been designated appropriately and will be spent within a reasonable timescale the charity should not rely on the unrestricted or designated funds for the absorption of overheads on a continuing basis. Therefore the level of reserves held in the general unrestricted funds of the charity should be sufficient to cover the annual support costs and overheads of the charity.

The charity approves expenditure on a case by case basis taking into account the level of funds available and the Corporate Trustee reserves the right to cancel any past delegation and transfer monies to the general unrestricted funds of the Charity. This may be considered where designated funds have not been spent within a reasonable timescale or where the original purpose of the designation no longer exists. Likewise the Corporate Trustee may choose to designate funds for a particular purpose.

Level of reserves

As at 31st March 2022 the Corporate Trustee considers that a six month minimum reserve in the unrestricted general purpose fund should be permanently maintained.

For 2021/22 the total operational expenditure (excluding all grant-making) was £3k, meaning that the target level for unrestricted reserves in accordance with this policy was £1.5k. However, this will increase significantly in 2022/23 due to the appointment of a Head of Charity from June 2022 and other planned expenditure.

It is recognised that the current level of unrestricted reserves is significantly higher than this target figure. The Charitable Funds Committee will review the Reserves Policy during 2022/23, and establish a plan to prudently spend excess unrestricted funds over the next few years on charitable expenditure and to develop the Charity.

MONITORING

The Director of Finance and Head of Technical Accounts report on the progress of the reserves and make recommendations to the Charitable Funds Committee in order to comply with the policy. The Charitable Funds Committee has the authority to vary the minimum level of reserves.

Investment Policy

Where NHS charitable funds have surplus monies in excess of the minimum reserves plus those required to fund commitments that have not yet been realised, Trustees may elect to invest some or this entire surplus in order to generate additional income to fund future charitable activities.

Cash surpluses shall be held only in such public or private sector investments as approved by the Secretary of State and authorised by the Trustees and reviewed periodically.

The Financial Accountant is responsible for periodically reporting the cash balances to the Director of Finance and the options available for investment. The Director of Finance is responsible for authorising the investment of any trust funds.

Annual Review of Income and Expenditure 2021/22

The net assets of the Charitable Funds as of 31st March 2022 are £1,575k.

Overall net assets increased by £612k being the excess of income (£982k) over expenditure (£370k).

The unrestricted fund has received £124k in income, while restricted funds income amounted to £858k (£982k total).

Total expenditure of £370k was spent as follows:

- £367k on direct charitable activity;
- £3k on support costs;

Direct charitable activity expenditure included:

- Purchase of new equipment, £174k (mainly defibrillators and associated ancillaries)
- Staff Education and Welfare, £183k
- Patient education & welfare £10k

NHS Charities Together Grants

The Charity continued to receive significant support from NHS Charities Together (membership body for NHS Charities) as a result of their Covid-19 Emergency Appeal established at the beginning of the pandemic in early 2020, which was best known for the high profile fundraising undertaken by the late Captain Sir Tom Moore. £56k was carried forward into 2021/22, and continued to be used for the benefit of our staff, volunteers, patients and communities, while during the year, we also received

a grant of £687k, specifically to fund a long-term project to support life saving initiatives in communities as they recover from the impact of the pandemic.

Initiatives funded under both of these grants during 2021/22 included:-

- **Picnic Benches and Seats**
- **Indoor and outdoor enhancements to improve relaxation areas for staff at Ambulance Stations and other locations**.
- **Manchester Stress Institute: 4 week Resilience Programme for 40 Managers:**
  A Health and Wellbeing Initiative to support Managers during the recovery phase of COVID. A bespoke coaching transformation programme designed to improve resilience, performance and recovery of staff when working under pressure. Programme to include 4 private consultations, 1 performance coach and a private consultation with a hypnotherapist and a Kickstarter Wellbeing Programme to supplement the plan consisting of Reboot the Adrenal Glands; Boost Energy; Improvement Digestion; Enhance Sleep; Increase concentration and Boost Memory. Originally planned for 20 managers, the success of this project led to further funding being released to double the number of participants.
- **Manchester Stress Institute 4 week Burnout Programme for Staff:**
  A Health and Wellbeing Initiative to support all staff during the recovery phase of Covid. Targeted on burnout and stress, this is a 4 week programme accessible via x 4 weekly live webinars that staff can attend and content is recorded and made available digitally for all staff to access.
- **Development of a "Youth Zone" Ambulance Academy on the NWAS website**
  By creating a dedicated online youth zone, teachers/group leaders will benefit from having access to online resources in order to deliver sessions. The creation of a new online resource hub supports the trust in providing a digital offering to communities to continue important engagement work.
- **Provision of a 12 month subscription to all volunteer Community First Responders, to access the "JRCALC CFR Plus" Application.**
  This provides additional, updated resources on how to deal with medical emergencies (including the "Care Essentials" package) enhancing their knowledge and skills, and thereby helping them provide a better response to patients.
- **Supply of 25 public-access defibrillators and cabinets in each of the 5 counties served by NWAS**
  CPADs to be placed in areas of highest need without existing coverage (125 in total). These units are expected to be installed and operational during 2022/23.

A total of £521k of NHS Charities Together Funding has been carried forward into 2022/23 and will continue to be used to fund similar initiatives, including the following:-

1. **Equip CFRs with Mangar Elk Lifting Cushions (or similar)**
   This will enable volunteer CFRs to give early assistance to patients who have experienced a non-injury fall, reducing potential complications associated with long lies and prevent a double crewed ambulance (DCA) from needing to attend the patient, freeing up vital capacity in an already-busy service.

2. **Supply and install 125 community public access defibrillators (CPADs)**
   25 CPADs per county will be placed in areas that need it most. CPADs are accessed by calling the ambulance service via 999 where the caller will be given the nearest address for a CPAD and the code to unlock the cabinet, whilst emergency crew is dispatched simultaneously. Providing emergency life support skills (basic life support) and access to early defibrillation within the first 4 minutes during out of hospital cardiac arrest increases the chances of survival to 80%.

   These units will be placed in areas of highest need where there are known poor health outcomes, without existing coverage

3. **Appoint 3 x Community Engagement Officers**
   To appoint 3 x Community Engagement Officers to engage with hard to reach communities in our region for a two year period. It is hoped this will develop community first responder schemes within those communities to help to ensure that community first responder and bystander care can be delivered quickly across the whole region. The post-holders will be directly responsible for identifying sites for the CPADs above, and will also identify areas of greatest need, and initiate other interventions accordingly.

Other Projects Supported 2021/22

The Charity continues to support and fund many projects authorised in line with the Scheme of Delegation. Projects supported during 2021/22 included:

Staff and volunteer Community First Responder Training Equipment

- A "Laerdal Resusci Anne": an adult CPR training manikin with multiple feedback options that provide opportunity to focus on student competency.

AEDs & CPADs:-

- The charity provided funding for the provision of Community Public Access Defibrillators (CPADs) and Automated External Defibrillators (AED). CPADs are placed into lockable steel, heated cabinets on the external of buildings and AEDs are located within buildings and require no additional power or heating. The use of a CPAD/AED with effective CPR (Cardiopulmonary Resuscitation) increases ROSC (Return of Spontaneous Circulation) from c.5% to a potential 75% for out of hospital cardiac arrests. These units were funded in full by NWAS Charity where appropriate, but more commonly in partnership with community groups.
- Various items to support the maintenance of CPADs and to ensure that they remain on-line. This included the provision of new replacements for out-of-warranty defibrillators, and the replacement of consumables such as batteries and expired or used pads.

OTHER:-

- Provision of the AACE Queen's Jubilee Coin for all NWAS Staff.

In addition to these projects and equipment purchases, the charity also funded gifts/buffets or flowers in recognition of:

- 29 retirements
- 10 babies
- 5 bereavements of close family members

Future Plans

During 2021/22, the NWAS Board (acting on behalf of the Corporate Trustee) approved a capacity-building exercise for the Charity, which included the recruitment of a Head of Charity, together with additional resources to facilitate the development of the Charity and enhance the impact of its funding.

The Head of Charity commenced in June of 2022 and will facilitate a review of the existing aims and objectives, to inform an updated Charitable Funds Strategy. It is anticipated that excess reserves will be used to develop the charity and for impactful grant-making over the next few years.

ACKNOWLEDGEMENT

The Corporate Trustee would like to extend its sincere appreciation to those that have contributed to the charitable funds through fundraising, donating, leaving legacies or gifts in lieu.

Particular gratitude is extended to those who donate to the charity in times of personal bereavement or loss.

We also take this time to thank corporate sponsors and grant giving trusts that have supported the charity during 2021/22 with fundraising activities, promotions or awarding of grant funding for or acceptance of projects and initiatives. We thank them and welcome their support for future years.

The Corporate Trustee would also like to thank and acknowledge the support of our amazing staff and volunteers across the Trust.

Approved on behalf of the Corporate Trustee.

…….. Dated ……

Daren Mochrie
Chief Executive – North West Ambulance Service NHS Trust

Statement of Trustee's Responsibilities

The law applicable to charities in England and Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the Charity's financial activities during the year, and of its financial position at the end of the year. In preparing financial statements that give a true and fair view, the Trustee should follow best practice and:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards and statements of recommended practice have been followed, subject to any departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue in operation;
- keep proper accounting records, which disclose with reasonable accuracy at any time the financial position of the Charity, and which enables the Trustee to ensure that the financial statements comply with the requirements in the Charities Act 2011, the Charity (Accounts and Reports) Regulations and the provisions of the trust deed; and
- safeguard the assets of the Charity, therefore taking reasonable steps in the prevention and detection of fraud and other irregularities.

The Corporate Trustee confirms that it has met the responsibilities set out above and complied with the requirements for preparing the accounts. The Charity trustees having given consideration to the major risks to which the charity is exposed and satisfied themselves that systems or procedures are established in order to manage those risks. (Charities (Accounts and Reports Regulations 2008). The financial statements set out have been compiled from, and are in accordance with, the financial records maintained by the Corporate Trustee.

Approved by the Corporate Trustee and signed on its behalf by:

…… Dated: …….
Peter White
Chairman, Board of Directors - North West Ambulance Service NHS Trust

…… Dated: …….
Carolyn Wood, Director of Finance - North West Ambulance Service NHS Trust

Our services:
Emergency and urgent care
Non-emergency patient transport
NHS 111

North West Ambulance Service
NHS Trust

Headquarters
Ladybridge Hall
399 Chorley New Road
Bolton
BL1 5DD
Tel: 01204 498400

www.nwas.nhs.uk/charity
Twitter: @NWAmbCharity

Mazars LLP
Two Chamberlain Square
Birmingham
B3 3AX

30 November 2022

Dear Sir/Madam,

North West Ambulance Service NHS Trust Charitable Fund – independent examination of the financial statements for the year ended 31st March 2022

This representation letter is provided in connection with your Independent Examination of the financial statements of the Fund for the year ended 31st March 2022.

We confirm that the following representations are made on the basis of enquiries of management and staff with relevant knowledge and experience (and, where appropriate, inspection of supporting documentation) sufficient to satisfy ourselves that we can properly make each of the following representations to you.

Our responsibility for the financial statements and accounting information
We believe that we have fulfilled our responsibilities for the true and fair presentation and preparation of the financial statements in accordance with applicable law and the applicable Financial Reporting Framework.

Our responsibility to provide and disclose relevant information
We have provided you with:

- access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other material;
- additional information that you have requested from us for the purpose of the Independent Examination; and
- unrestricted access to individuals within the charity you determined it was necessary to contact in order to obtain Independent Examination evidence.

We confirm as trustees that we have taken all the necessary steps to make us aware, as trustees, of any relevant Independent Examination information and to establish that you, as examiners, are aware of this information.

As far as we are aware there is no relevant information of which you, as examiners, are unaware.

Accounting records
We confirm that all transactions undertaken by the charity have been properly recorded in the accounting records and are reflected in the financial statements. All other records and related information, including minutes of all management and trustee meetings, have been made available to you.

Accounting policies
We confirm that we have reviewed the accounting policies applied during the year in accordance with the requirements of applicable law and applicable Financial Report Framework and consider them appropriate for the year.

Accounting estimates, including those measured at fair value
We confirm that any significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.

Contingencies
There are no material contingent losses including pending or potential litigation that should be accrued where:

- information presently available indicates that it is probable that an asset has been impaired or a liability had been incurred at the balance sheet date; and
- the amount of the loss can be reasonably estimated.

There are no material contingent losses that should be disclosed where, although either or both the conditions specified above are not met, there is a reasonable possibility that a loss, or a loss greater than that accrued, may have been incurred at the balance sheet date.

There are no contingent gains which should be disclosed.

All material matters, including unasserted claims, that may result in litigation against the charity have been brought to your attention. All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to you and accounted for and disclosed in accordance with applicable law and applicable Financial Reporting Framework.

Laws and regulations
We confirm that we have disclosed to you all those events of which we are aware which involve known or suspected non-compliance with laws and regulations, together with the actual or contingent consequences which may arise therefrom.

We have complied with all aspects of contractual agreements that would have a material effect on the accounts in the event of non-compliance.

Fraud and error
We acknowledge our responsibility as trustees of the charity, for the design, implementation and maintenance of internal control to prevent and detect fraud and error.

We have disclosed to you:

- all the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- all knowledge of fraud or suspected fraud affecting the entity involving:
- management and those charged with governance;
- employees who have significant roles in internal control; and
- others where fraud could have a material effect on the financial statements.

We have disclosed to you all information in relation to any allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, analysts, regulators or others.

Related party transactions
We confirm that all related party relationships, transactions and balances, (including sales, purchases, loans, transfers, leasing arrangements and guarantees) have been appropriately accounted for and disclosed in accordance with the requirements of applicable law and the applicable Financial Reporting Framework.

We have disclosed to you the identity of the charity's related parties and all related party relationships and transactions of which we are aware.

Impairment review
To the best of our knowledge, there is nothing to indicate that there is a permanent reduction in the recoverable amount of the fixed assets below their carrying value at the balance sheet date. An impairment review is therefore not considered necessary.

Charges on assets
All the charity's assets are free from any charges exercisable by third parties except as disclosed within the financial statements.

Future commitments
We have no plans, intentions or commitments that may materially affect the carrying value or classification of assets and liabilities or give rise to additional liabilities.

COVID-19
We have considered the uncertainty associated with the company's future prospects, trading performance and funding in regard to COVID-19 and are not aware of any significant impact to the business as a result. We confirm that provisions in relation to the business impact of COVID-19 have been recognised in the accounts as appropriate. We confirm that we have paid particular attention to the going concern status of the company and whether there are any events after the balance sheet date that would require highlighting to you.

Subsequent events
We confirm all events subsequent to the date of the financial statements and for which the applicable law and applicable Financial Reporting Framework require adjustment or disclosure have been adjusted or disclosed.

Should further material events occur after the date of this letter which may necessitate revision of the figures included in the financial statements or inclusion of a note thereto, we will advise you accordingly.

Audit requirement
We confirm that there are no specific requirements for an audit to be carried out in the governing document of the charity, in any special trusts associated with the charity or as a condition of any grants made to the charity.

Yours faithfully

Trustee ……..

Date ……..

Statement of Trustee's Responsibilities

The law applicable to charities in England and Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the Charity's financial activities during the year, and of its financial position at the end of the year. In preparing financial statements that give a true and fair view, the Trustee should follow best practice and:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards and statements of recommended practice have been followed, subject to any departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue in operation;
- keep proper accounting records, which disclose with reasonable accuracy at any time the financial position of the Charity, and which enables the Trustee to ensure that the financial statements comply with the requirements in the Charities Act 2011, the Charity (Accounts and Reports) Regulations and the provisions of the trust deed; and
- safeguard the assets of the Charity, therefore taking reasonable steps in the prevention and detection of fraud and other irregularities.

The Corporate Trustee confirms that it has met the responsibilities set out above and complied with the requirements for preparing the accounts. The Charity trustees having given consideration to the major risks to which the charity is exposed and satisfied themselves that systems or procedures are established in order to manage those risks. (Charities (Accounts and Reports Regulations 2008). The financial statements set out have been compiled from, and are in accordance with, the financial records maintained by the Corporate Trustee.

Approved by the Corporate Trustee and signed on its behalf by:

…… Dated: …….
Peter White
Chairman, Board of Directors - North West Ambulance Service NHS Trust

…… Dated: …….
Carolyn Wood, Director of Finance - North West Ambulance Service NHS Trust

North West Ambulance Service NHS Trust

CHAIRS ASSURANCE REPORT

Charitable Funds Committee			
Date of Meeting:	26th October 2022	**Chair:**	David Rawsthorn
Quorate:	Yes	**Executive Leads:**	Carolyn Wood, Director of Finance Angela Wetton, Director of Corporate Affairs
Members Present:	Mrs C Butterworth, Non-Executive Director Mr S Desai, Director of Strategy, Partnerships & Integration Dr D Hanley, Non-Executive Director Mrs L Ward, Director of People Mrs A Wetton, Director of Corporate Affairs Mrs C Wood, Director of Finance	**Key Members Not Present:**	Mr G Blezard, Director of Operations

Link to Board Assurance Framework (Strategic Risks): N/A

Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Annual Report & Accounts 2021/22	The Committee received the Annual Report and Accounts for 2021/22 for onward recommendation to the Board of Directors.	Recommended for onward Board approval on behalf on the Corporate Trustee.	
Letter of Representation & Statement of Trustees Responsibilities	As part of sign-off of the Annual Accounts and Annual Report for 2021/22, the Committee reviewed the Letter of Representation and Statement of Trustees Responsibilities prior to recommendation to the Board of Directors on behalf of the Corporate Trustee.	Recommended the adoption of the Letter of Representation and Statement of Trustees Responsibilities to the Board of Directors for sign off on behalf of the Corporate Trustee.	

Key	
	No assurance - could have a significant impact on quality, operational, workforce or financial performance
	Moderate assurance – potential moderate impact on quality, operational, workforce or financial performance
	Assured – no or minor impact on quality, operational, workforce or financial performance

Letter of Independence	The Committee were presented with the Letter of Engagement which confirmed the Independent Examiner's independence.	Noted the assurance provided.	
Independent Examiner's Report on the Annual Accounts 2021/22	The Committee received the Independent Examination Report and noted there were no matters to report and no concerns to highlight to the Committee.	Noted the assurances provided.	
Charitable Funds Half Year Update 2022/23	The Committee noted: • Income received by the charitable funds up to 30 September amounted to £138k: – £59k unrestricted – £79k restricted • Expenditure during the same period amounted to £120k. • Therefore as at the 30 September 2022, the total available resource is £1.593k: – £659k unrestricted – £934k restricted • The largest item of expenditure was for the purchase of medical equipment, mainly defibrillators. The Committee were requested to approve expenditure of £131,800 held in restricted funds for 136 AEDs and 36 cabinets.	Noted the assurances provided. Approved the expenditure of £131,800 from restricted funds for 136 AEDs and 36 cabinets to support the Northern Rail CPAD Project.	

Key	
	No assurance - could have a significant impact on quality, operational, workforce or financial performance
	Moderate assurance – potential moderate impact on quality, operational, workforce or financial performance
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	Update report requested for the next Committee meeting relating to the Hardship Fund.		
Reserves Policy	The Committee noted the Reserves Policy had been updated in order to support the long term viability of the Charity. This would be reflected in the Annual Report for 2022/23.	Approved the formal adoption of the updated Reserves Policy.	
Charitable Funds Procedure	The Committee received the updated Charitable Funds Procedure for ratification following recent procedural changes relating to retirement gift contributions and flowers.	Ratified the increase in contributions to the payment for flower and retirement gifts and change to the Charitable Funds Procedure.	
Future Meetings	It was agreed two additional meetings would be held during 2022/23 to agree the new Charitable Funds Strategy. Quarterly meetings would also be profiled for 2023/24.	Agreed to the proposal to increase Committee meetings.	

Key	
	No assurance - could have a significant impact on quality, operational, workforce or financial performance
	Moderate assurance – potential moderate impact on quality, operational, workforce or financial performance
	Assured – no or minor impact on quality, operational, workforce or financial performance

North West Ambulance Service NHS Trust

CHAIRS ASSURANCE REPORT

Audit Committee			
Date of Meeting:	21st October 2022	**Chair:**	David Rawsthorn
Quorate:	Yes	**Executive Lead:**	Mrs C Wood, Director of Finance Mrs A Wetton, Director of Corporate Affairs
Members Present:	Ms C Butterworth, Non-Executive Director Prof A Esmail, Non-Executive Director	**Key Members Not Present:**	Dr A Chambers, Non-Executive Director
Link to Board Assurance Framework (Strategic Risks): No specific risks aligned to Audit Committee, however, the Committee is charged with a specific role in relation to oversight of the BAF.			

Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Chairs Assurance Report – Quality and Performance Committee	The Committee received the reports from the meetings held on 23rd May 2022, 27th June 2022 and 25th July 2022.	Noted the assurances provided.	
Clinical Audit Progress Report Q1 2022/23	The Clinical Audit Progress Report for Q1 was presented to the Committee.	Noted the assurances provided.	
Chair's Assurance Report – Information Governance Sub Committee	The Committee received the report from the meeting held on 26th July 2022 and 10th October 2022. A verbal update was received in relation to the recent cyber incidents	Noted the assurance provided.	

Key	
	No assurance - could have a significant impact on quality, operational, workforce or financial performance
	Moderate assurance – potential moderate impact on quality, operational, workforce or financial performance
	Assured – no or minor impact on quality, operational, workforce or financial performance

Information Governance Sub Committee – Terms of Reference	The Committee received the revised Terms of Reference for approval.	Approved the Terms of Reference.	
Critical and High Risk Recommendations	MIAA continue to follow up recommendations. In relation to Cleric 111, it was noted 2 high risk recommendations had been implemented, with one partially complete with a revised target date of November 2022. The outstanding Freedom to Speak Up recommendation was partially implemented with a due date of December 2022.	Noted the update provided.	
Internal Audit Progress Report Q2 2022/23	The Committee noted the assurance reviews completed within Q2: Team Rostering (C&M) – Moderate Assurance Workforce Planning - High Assurance The Committee requested an update report on team rostering for the next meeting. Approved a revision to the audit plan relating to the ESR/HR Payroll review scheduled for Q3 to be undertaken in Q4 to allow recommendations from the last review to be implemented.	Noted the assurances provided.	
Internal Audit Follow Up	The Committee noted the progress within the reporting period and that 12 recommendations were completed during the period.	Noted the assurance provided.	
Anti-Fraud Progress Report Q2 2022/23	The Committee received the Anti-Fraud Progress Report outlining the wide range of activities undertaken	Noted the assurances provided.	

Key	
	No assurance - could have a significant impact on quality, operational, workforce or financial performance
	Moderate assurance – potential moderate impact on quality, operational, workforce or financial performance
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	in relation to Strategic Governance; Inform and Involve; Prevent and Deter and Hold to Account since the last meeting.		
External Audit Progress Report and Technical Update	Progress report received detailing progress with the Charitable Funds Independent Examination for 2021/22 and timeline for the 2022/23 audit which assumed a return to pre-Covid deadlines.	Noted the assurance provided.	
Board Assurance Framework Q2 2022/23	The Committee received the updated BAF prior to submission to the Board of Directors for approval on 30th November 2022. Committee members considered the report within the context of their role as Audit Committee. It was noted that the lead committee for SR09 was incorrectly aligned to the Quality and Performance Committee and would be re-aligned to the Resources Committee.	Noted the assurances provided.	
Losses and Compensation Report Q2 2022/23	Losses and compensation for Q2 2022/23 totalled £495k.	Noted the assurance provided.	
Chairs Assurance Report – Resources Committee	The Committee received the report from the meeting held on 22nd July 2022 and 23rd September 2022.	Noted the assurances provided.	

Key	
	No assurance - could have a significant impact on quality, operational, workforce or financial performance
	Moderate assurance – potential moderate impact on quality, operational, workforce or financial performance
	Assured – no or minor impact on quality, operational, workforce or financial performance

North West Ambulance Service NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	30th November 2022.
SUBJECT:	Integrated Performance Report
PRESENTED BY:	Director of Quality, Innovation and Improvement

LINK TO BOARD ASSURANCE FRAMEWORK:

SR01	SR02	SR03	SR04	SR05
☒	☐	☒	☐	☐

SR06	SR07	SR08	SR09	SR10	SR11
☐	☐	☐	☐	☐	☐

PURPOSE OF PAPER: For Assurance

EXECUTIVE SUMMARY:

The Integrated Performance Report for November 2022 shows performance on Quality, Effectiveness, Operational Performance, Finance and Organisational Health during **October 2022** unless otherwise stated.

Quality

Due to transferring to Datix Cloud IQ (DCIQ), the reported data captures up to 30 September 2022.

- 166 complaints were received, against a 12-month average of 170 per month.
- 83% of complaints risk scored 1-3 were closed within the agreed time frame with the data signalling improvement
- The accumulation of complaints has significantly improved and has been below 30 since the middle of September.
- During September 2022 there were 2 serious incidents reported on the StEIS database.
- Incidents risk scored 1-3 completed within SLA have significantly improved for September.
- In September 2022, 995 internal and external incidents were opened with an additional 16 still to be risk scored.

Effectiveness

- **Patient experience:** PES and PTS have both seen an increase in the number of responses and supporting comments. Satisfaction levels have dropped compared to last month for PES by 4.2%
- The NHS 111 service has seen a drop in the number of responses combined with a drop in satisfaction levels of 5.5%.
- The NHS 111 First experience rating of 'very good/good' has increased from last month by 1.9%.
- **Ambulance Clinical Quality Indicators (ACQI's):** There is no significant change in the ACQI indicators
- The STEMI and stroke care bundles were not reported for this month.

- **H&T, S&T, S&C:** For October we achieved 14.2% Hear and Treat, 30.2% See and Treat and an aggregate non-conveyance of 44.4%.

Patient Emergency Service (PES)

- **Activity:** In October 2022, the Trust received 140,501 calls of which 91,417 became incidents.
- **Call Pick Up** has been adversely affected by staff abstractions due to Pathways training and increased sickness. Performance was 58.7% (target 95%) and has deteriorated from the August 2022 position.
- **Ambulance Response (ARP) Performance**

	Standard	Actual
C1 (Mean)	7:00	9:19
C1 (90th)	15:00	15:53
C2 (Mean)	18:00	58:03
C2 (90th)	40:00	2:05:56
C3 (Mean)	1:00:00	4:28:35
C3 (90th)	2:00:00	10:33:32
C4 (90th)	3:00:00	12:23:55

- **Handover**: Average turnaround time has increased and continues to be above the National standard of 30:00 with a turnaround time of 52:16. 10,173 attendances (23%) had a turnaround time of over 1 hour, with 1,510 of those taking more than 3 hours 5,236 hours were lost to delayed admissions in October.
- **C1 & C2 Long Waits:** The number of C1 and C2 long waits have increased in October compared to the previous the previous months.
- A system wide improvement plan is in implementation phase

NHS 111

	Standard	Actual
Calls Within 60s	95%	39.72%
Average Time to answer		6m 20s
Abandoned Calls	<5%	15.50%
Call back Within 10 min	75%	9.72%
Call back Within 20 min	90%	12.92%
Average Call Back		1hour 30min
Warm Transfer to Nurse	75%	14.02%

	• Safety measures are in place. Increased demand during out of hours (OOH) operation are leading to increased call volume and conversations between CCGs and OOH provides are taking place. **PTS** • PTS performance is reported one month in arrears. Activity in September was 15% below contract baselines. Year to date July 2022 - September 2022) is performing at 16% below baseline. **Finance** • The year to date expenditure on agency is £3.237m which is £0.185m above the year to date ceiling of £3.052m. • As at month 7 (October) the trust is recording a surplus position for the year to date of £0.426m. • As at month 7 (October) the trust has delivered the planned level of efficiency of £8.2m. **Organisational Health** • **Sickness**: The overall sickness absence rate for the latest reporting month (September 2022) was 8.21%. • **Turnover** has decreased to 11.94%. Both EOC and 111 have seen lower turnover whilst PES turnover is showing an upward trend but remains low in comparison with other service lines. PTS is showing an increase in turnover. • **Appraisal:** The overall appraisal completion decreased to 79.3%. • **Mandatory Training:** Overall compliance is slightly behind trajectory (85%) but not a cause for concern. All classroom training is ahead of trajectory.
RECOMMENDATIONS:	The Board of Directors are asked to: • Note the content of the report • Note the improvements seen in complaints and incidents handling times • Note pressures on performance with handover times increased • Note that SI's are within normal limits • Note that long waits for C1 & C2 have increased in October • Note the improvements in hear and treat following NHS Pathways implementation • Note the ongoing work to maintain patient safety and regulatory compliance. • Clarify any items for further scrutiny
CONSIDERATION OF THE TRUST'S RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	The Trust's Risk Appetite Statement has been considered as part of the paper decision making process: ☐ Financial/ VfM ☐ Compliance/ Regulatory ☐ Quality Outcomes ☐ Innovation ☐ Reputation

INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 3 OF REPORT				
ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	☒	Sustainability	☒
PREVIOUSLY CONSIDERED BY:	Quality and Performance Committee			
	Date:	26/9/22		
	Outcome:	Not known at time of submission		

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1 PURPOSE

The purpose of this report is to provide the Board of Directors with an overview of integrated performance on an agreed set of metrics required by the Single Oversight Framework up to the month of **October 2022**. The report shows the historical and current performance on Quality, Effectiveness and Operational performance. Where possible it includes agreed regulatory and practice standards. It also includes information about the performance of peers to address three important assurance questions:

- How are we performing over time? (as a continuously improving organisation)
- How are we performing with respect on strategic goals?
- How are we performing compared with our peers and the national comparators?

The format of this report has been revised to ensure that there is greater clarity on the key measures. Data are presented over time using statistical process control charts. Statistical rules are applied to determine whether something significant has happened which needs to be flagged to committee.

2 SUMMARY

2.1. Quality

Due to transferring to Datix Cloud IQ (DCIQ), the reported data captures up to 30 September 2022.

- 166 complaints were received, against a 12-month average of 170 per month.
- 83% of complaints risk scored 1-3 were closed within agreed timeframes. The data is signalling a more consistent position. Improved staffing is leading to fewer complaints scored at 1-3 and the continued use of the rapid closure process is leading to an improvement in those complaints closed within SLA (Figure Q1.5) which is showing a new phase. The accumulation of complaints continues to reduce which releases capacity within the team to provide greater focus on responding to complaints and begin to improve the quality of the written responses.
- 8% of level 4-5 complaints were closed within the agreed time frames.
- Trajectories have been agreed to maintain open complaints below 180 with an allowance of less than 50% within the accumulation. The accumulation has been less than 50 since July and less than 30 since the middle of September with there being 26 in the final week of October.
- 104 Compliments were received in October. This number is lower than the previous two months (September, 123, August 126) but is higher than between April to July. The number reported for October is likely to increase as compliments continue to be processed.
- During September 2022 there were 2 serious incidents reported on the StEIS database, this continues to be significantly lower than the 20 incidents reported in January and the second consecutive month of improvement and remains within normal control limits.
- In September 2022, 965 internal and external incidents were opened against a 12-month average of 1,203, with an additional 16 still to be risk scored.
- Incidents opened with a risk score 1-3 are signalling a change with a new phase being created. This is being monitored to ascertain why this is. Since July 2022, a new Incidents Coordinator has been in post and has been collaboratively working with service lines on lower risk scored incidents leading to an improved completed within SLA.

- Incidents risk scored 1-3 completed within SLA is showing special cause signalling improvement for the last six months.
- The 8 most common themes for incidents were Verbal abuse (109), 111 assessment/Advice (107), Information (100), 111 issue with other service (48), Manual Handling (37), Slips, Trips or Falls (35), Communication (35), Threatening behaviour (33), and between them cover over 50% of those reported. The top 25 cover over 85%.

2.2 Effectiveness

Patient experience

- The 324 PES responses for October are 8.7% higher when compared to September's of 298, with comments increased by 6.6% (241 for October compared to 226 from September). The overall experience score for October of 86.4% is 4.2% lower than the 90.6% shown in September.
- For PTS the 1,165 responses for October are 7.47% more than for September's 1,084, with supporting comments also higher at 9.23% (944 for October compared to 864 from September). The overall experience score for October of 92.4% is 1.3% higher than the 91.1% reported for September.
- For NHS 111 in October, we saw 125 returns, which is 8.7% less compared to the 137 returns from September. We also see an 87.2% likelihood of the NHS 111 service being recommended, a drop of 5.5% compared to the 92.7% reported in September.
- For NHS 111 First, cumulatively to date, ie April 2022 to October 2022 85.28% of patients described their experience as 'very good/good', the previous end of year cumulative was 87.85% (i.e., April 2021 to March 2022)**.** At the end of March 2022, 92.68% of patients felt their need for calling the service was met, with this currently standing at 90.35%.

Ambulance Clinical Quality Indicators (ACQI's)

June 2022's data see us within normal limits and close to the mean across all indicators apart from the Stroke and stemi care bundles which are not reported for this month (latest is May and April respectively). This is being closely monitored by the audit team and plans are in place to address these issues. The lag in data publication impacts upon the ability to assess or understand reasons behind this as well as the ability to evaluate the impact of any recent work undertaken to improve in these areas.

- Return of spontaneous circulation (ROSC) achieved for the Utstein group was 42.9% (national mean 41.6%). For the overall group the rate was 30.2% (national mean 24.8%).
- Survival to Discharge rates in June 2022 were at 6.9% (national mean 6.9%).
- In June 21.3% of patients in the Utstein group survived to hospital discharge. The national mean at 21.1%.
- Mean call to PPCI time in February for patients suffering a myocardial infarction was above the national mean of 2h 38mins; the Trust's performance was 2h 59mins.
- Mean call to hospital time in June for patients suffering a hyper acute stroke was below the national mean of 1h 47mins. The trusts performance was 1h 38mins.
- The Stroke Care Bundle performance was not reported for June in line with the NHSE schedule.
- The Stemi Care Bundle performance was not reported for June in line with the NHSE schedule.

H&T, S&T, S&C

- For October we achieved 14% Hear and Treat and ranked 2nd nationally.
- See & Treat we achieved 30.3% and we are ranked 9th nationally.
- In total there was an aggregate non-conveyance of 44.4%.

Hear and treat data moved into a new phase after signalling improvement throughout August. With 3 data points in October around the upper control limit and 1 near the mean. October H&T continued to improve. Special cause variation has been observed with October with one week's rates being over 15%. Three quarters of the data points of the period are on or above the upper control limit. This is due to the nonclinical H&T achieved through the introduction of NHS Pathways (circa 5% of all triages result in H&T from call handlers). This has been enhanced due to an increase in the outcome codes categorised as H&T due to a change in AQI guidance. Productivity has improved with the CHUB leading to a greater number of secondary triages and as a result H&T. DOS profiled services have also increased for the 999 service, enabling more referrals into alternative services such as mental health services. Increased response times also improve H&T rates as low acuity outcomes can be held for secondary triage for a longer period of time.

Late November will see the introduction of PACCs within the CHUB. This change will improve the ease and specificity of onward referral via the DOS and is anticipated to improve H&T rates further.

In terms of S&T it is also anticipated this metric will improve. The associated improvement plan is managed via the North West System improvement plan and improvements to access to patient pathways. Whilst there is some correlation with increases to H&T leading to decreasing S&T, there is evidently greater opportunities for overall non conveyance when appraising NWAS against the national picture

2.3 Operational Performance - Patient Emergency Service (PES)

Activity: In October 2022, the Trust received 140,501 calls of which 91,417 became incidents. Compared with October 2021, we have seen an 8% decrease in calls and an 2% decrease in incidents. This is due to the increase in signposting and duplicate calls. Calls with no outcome such as signposting equates to 750 per day and duplicate calls at around 133 per day.

- **Call volume:** call volume is 8% below the equivalent month for 2021.
- **Call Pick Up** has seen a deterioration in October and performance worsened from 62.3% in August to 63.7% in September and 58.7% in October (target 95%).

Call pick up has deteriorated within the month of October due to high levels of duplicate calls, continuing high rates of abstractions, sickness being the most significant contributor. Call pick has shown variance through the week, with the primary call pick up challenges occurring at the weekend. Abstractions relating to NHSP roll out continue to be high due to the requirement of all staff to complete a two day follow up course (CM2).

It is anticipated that call handling performance will improve through November and into winter. This is due to increased levels of recruitment with around 60 new starters deploying in November and further courses planned for January. In addition a dual call handling pilot has commenced with a small group of 111 call handlers working within the 999 environment. This can be achieved due to NHSP being in place for both 111 and 999 call handling.

Ambulance Response (ARP) Performance

Category	Standard	October 2022 Actual
C1 (Mean)	7:00	9:19
C1 (90th)	15:00	15:53
C2 (Mean)	18:00	58:03
C2 (90th)	40:00	2:05:56
C3 (Mean)	1:00:00	4:28:35
C3 (90th)	2:00:00	10:33:32
C4 (90th)	3:00:00	12:23:55

For October response time targets were not met for any ARP measures. All the ARP standards have seen an upward trajectory from early September. C1 and C2 mean along with C1 90th have exceeded normal control limits with October. These ARP measures did signal improvement, falling below the upper control limit within the last week of October, apart from C2 mean. This continued the position this financial year. All the ARP standards have seen a upward trajectory to the upper control limits signalling deteriorating response standards. C1 and C2 response standards for at least a single data point breached the upper control limit, signalling increased delays in response.

The primary drivers.

- Supporting C1 and C2 response standards are the proportion of high acuity incidents vs the sector. NWAS has observed increases in both C1 and C2 incidents (C1 up 15% in October) but compared to the sector high acuity incident proportion compare well.

Despite this NWAS's response to C1 and C2 have deteriorated. This is due to the following factors;

C1

- Call pick up is impacting on C1 allocation and response times. The AQIs determines clock start at 30 seconds of the call being presented to NWAS irrespective if the call has been answered. Delays in call answering are increasing the allocation times and as a result response to C1 patients.
- Increase in C1 levels are also impacting on response standards.
- Rise in abstractions overall.

It is anticipated that call pick up will improve through November as the call handling workforce. This should reduce the number of calls with a delayed answer and improve allocation times. Dispatch audits of C1 incidents will also improve allocation times to C1.

For ARP response standard C2 some of the factors described above are influencing extended response times. In addition, handover is significantly impacting operational capacity and overall job cycle times. Average turnaround has increased from 46 minutes in September to 51:49 in October. NWAS is working with EDs to improve the issue of turnaround with detail provided later within this report.

NWAS response to C3 incidents in October are tracking below the upper limit. It should be noted that NWAS vs the national picture performs poorly. There are a number of factors which include the dispatch focus on higher acuity incidents, some delays due to clinical capacity to secondary triage / validate C3/4. A review is to be conducted in to this process to ascertain based on evidence whether a wider cohort of C3/4 triages should be made

available for dispatch pre validation. The review will consider those cases with a high proportion of conveyance.

Handover

- Average turnaround time has increased and continues to be above the national standard of 30:00 with a turnaround time of 52:16. This is the highest turnaround this calendar year.
- The weekly data points are signalling continued variation and special cause variation in October.
- 10,173 attendances (23%) had a turnaround time of over 1 hour, with 1,510 of those taking more than 3 hours. There were 2,319 delayed admissions in October, the highest monthly figure, with total accumulated hours of 5,236.
- There is considerable pressure within the system and Royal Liverpool are experiencing significant capacity issues with the move to the new site.
- The Trust is increasing the use of cohorting patients and introducing the HALO module to the HAS system.
- Work continues with East Lancashire as an example of best practice to be shared.
- The trust continues to work with those most challenged trusts and focus on trust engagement and continues to implement the delayed handover crew and managers escalation action card across the North West.
- A system handover improvement board has been established with ICB Chief Executive leads nominated. Handover collaborative session are being hosted in each ICB in the first week of December.

C1 & C2 Long Waits

Long waits for C1 saw an increase to 804 in September and to 1,186 for October. This is the highest level of long waits since July 22. The number of C2 long waits increased from 8,051 in August to 9,057 in September to 18,870 in October. This is highest number of long waits overall since December 21. Turnaround, poor call pick up and abstractions are the primary drivers,

The risk in the waiting stack continues to be mitigated by the clinical co-ordination desk (CCD). The CCD utilises Advance Practitioners to review the waiting stack and identify high risk patients

It is anticipated with the full roll out and increased familairisation with NHSP that long waits and specifically extreme long waits will reduce. It is known that the risk of harm increases in line with wait times, and it therefore also anticipated that complaints, SI's and harm associated with delay will reduce over time.

2.4 Operational Performance - NHS 111

Measure	Standard	October 2022 Actual
Calls Within 60s	95%	39.72%
Average Time to answer		6m 20s
Abandoned Calls	<5%	15.50%
Call back Within 10 min	75%	9.72%

Call back Within 20 min	90%	12.92%
Average Call Back		1hour 30min
Warm Transfer to Nurse	75%	14.02%

Call demand into 111 remains high. Additionally, variation at an intraday level is seen also. The resource gap between capacity and demand is the casual factor for the decline in performance.
Call demand during 'in hours' is the biggest contributory factor to the increase seen, work is ongoing with Primary care networks to look at the variability of usage of 111 between practices.
Sickness at attrition are significant challenges within the 111 workforce. Focus on strategies to improve this position are well underway and monitored within the 111 people plan.
Call volume increased in October from September which is a primary driver for the downward turn in all metrics in October.
September saw calls answered in 60 go above the control limit at 67.2% due to a reduction in demand and then fall to 39.7% in October. Calls answered in 60s performance remains below the standard with average time to answer increasing from 2 minutes in September to 6 minutes 20 seconds in October, moving back towards the mean. Calls abandoned have followed a similar pattern. Calls abandoned showed special cause in September, improving to 5.4% and then moving towards the mean with a worsening performance in October at 15.5%.
The team are continuing to work with ORH again to demonstrate the change in profile and increase in demand over the last 12 months, this will be used during future conversations with commissioners.
The increase in demand on the 111 service has directly impacted the size of the Clinical advice queue. Time taken for a call back continues to be well above the target. Performance did increase in September in line with demand, with data points reaching the upper control limits. However, this position worsened October and data points for call back in 10 and 20 minutes fell towards the mean. Measures are in place to ensure patient safety.
The new national metric for call back within 20 minutes is also included within this month's report.

2.5 PTS

- Due to reporting timing issues PTS performance is reported one month in arrears.
- Activity in September for the Trust was 15% below contract baselines with Lancashire and Cumbria 26% and 27% below baselines respectively. Year to date July 2022 - September 2022) is performing at 16% below baseline.

2.6 Finance

- The year to date expenditure on agency is £3.237m which is £0.185m above the year to date ceiling of £3.052m.
- As at month 7 (October) the trust is recording a surplus position for the year to date of £0.426m.
- As at month 7 (October) the trust has delivered the planned level of efficiency of £8.2m.

2.7 Organisational Health

<u>Sickness</u>

The overall sickness rate for September 2022 was 8.21% (OH1.1) with 7.1% being non-COVID (OH1.2). Sickness had been decreasing since December 21 with non-COVID sickness stabilising at around 7%. This remains higher than previous years and higher than the normal seasonal trend. 111 rates remain higher than other service lines.

- The impact of COVID related sickness has continued to fluctuate based on community prevalence and was 1.10% of overall sickness in September, which was expected given the reduction in community transmission. Levels are expected to continue to fluctuate.
- Data analysis continues to show the top 5 reasons for absence are Mental Health, Covid, Injury, MSK and Back problems.
- Following the withdrawal of COVID terms and conditions arrangements, staff absent long term with COVID have now fully transitioned onto occupational sick pay. Cases are being managed through a robust Occupational Health process in line with a nationally agreed framework with the aim of where possible returning staff to work. The extended periods of long term sickness associated with COVID reflect in higher than normal long term sickness levels.
- A dedicated Attendance Improvement Team is continuing to focus on supporting operational teams to improve attendance management and wellbeing. In the main the work focuses on ensuring organisational grip; data quality and thorough case review; coaching and developing managers to both manage and work to prevent ongoing absence.

Turnover

Staff turnover for August 22 is 11.94%. This is calculated on a rolling year average. Staff turnover has shown a steady increase in the last 12 months, but the Green Star indicates a potential new phase with reductions seen in the last 2 months. PTS and PES are both exceeding the upper control limit, thereby entering a new phase. EOC have made good progress on reducing turnover with significant improvements in 111. The overall position is remains around average across the sector.

- 111 turnover is showing special cause variation with a drop across the last six months to an improved position of 35% for October 2022 which is just within the lower control limit (OH2.5).
- EOC turnover has also showing special cause variation with a reduction across the last six months, October 22 turnover was at 12.60% (OH2.4) which is the lowest position for 9 months.
- Both PTS and PES are showing special cause variation. PTS rates have returned to pre-pandemic levels, and do not present a cause for concern. PES is being closely monitored with the turnover reflecting increases in retirement and opportunities within primary care. It remains lower in comparison with other services lines. Recruitment plans are also in place.
- The Trust is working across the Ambulance Sector and with NHSEI on specific targeted interventions to support contact centre retention including the retention payments that NWAS have applied.

Temporary Staffing

As a result of COVID-19, restrictions in relation to agency usage were paused but these have been reinstated under the 22/23 financial regime. The position for October shows continuing agency usage with a continuing decrease in value on previous months and a reducing proportion of total staff costs since April. The agency ceiling, which is the maximum spend allowable, has now been confirmed as the level set out within our operational plan. Further reductions in agency usage will be required.

- Agency staff have continued to support the Contact Centre environments. However, those staff in EOC who have wanted to transfer to Trust contracts have now done so (OH 4.3).
- Further EOC recruitment is planned during 2022/23 but this will be through normal recruitment process rather than Agency. A small number of Agency staff are continuing to be used in 111 and CHUB, in Clinical roles and reflect pre pandemic usage.
- Current agency usage is therefore anticipated to continue.

Vacancy

- Chart OH5.1 shows the vacancy gap at –5.51% in October 2022. This is an improvement on the previous month however signals a significant change from five months ago as a result of the increases to PES & EOC establishment arising from additional investment.
- Recruitment plans for 111 remain a risk. The current vacancy position is -12.88% (OH5.5) with vacancies being focused in the Health Advisor and Clinical Advisor roles. Whilst turnover is improving, the recruitment market is proving challenging for call handler positions. Work is ongoing locally and nationally to review processes and improve attraction. Agency recruitment on an introductory fee basis is being used to help fill any gaps in courses.
- The PTS vacancy position (OH5.2) has remained stable. Robust plans are in place to reduce the gap over the coming months, but PTS also have robust bank arrangements in place to help bridge the vacancy position.
- PES position (OH5.3) shows -2.87% under-established due to increased establishment but robust recruitment plans are in place for the remainder of the year. This gap is primarily the Paramedic workforce.
- The substantive EOC position shows an improved position at –7.99%, this improvement is because of the transfer of agency staff to permanent contracts and recruitment plans are in place to fill remaining vacancies.

Appraisal

- Appraisal completion rates are at 79% for October 22 (OH6.1) which shows a slight drop in compliance against the revised target however it remains a strong position overall.
- PES and PTS remain at or ahead of target (OH6.3, OH6.2). 111 are ahead of target at 84% (OH6.5) and have shown consistent improvement despite vacancy challenges. EOC have dropped behind target to 69% and recovery plans are in place
- ELC have recently approved a revised target of 80% compliance for service lines and 90% for corporate teams and Band 8 and above management positions by March 2023. This aims to consolidate and equalise current performance. In addition, the transition back to a fuller appraisal has been approved following engagement with service line teams.

Mandatory Training

The 22/23 mandatory training programme has a primary focus on ensuring a strong foundation of statutory compliance given disruption over the last 2 years. It remains limited to a one day programme for 22/23 in recognition of operational pressures. The programme started at the end of June with a target of 85% by the end of March 2023.

Overall compliance is slightly behind trajectory but not a cause for concern. All classroom training is ahead of trajectory. EOC are slightly behind trajectory with recovery plans in place.

Case Management

- Overall case levels have reduced since the last report to Board supported by more cases being closed than opened in the last four months
- Average case times are reducing
- The number of suspensions has reduced to six, five of these have extended beyond the recommended timescale of 10 weeks due in the main to complexity and the involvement of third parties

COVID 19

- 380 staff have tested positive for Covid-19 in October 2022. At the end of this reporting period, there was 6 open outbreaks on Trust sites.

3 LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

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Failure to ensure on-going compliance with national targets and registration standards could render the Trust open to the loss of its registration, prosecution and other penalties

4 EQUALITY OR SUSTAINABILITY IMPACTS

.

5 RECOMMENDATIONS

.

The Board of Directors is recommended to:

- Note the content of the report
- Note the improvements seen in complaints and incidents handling times
- Note pressures on performance with handover times increased
- Note that SIs are within normal limits
- Note that long waits for C1 and C2 Have increased in October
- Note the ongoing improvements in hear and treat following NHS Pathways implementation
- Note the ongoing work to maintain patient safety and regulatory compliance.
- Clarify any items for further scrutiny

North West Ambulance Service NHS Trust

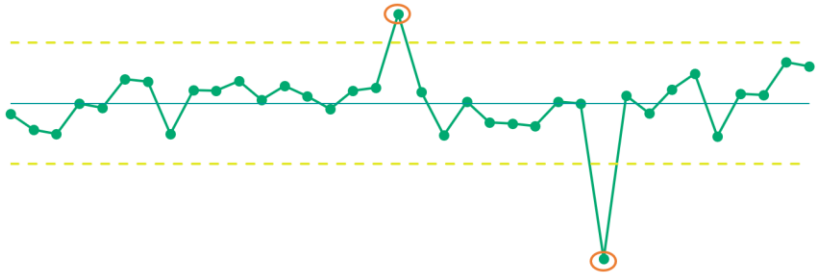
Integrated Performance Report

Board - November 2022

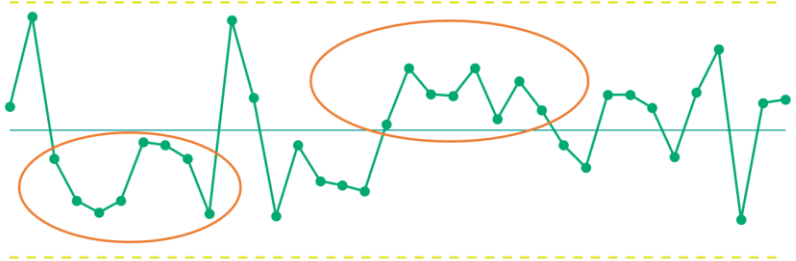
Rules for interpreting SPC Charts

Most charts contained in the report are SPC (Statistical Process Control). SPC charts follow the rules shown below to determine when something statistically significant has happened. Once these rules are triggered the control limits - dotted lines above and below the mean (centre line) are adjusted around the new data – this is known as resetting the limits

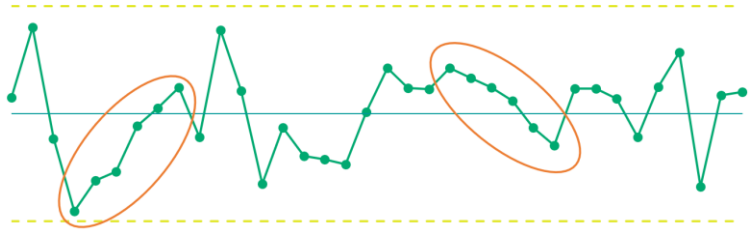
Rule 1: Single data point outside the control limits



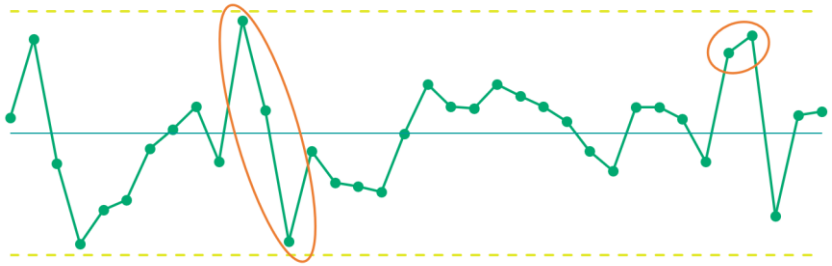
Rule 2: 8 or more consecutive data points above or below the centre line



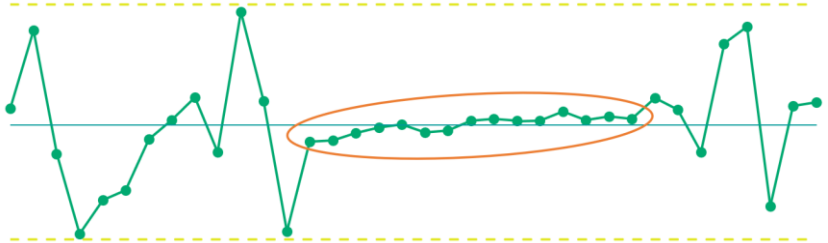
Rule 3: A trend of at least six consecutive points (up or down)



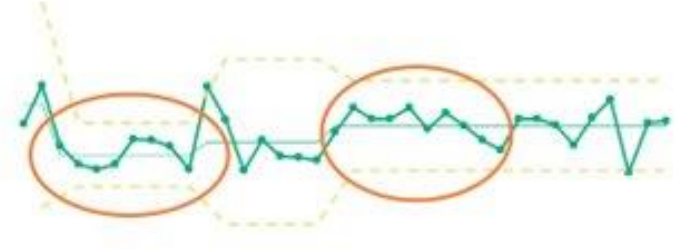
Rule 4: 2 out of 3 consecutive data points near a control limit (outer third)



Rule 5: At least 15 consecutive data points "hugging" the centre line



Example of Limits reset following special cause



Quality & Effectiveness

Q1 COMPLAINTS

Figure Q1.1

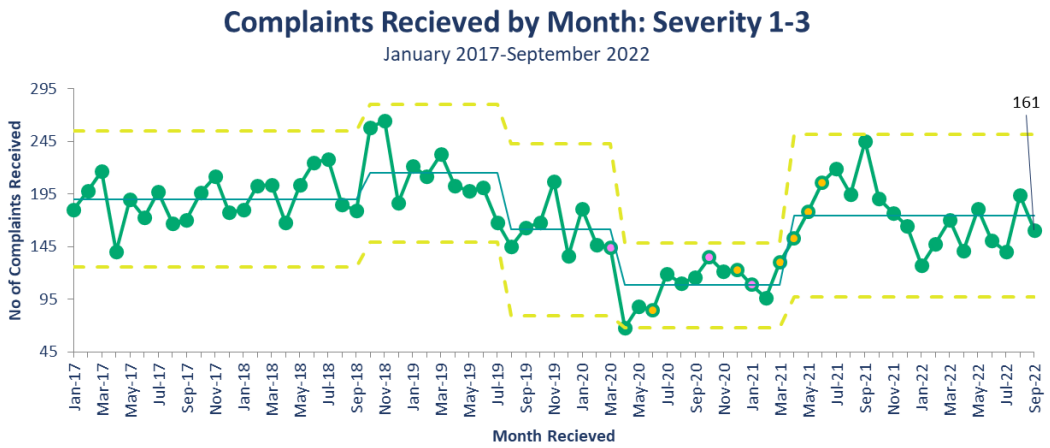


Figure Q1.2

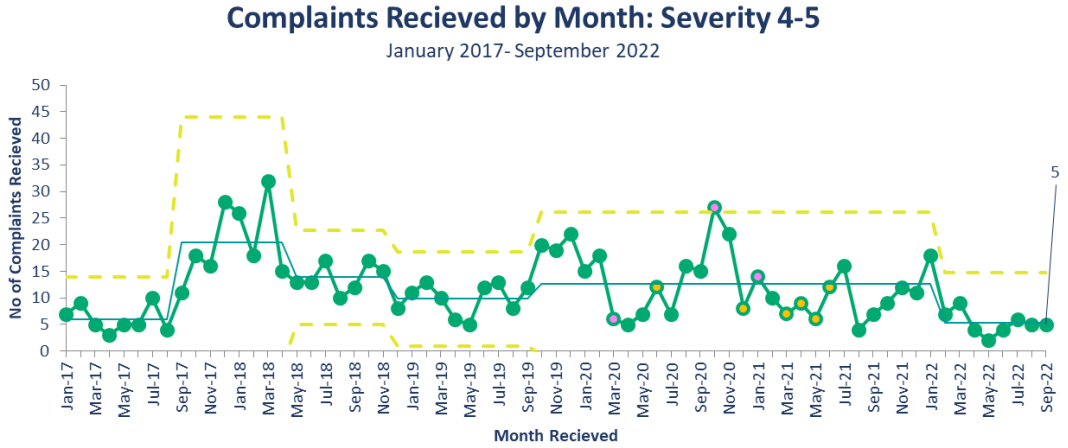


Figure Q1.3

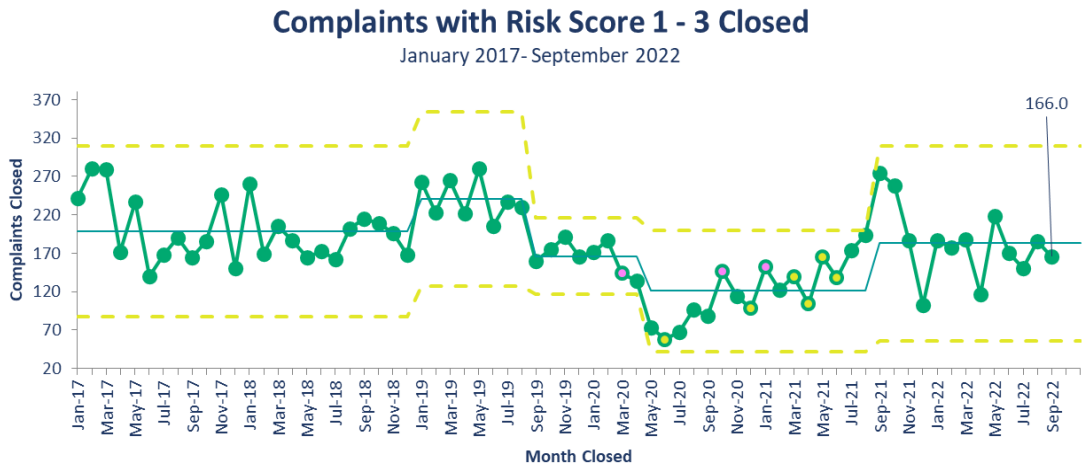


Figure Q1.4

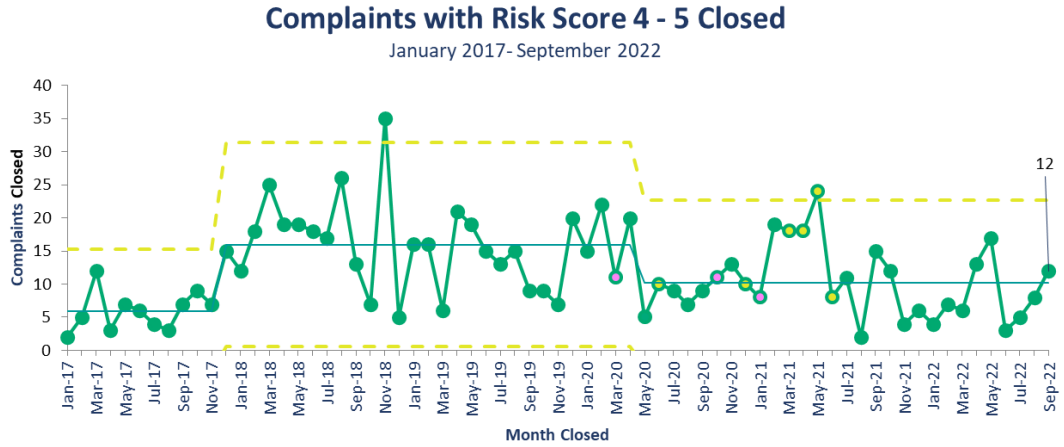


Figure Q1.5

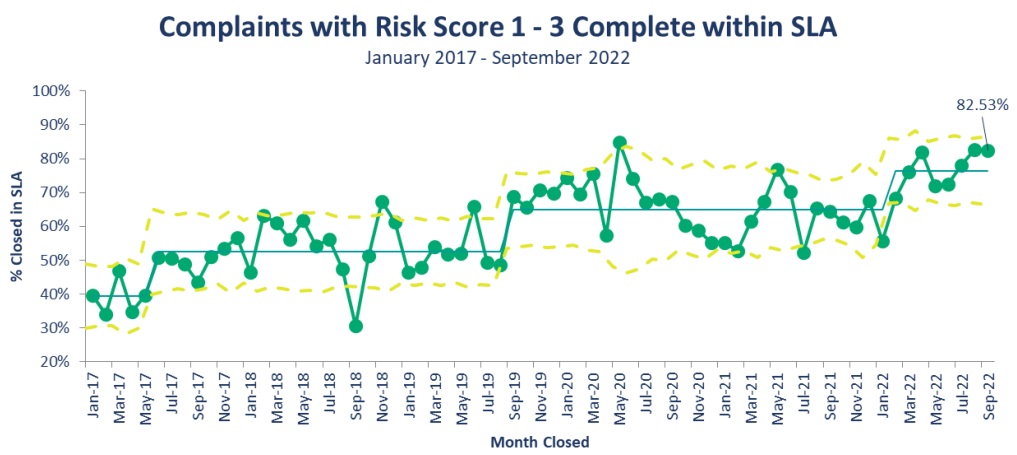


Figure Q1.6

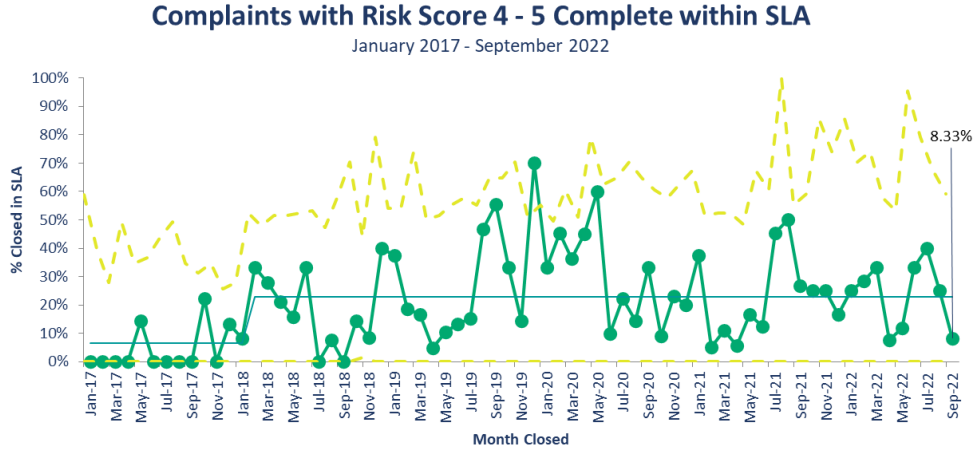
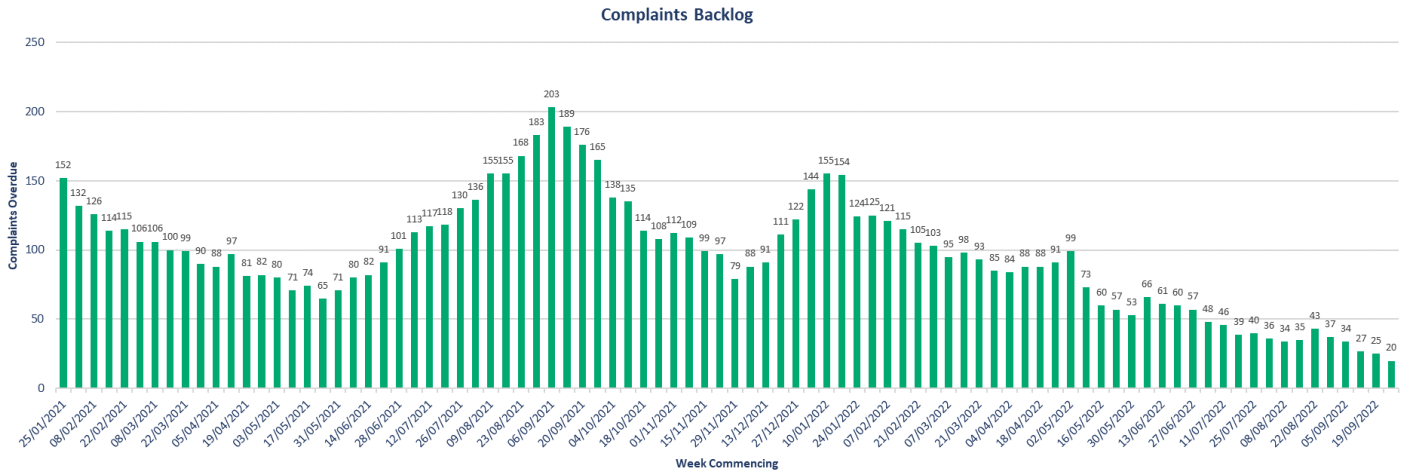


Figure Q1.7



Q2 Incidents

Figure Q2.1

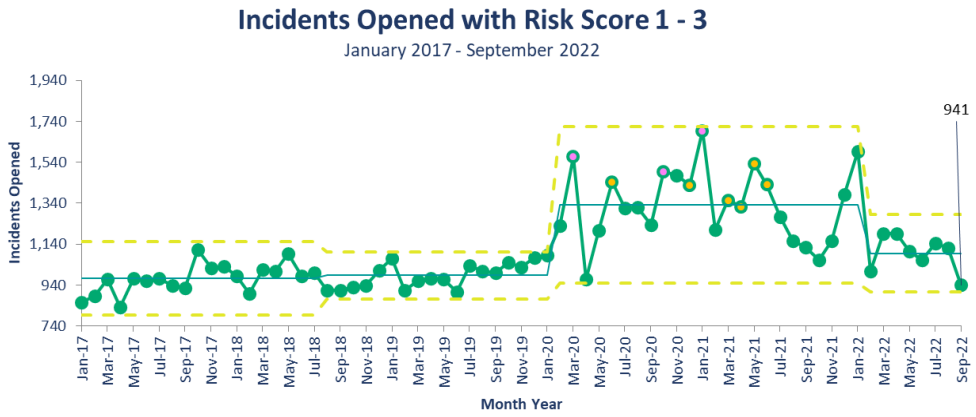


Figure Q2.2

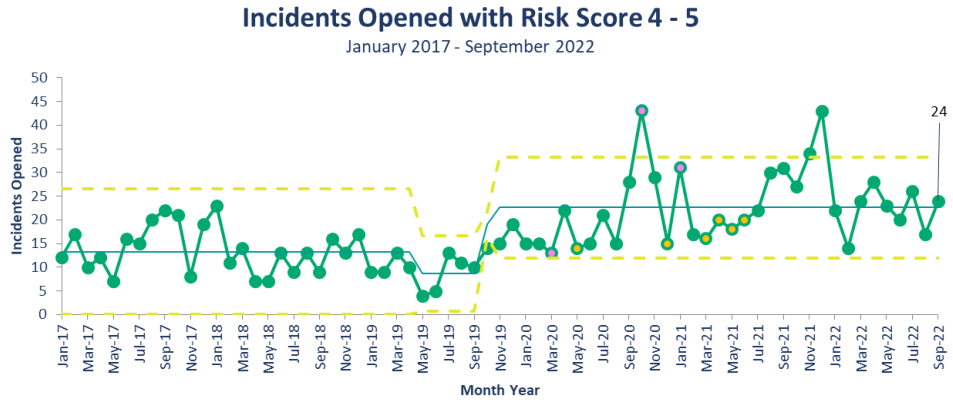


Figure Q2.3

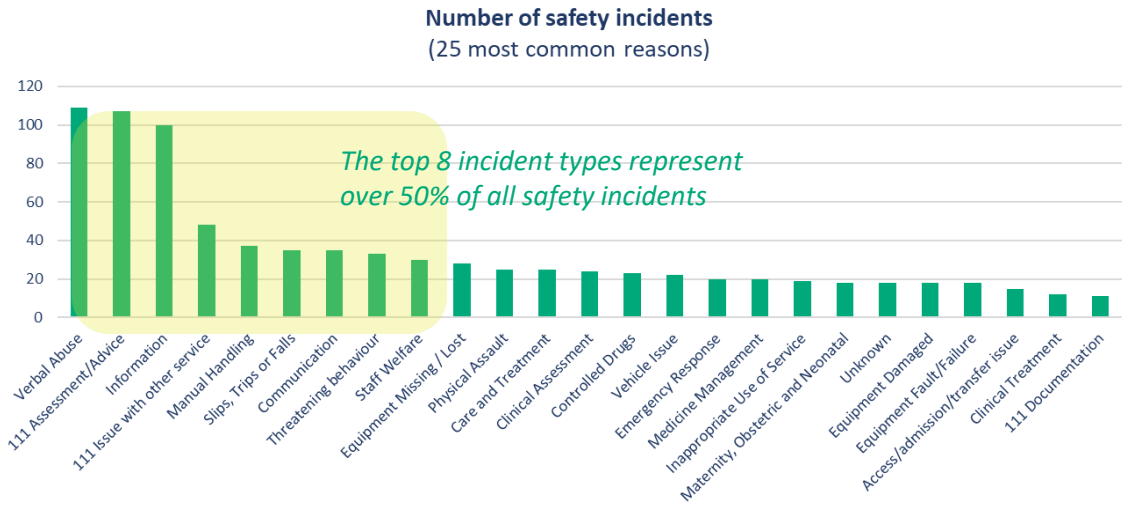


Figure Q2.4

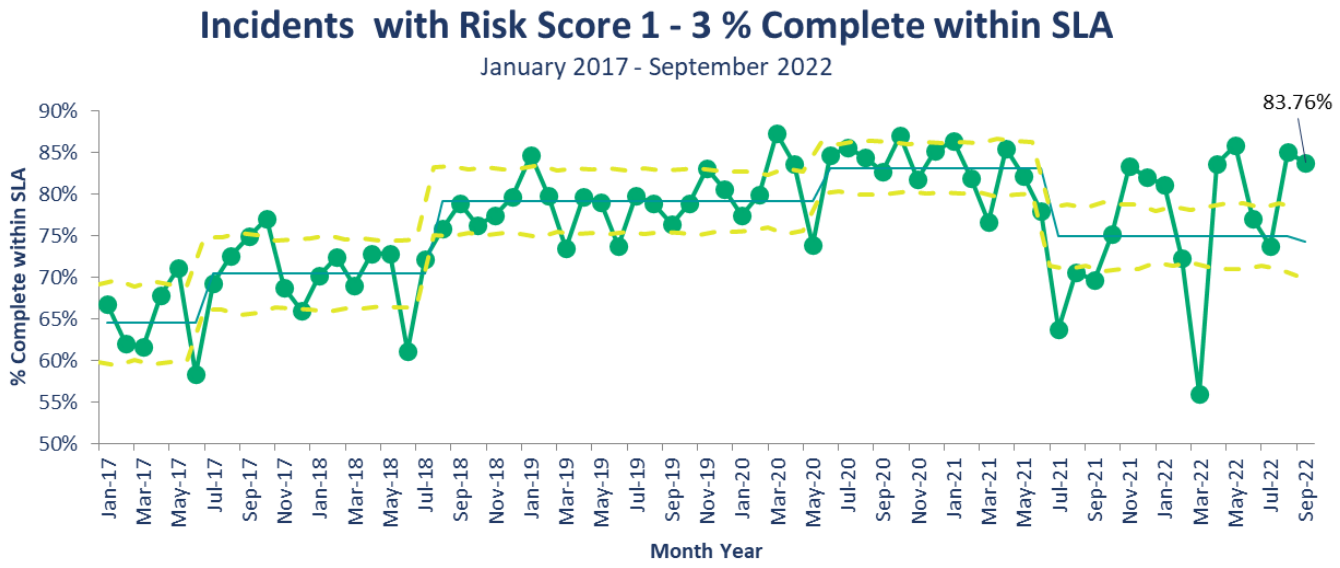
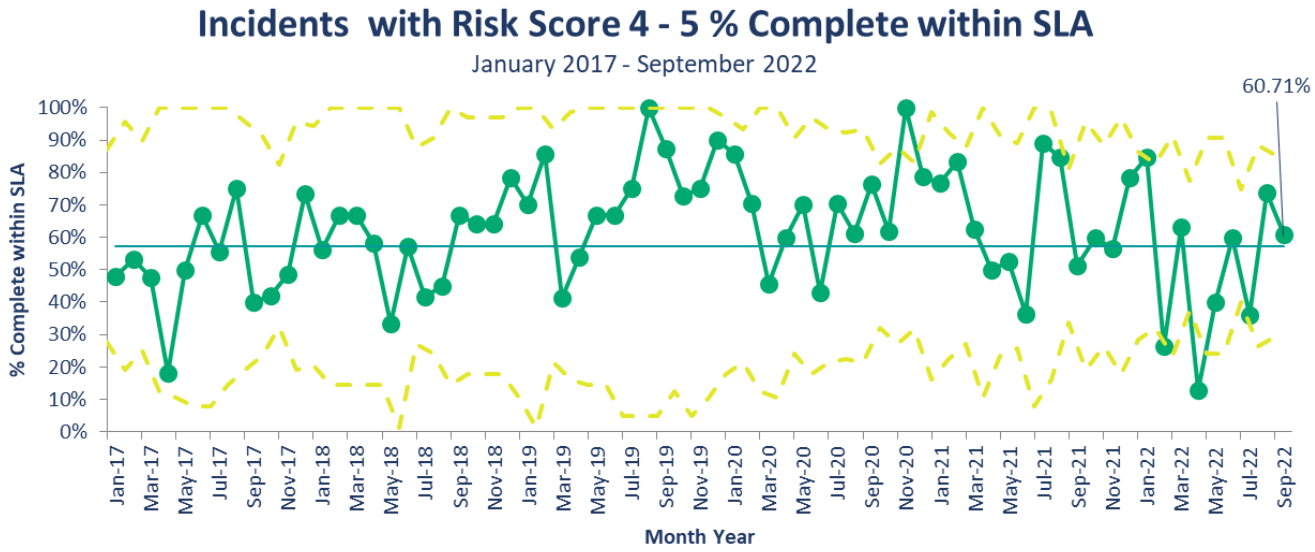


Figure Q2.5



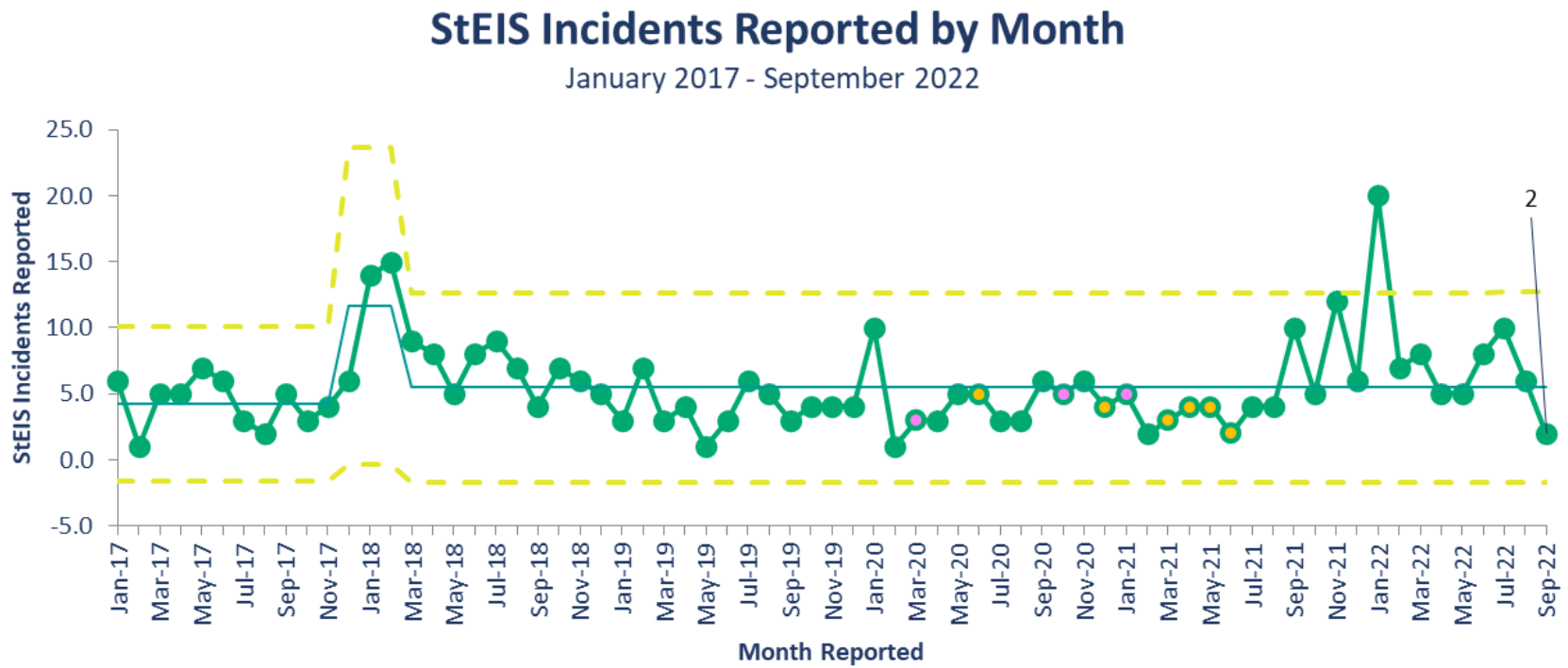
SLAs are calculated using the following measures/targets.

No exceptions are taken into account:

Risk Score	Target Days to Close Incident (From Date Received)
1	20
2	20
3	40
4	40
5	60

Q3 SERIOUS INCIDENTS

Figure Q3.1



Q5 SAFETY ALERTS

Table Q5.1

Safety Alerts	Number of Alerts Received (Nov 21 – Oct 22)	Number of Alerts Applicable (Nov21 – Oct 22)	Number of Open Alerts	Notes
CAS/ NHS Improvement	3	0	0	

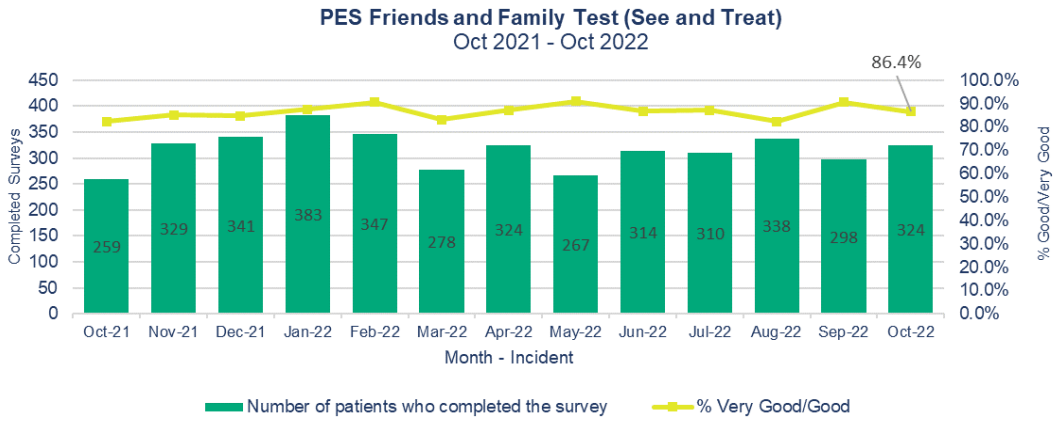
Safety Alerts	Number of Alerts Received (Nov 21 – Oct 22)	Number of Alerts Applicable (Nov 21 – Oct 22)	Number of Open Alerts	Notes
MHRA – Medical Equipment	0	0	0	

Safety Alerts	Number of Alerts Received (Nov 21 – Oct 22)	Number of Alerts Applicable (Nov 21 – Oct 22)	Number of Open Alerts	Notes
MHRA - Medicine Alerts	68	2	0	Class 2 recall of Amiodarone Injections. All stocks were checked and then re checked, no recalled batch codes were found.

Safety Alerts	Number of Alerts Received (Nov 21 – Oct 22)	Number of Alerts Applicable (Nov 21 – Oct 22)	Number of Open Alerts	Notes
IPC	0	0	0	

E1 PATIENT EXPERIENCE

Figure E1.1



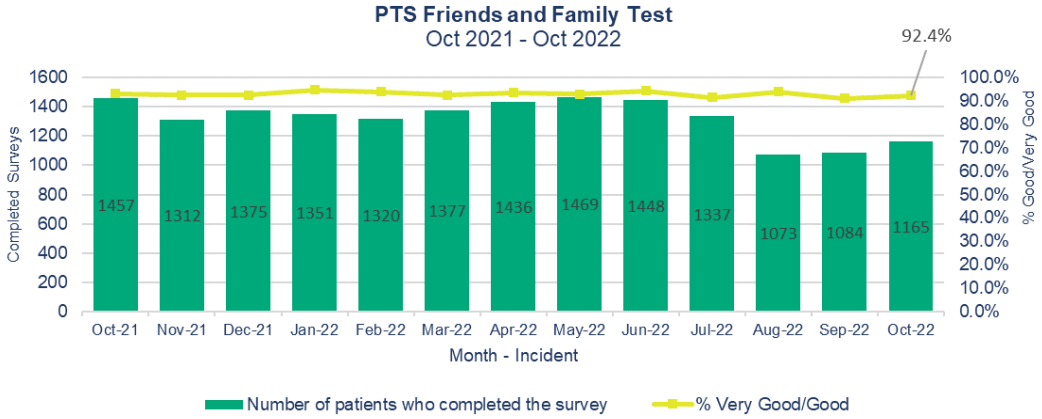
Positive

- *"Over the weekend I have had to contact them a number of times for an elderly relative and the service and treatment has been first class, I cannot fault all the professionals that have been to see us."*
- *"Very helpful paramedics who gave us huge amounts of support in making sure our family members were cared for! Call handler and triage professional also very kind, caring and helpful in supporting throughout the situation."*

Negative

- *"There was a 10 hour wait, to a patient with a head injury and poor communication I got a call at 20.00 asking me did the patient still need a visit!"*
- *"The paramedics were great, but I did not like the 7 hours lying on the floor."*

Figure E1.2



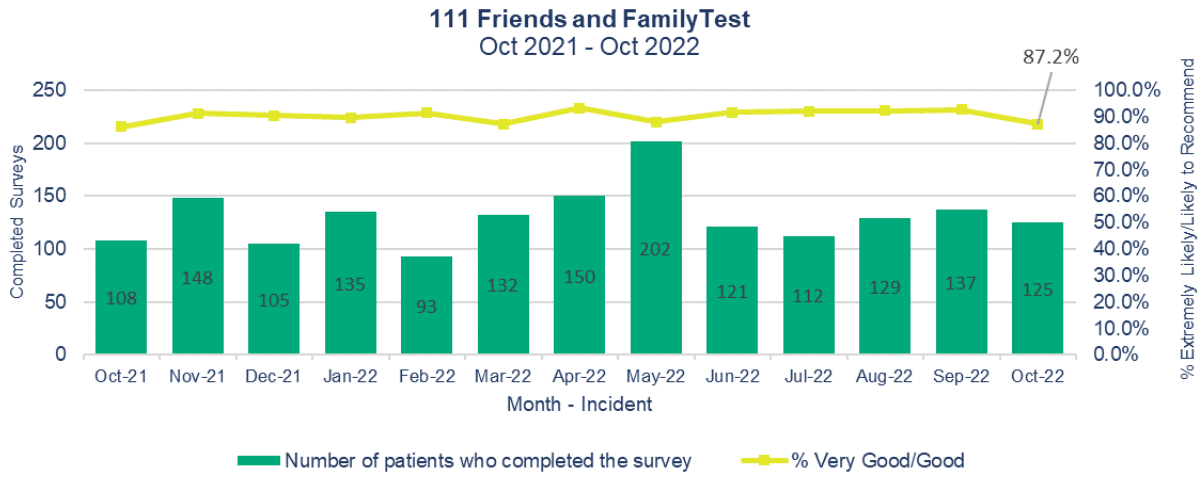
Positive

- *"Very efficient always repeat what you have said so there is no misunderstanding. Always send a text with the details of the journey there as well as back. Ambulance staff very polite and caring. Excellent service."*
- *"Prompt courteous staff they are mindful of keeping me safe during these trying times with covid and the flu season and always service with a smile I couldn't wish for better service."*

Negative

- *"Double Crews were booked as nonmobile patient that needed a double crew and a carry chair 2nd crew didn't turn up so had to wait for another crew to turn up my dad was over an hour late for his appointment. Same on way back 2nd crew didn't turn up so a crew of just 2 had to man handle him up the stairs on the carry chair which was a health and safety risk for the patient and your crews."*

Figure E1.3



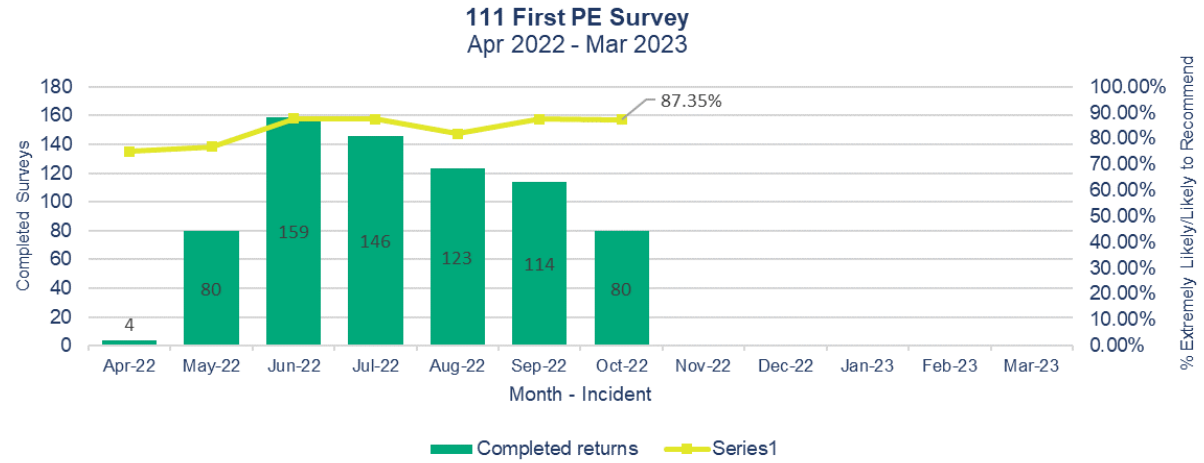
Positive

- *"Prompt response asked relevant questions. Listened.. Promptly phoned me back as they agreed they would. Managed to get me a doctor's appointment when my attempt failed. And this has led to me being referred for CT scan and X ray. Thank you."*

Negative

- *"The call handler gave me no helpful information to aid me in dealing with my urine infection e.g., drink as much fluid as possible to help flush infection away. I waited 8 and a half hours before going to bed and no doctor rang me at all. I took paracetamol for discomfort (my idea). The call handler needed to know / have access to a source of helpful information for the patient."*

Figure E1.4



Positive

- "My call was answered quickly, I was given a time slot so that A and E were expecting me, and the call handler was lovely and helpful and put me at ease."
- "They were calm, informative and sensitive to my needs. Also appreciated the follow up check in call whilst I was waiting at A and E."

Negative

- "Made 2 phone calls because after 3 hours no doctor rang - waited 6 hours for a call - then a wait of 5 hours at A and E."
- "Because no one got back in touch with me."
- "Because we were given an arrival time when we actually waited 5 hours."

E2 AMBULANCE CLINICAL QUALITY INDICATORS

Figure E2.1

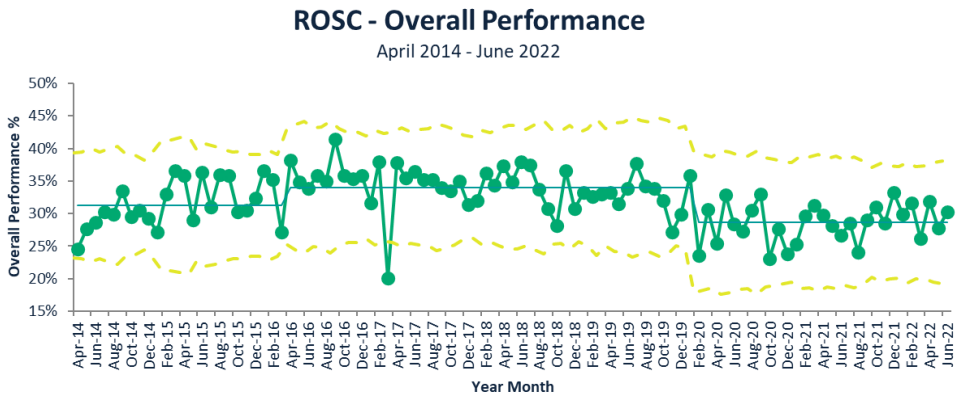


Figure E2.2

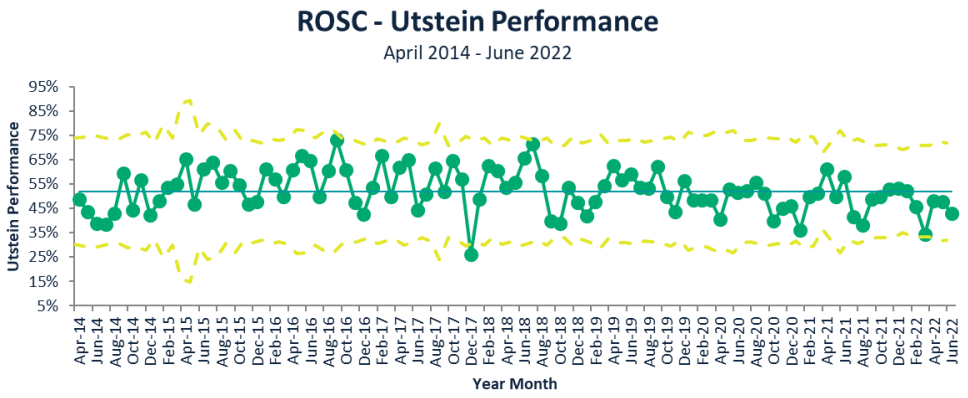


Figure E2.3

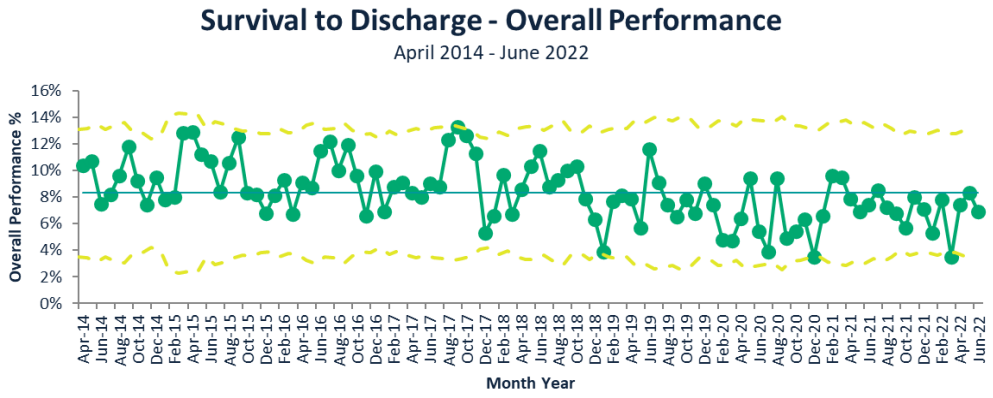


Figure E2.4

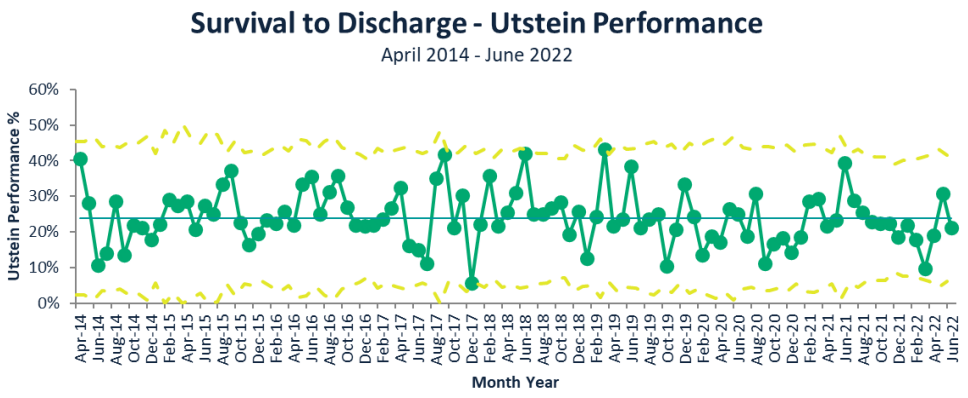


Figure E2.5

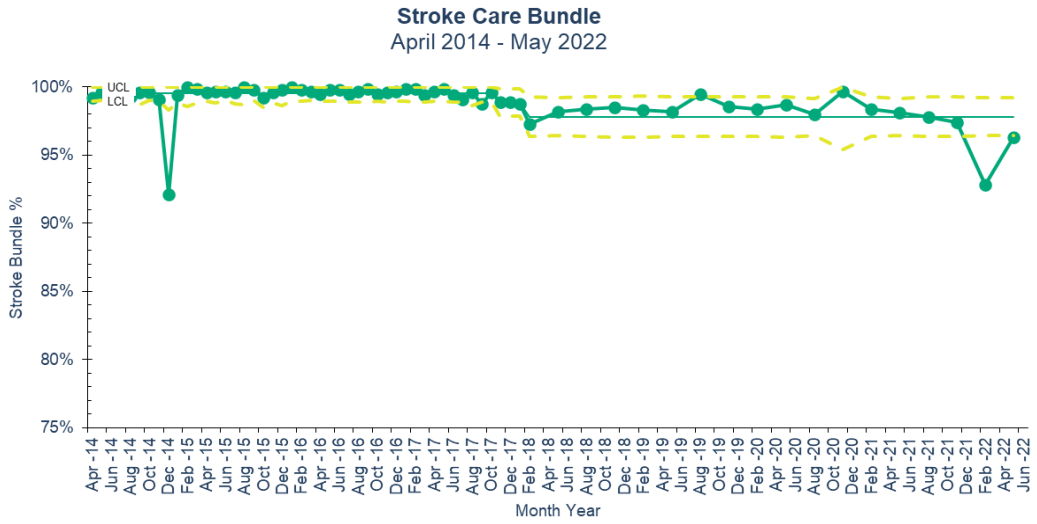
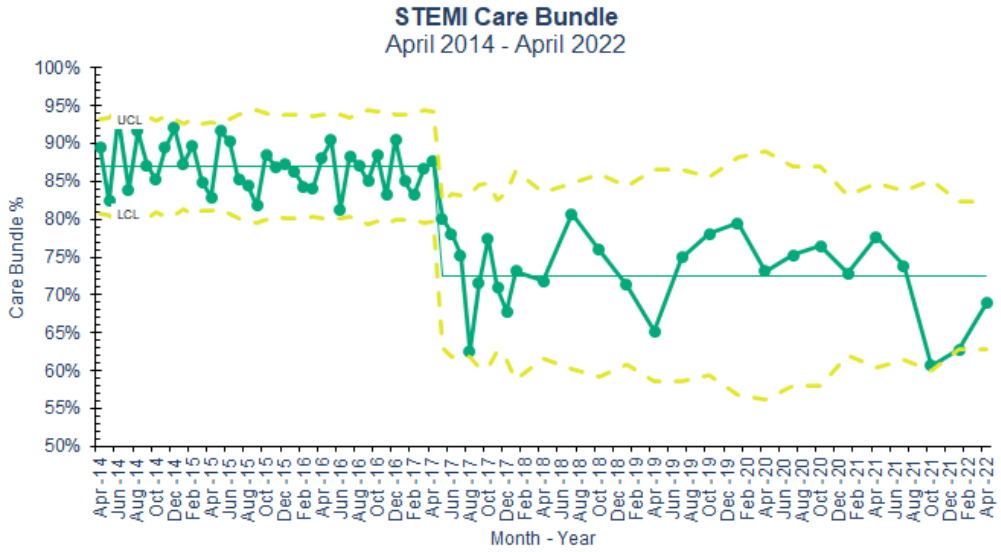


Figure E2.6



The axis for the Stroke Care Bundle starts at 75%, the axis for STEMI Care Bundle starts at 50%.

E3 ACTIVITY & OUTCOMES

Figure E3.1

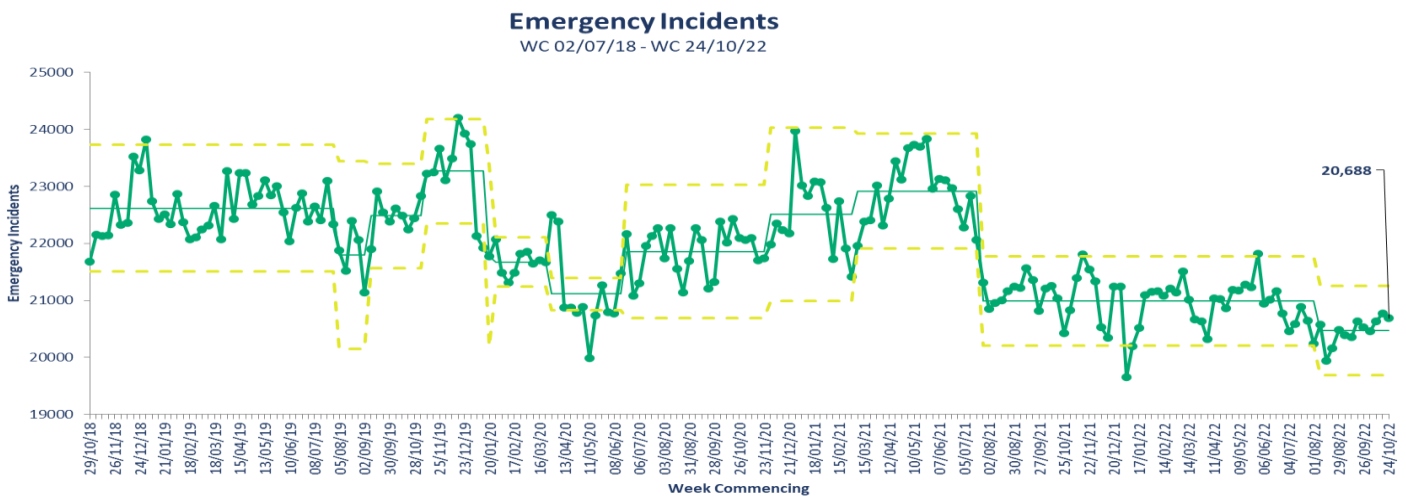


Figure E3.2

Sector	No. of Emergency Incidents
G Central	9,694
G South	9,674
M North	9,461
G East	8,551
G West	8,453
M East	7,505
CL East Lancashire	7,231
M West	5,996
CL South Lancashire	5,786
M South	5,428
CL Fylde	4,670
CL North Cumbria	4,640
CL Morecambe Bay	4,191

Figure E3.3

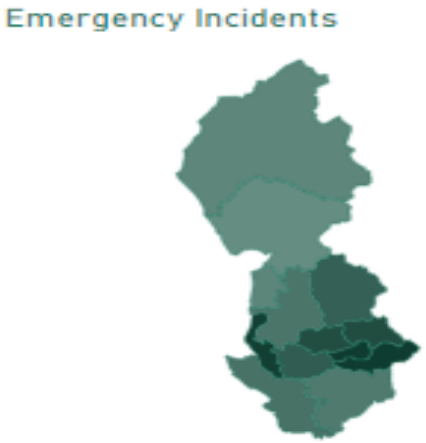


Figure E3.4

Oct	Calls	% Change from previous year	Incidents	% Change from previous year
2019	122,662		98,904	
2020	131,457	7%	97,865	-1%
2021	152,672	16%	92,879	-5%
2022	140,501	-8%	91,417	-2%

Figure E3.5

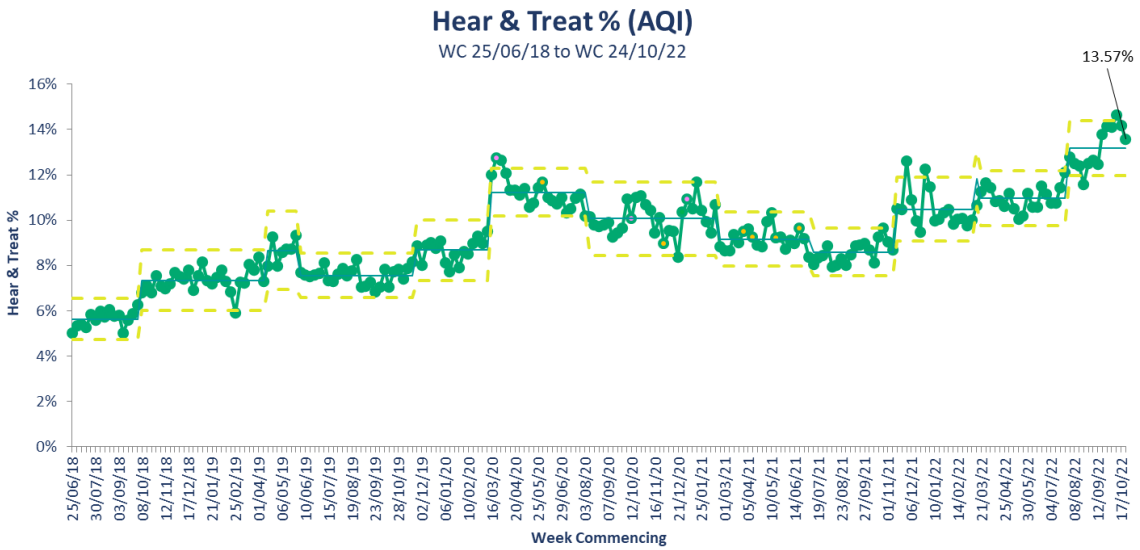


Figure E3.6

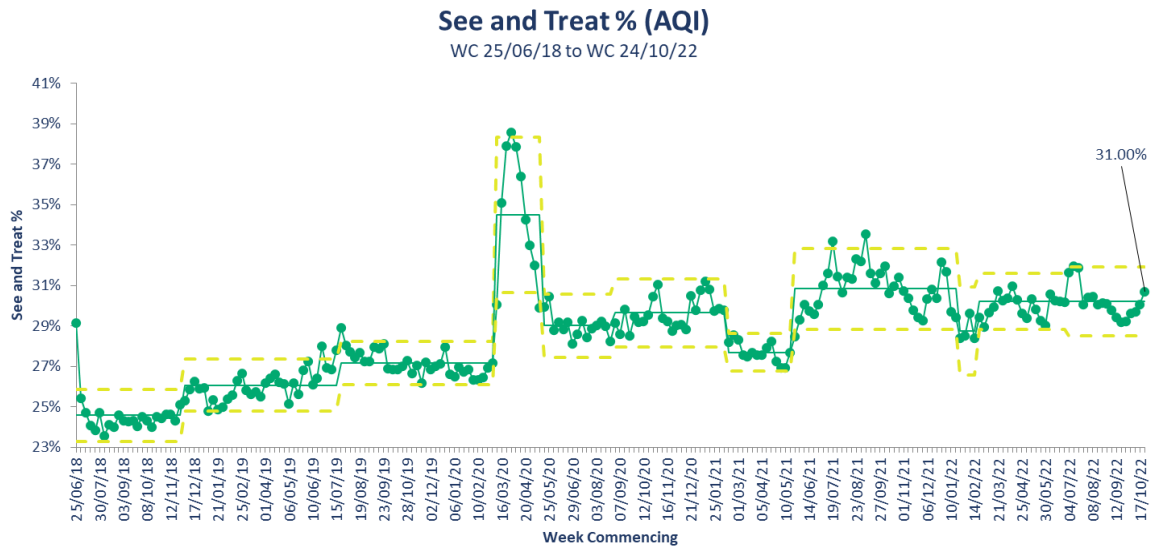


Figure E3.7

Sector	Hear & Treat	%
G Central		17.61%
CL Fylde		16.21%
CL South Lancashire		15.47%
G East		14.76%
CL East Lancashire		14.60%
G West		14.40%
M East		14.32%
M North		13.99%
M West		13.34%
G South		13.14%
M South		12.94%
CL North Cumbria		10.02%
CL Morecambe Bay		9.76%

Figure E3.8

Sector	See & Treat	%
CL Morecambe Bay		32.16%
CL Fylde		31.90%
M South		31.65%
CL North Cumbria		31.53%
G East		31.29%
G Central		31.26%
CL South Lancashire		31.02%
G West		30.99%
G South		29.54%
M North		29.53%
M West		29.05%
M East		28.28%
CL East Lancashire		27.47%

Figure E3.9

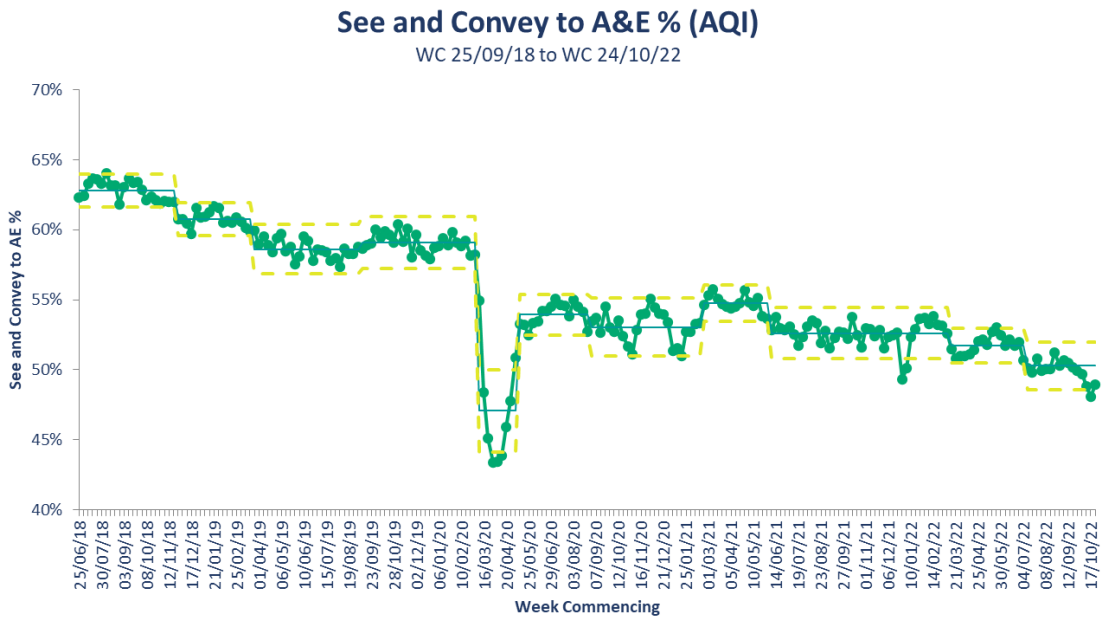


Figure E3.10

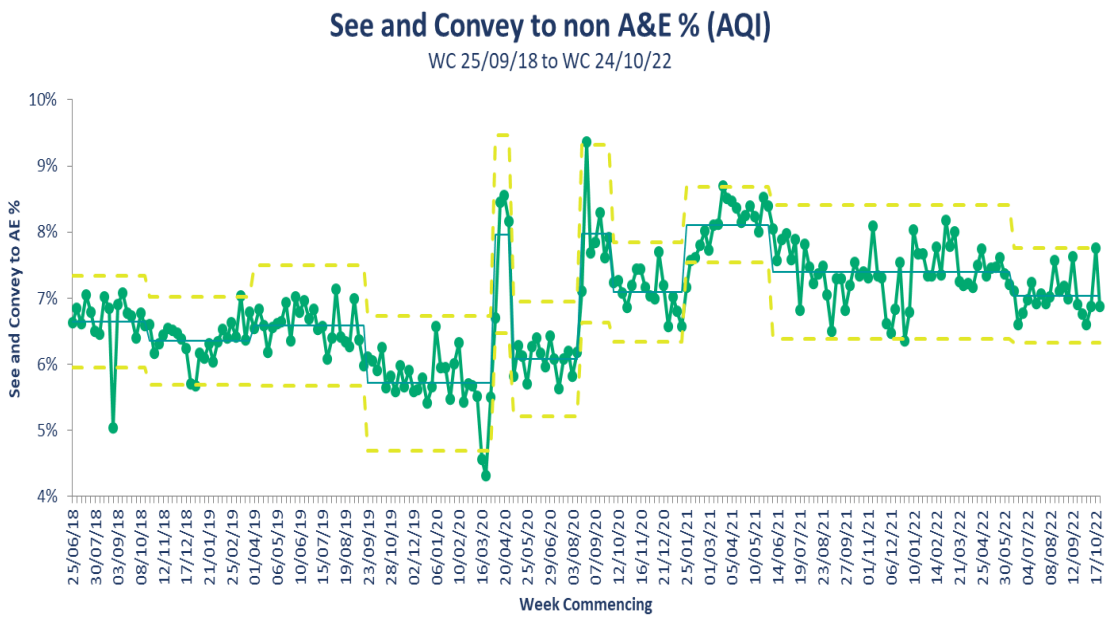


Figure E3.11

Sector	See & Convey	%
CL North Cumbria		58.45%
CL Morecambe Bay		58.09%
CL East Lancashire		57.93%
M West		57.60%
M East		57.40%
G South		57.32%
M North		56.48%
M South		55.41%
G West		54.62%
G East		53.94%
CL South Lancashire		53.52%
CL Fylde		51.89%
G Central		51.13%

Figure E3.12

Sector	See & Convey to AE	%
CL Morecambe Bay		54.22%
CL North Cumbria		52.72%
G South		50.72%
M South		50.39%
M East		50.20%
CL East Lancashire		50.10%
M North		49.89%
M West		48.26%
G West		47.70%
CL Fylde		47.53%
CL South Lancashire		46.76%
G East		46.76%
G Central		45.06%

Figure E3.13

Sector	See & Convey to Non AE	%
M West		9.35%
CL East Lancashire		7.83%
M East		7.21%
G East		7.18%
G West		6.92%
CL South Lancashire		6.76%
G South		6.60%
M North		6.58%
G Central		6.07%
CL North Cumbria		5.73%
M South		5.02%
CL Fylde		4.37%
CL Morecambe Bay		3.86%

Figure E3.14

Rank	Trust	Hear & Treat	%
1	West Midlands		16.9%
2	North West		14.2%
3	East Midlands		13.0%
4	London		12.4%
5	South Western		12.0%
6	South Central		11.9%
7	Isle of Wight		10.5%
8	South East Coast		9.6%
9	North East		9.1%
10	East of England		7.6%
11	Yorkshire		6.6%

Figure E3.15

Rank	Trust	See & Treat	%
1	South Western		39.7%
2	East of England		35.8%
3	South Central		35.0%
4	East Midlands		33.6%
5	London		33.1%
6	Isle of Wight		32.6%
7	South East Coast		32.0%
8	West Midlands		30.5%
9	North West		30.3%
10	North East		29.1%
11	Yorkshire		28.8%

Figure E3.16

Rank	Trust	See & Convey	%
1	South Western		48.2%
2	West Midlands		52.6%
3	South Central		53.1%
4	East Midlands		53.4%
5	London		54.5%
6	North West		55.6%
7	East of England		56.5%
8	Isle of Wight		56.8%
9	South East Coast		58.4%
10	North East		61.7%
11	Yorkshire		64.6%

Operational

O1 CALL PICK UP

Figure O1.1

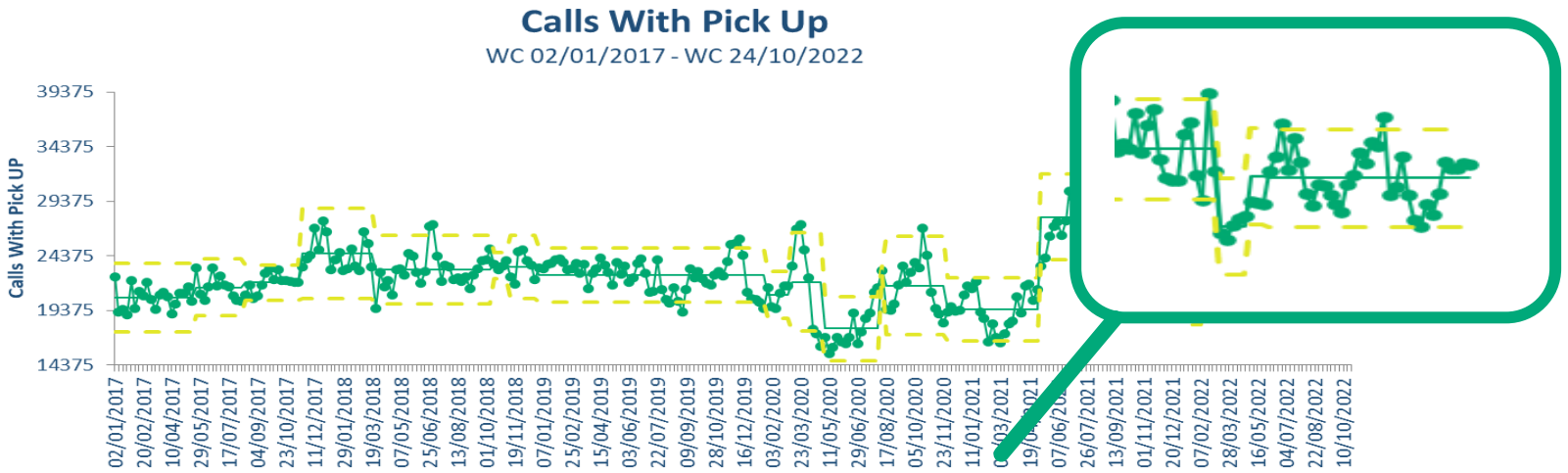
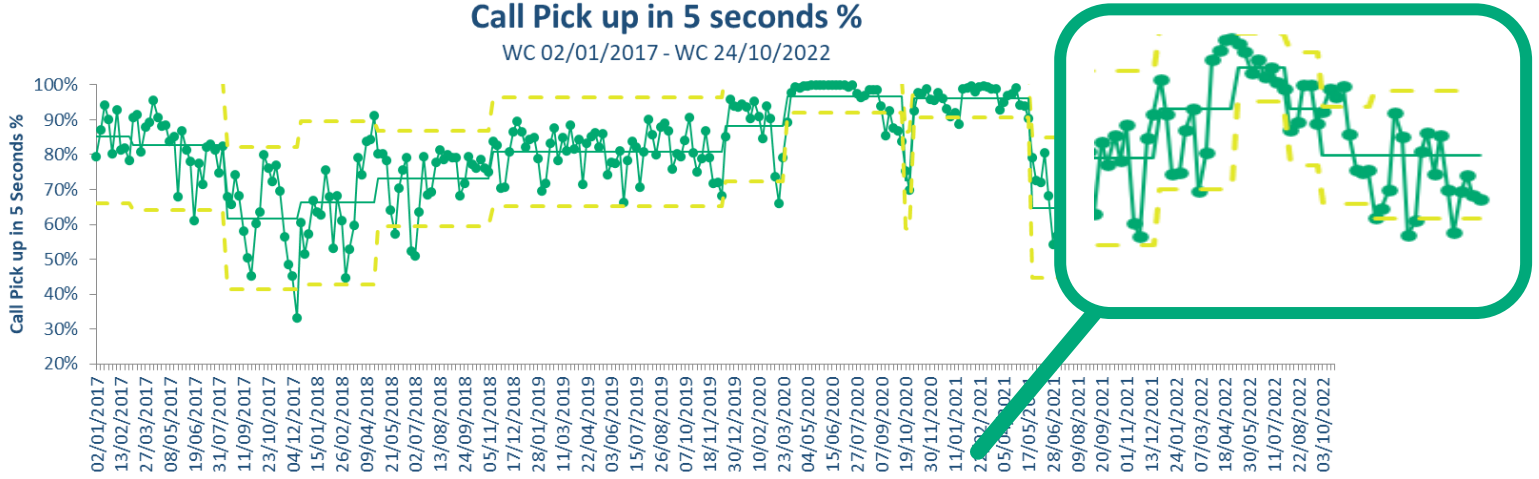


Figure O1.2



02 A&E TURNAROUND

Figure O2.1

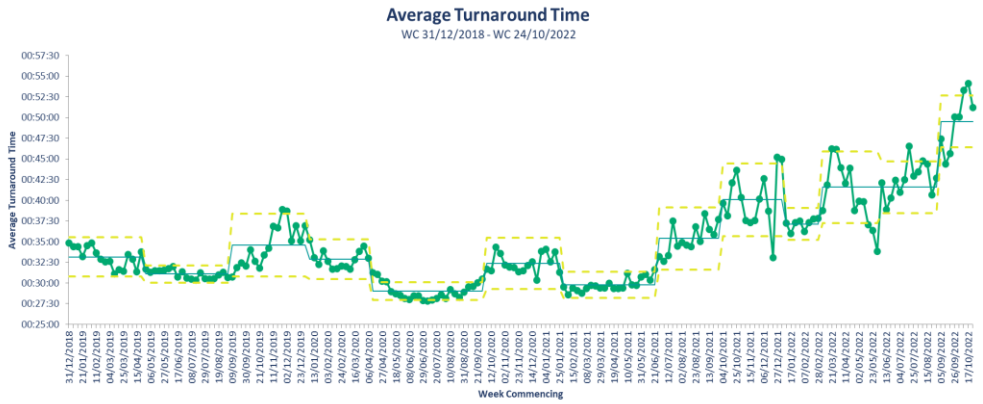


Figure Q1.2

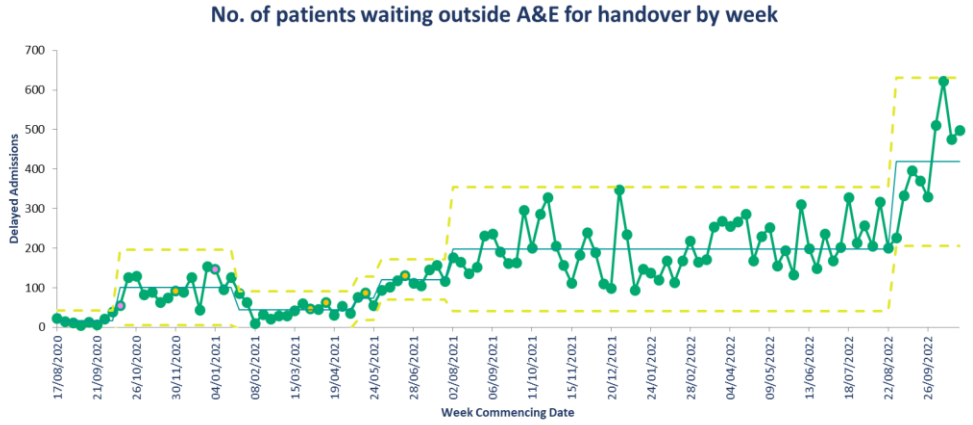


Table Q1.1

Month	Hospital Attendances	Average Turnaround Time [mm:ss]	Average Arrival to Handover Time [mm:ss]	Average Handover to Clear Time [mm:ss]
Nov-21	48,412	0:38:29	0:27:28	11:34
Dec-21	47,723	0:39:22	0:27:58	11:18
Jan-22	47,332	0:39:09	0:27:47	11:31
Feb-22	45,232	0:37:13	0:25:56	11:15
Mar-22	47,939	0:42:06	0:30:57	11:48
Apr-22	45,768	0:42:27	0:30:52	11:22
May-22	49,135	0:37:56	0:26:22	11:34
Jun-22	47,276	0:39:45	0:27:56	11:40
Jul-22	46,006	0:42:52	0:31:39	11:14
Aug-22	45,186	0:43:33	0:31:50	11:22
Sep-22	44,198	0:46:00	0:34:15	11:32
Oct-22	44,715	0:52:16	0:40:13	11:25

Table Q1.2

Top 5 Trusts with most hours lost due to delayed	
Trust	Hours lost to delayed admissions
Royal Oldham	817.2
Blackpool Victoria	527.9
Fairfield General	495.5
North Manchester General	429.0
Royal Liverpool University	393.8

Table Q1.3

Month	No. of patients waiting outside A&E for handover
Aug-20*	38
Sep-20	46
Oct-20	355
Nov-20	347
Dec-20	406
Jan-21	528
Feb-21	129
Mar-21	182
Apr-21	196
May-21	282
Jun-21	491
Jul-21	585
Aug-21	674
Sep-21	902
Oct-21	1156
Nov-21	739
Dec-21	824
Jan-22	708
Feb-22	590
Mar-22	936
Apr-22	1057
May-22	891
Jun-22	926
Jul-22	975
Aug-22	1099
Sep-22	1490
Oct-22	2319

O3 ARP RESPONSE TIMES

October 2022

Figure O3.1

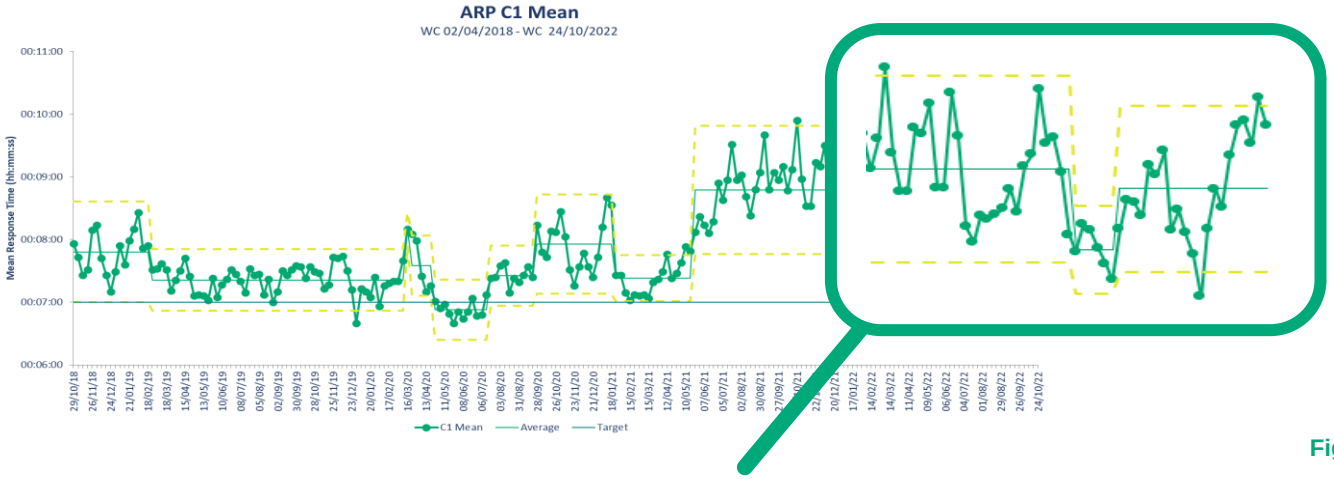


Figure O3.2

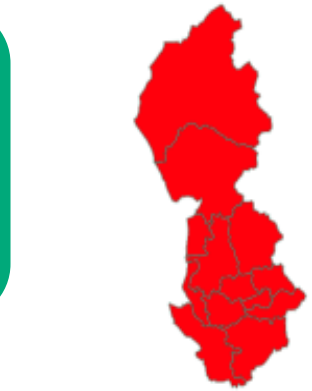


Figure O3.3

Sector	C1 Mean	Time
G Central		00:07:52
G West		00:08:29
CL Fylde		00:08:38
G East		00:08:39
G South		00:08:40
M North		00:08:53
CL East Lancashire		00:09:44
M East		00:10:00
CL North Cumbria		00:10:11
CL Morecambe Bay		00:10:16
M West		00:10:28
CL South Lancashire		00:10:28
M South		00:11:55

Figure O3.4

C1 Mean	
Target	7:00
Oct 2022	9:19
YTD	8:28

Figure O3.5

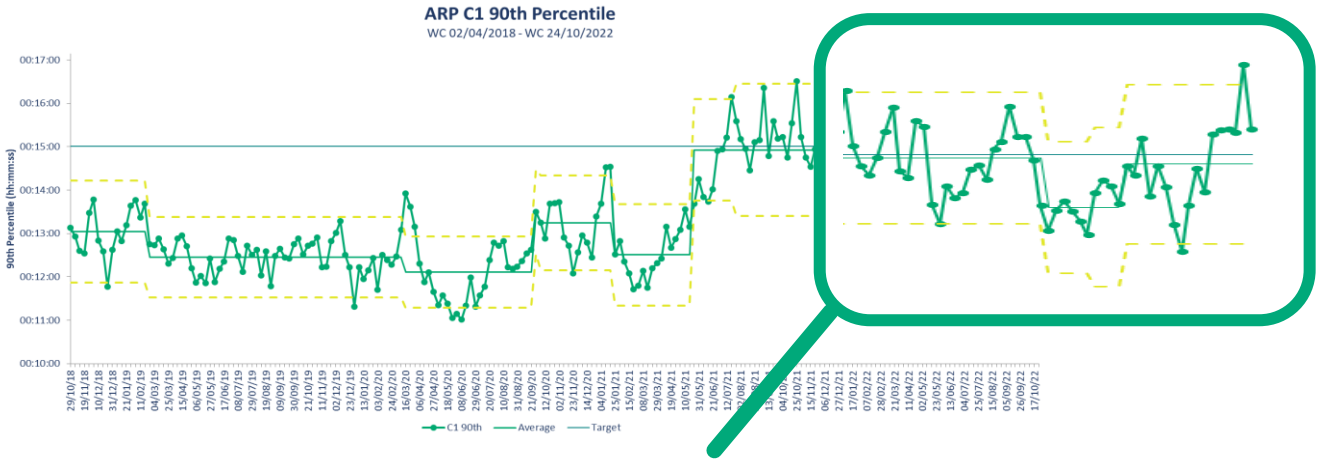


Figure O3.6

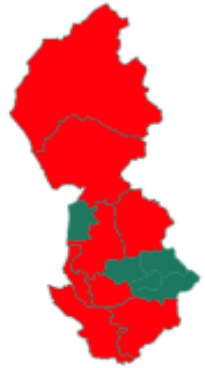


Figure O3.7

Sector	C1 90th	Time
G Central		00:12:48
G South		00:13:46
G East		00:14:05
G West		00:14:12
CL Fylde		00:14:59
M North		00:15:11
M East		00:16:22
CL East Lancashire		00:17:40
CL South Lancashire		00:17:56
M West		00:18:02
CL North Cumbria		00:18:26
CL Morecambe Bay		00:19:23
M South		00:20:19

Figure O3.8

C1 90th	
Target	15:00
Oct 2022	15:53
YTD	14:26

October 2022

Figure O3.9

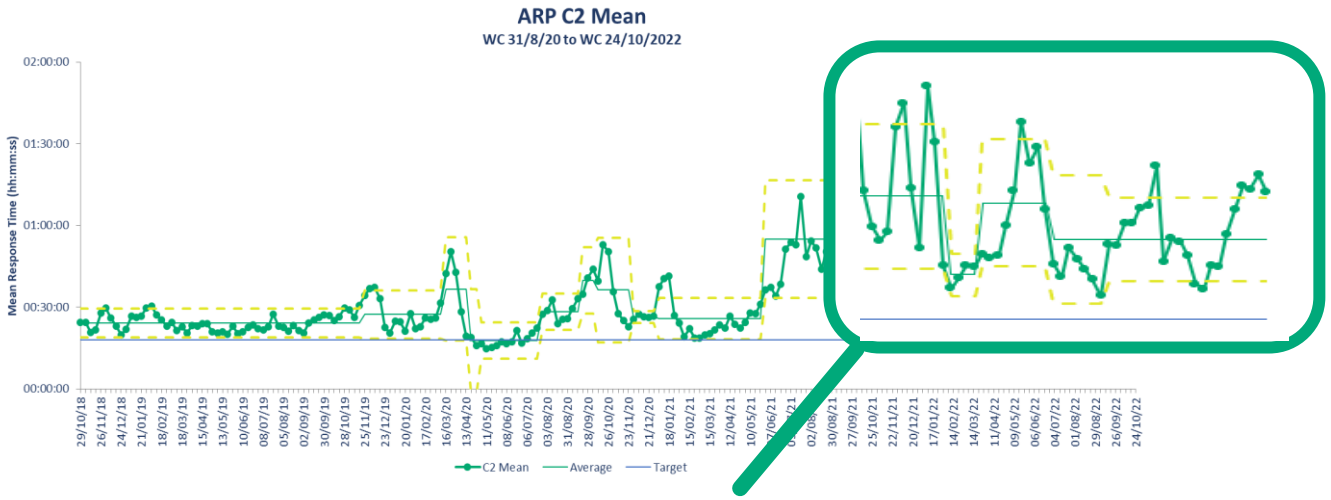


Figure O3.10

Figure O3.11

Sector	C2 Mean	Time
CL North Cumbria		00:27:43
CL Morecambe Bay		00:36:39
CL East Lancashire		00:48:13
M South		00:49:20
G South		00:50:38
G East		00:52:24
G Central		00:55:46
G West		01:00:54
CL South Lancashire		01:01:12
CL Fylde		01:02:04
M West		01:11:09
M East		01:19:08
M North		01:20:19

Figure O3.12

C2 Mean	
Target	18:00
Oct 2022	58:03
YTD	43:29

Figure O3.13

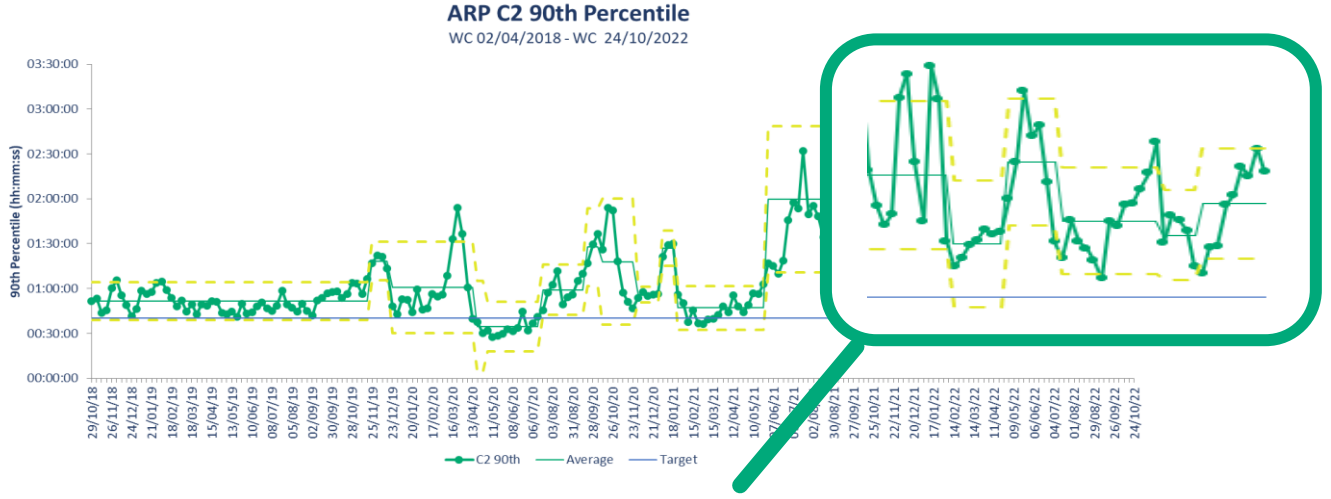


Figure O3.14

Figure O3.15

Sector	C2 90th	Time
CL North Cumbria		00:58:45
CL Morecambe Bay		01:22:47
CL East Lancashire		01:40:41
M South		01:45:05
G South		01:49:43
G East		01:54:54
G Central		01:59:20
G West		02:03:07
CL South Lancashire		02:05:09
CL Fylde		02:11:26
M West		02:25:07
M East		02:38:56
M North		02:45:35

Figure O3.16

C2 90th	
Target	0:40:00
Oct 2022	2:05:56
YTD	1:36:07

October 2022

Figure O3.17

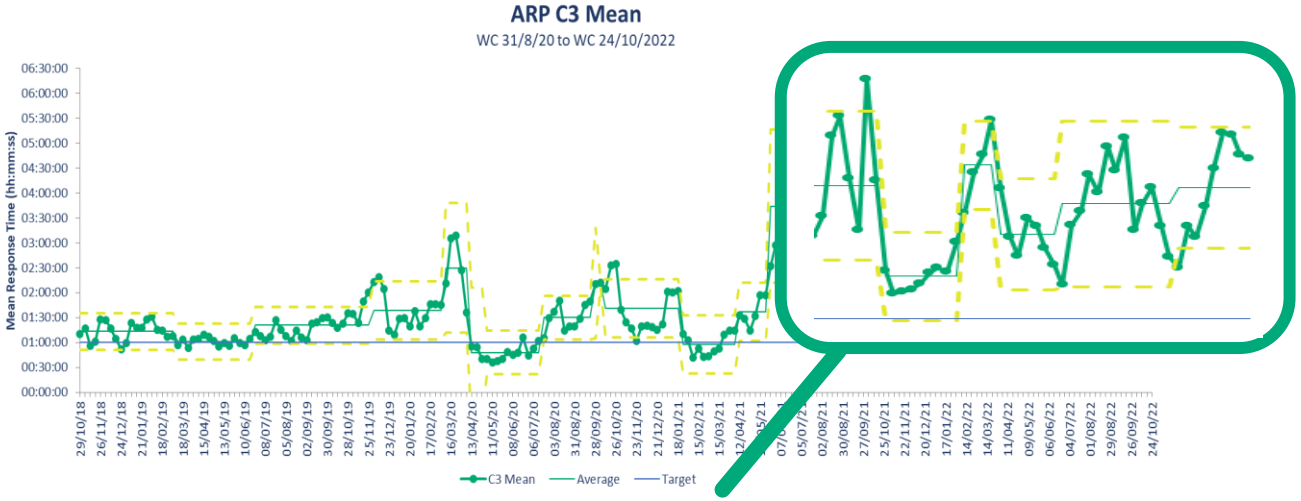


Figure O3.18

C3 Mean (Red=>60m)

Figure O3.19

Sector	C3 Mean	Time
CL North Cumbria		01:27:55
CL Morecambe Bay		02:00:07
M West		03:57:37
CL Fylde		03:58:25
M South		04:09:55
CL East Lancashire		04:21:18
CL South Lancashire		04:39:33
M North		04:40:46
G South		04:41:53
G East		05:05:51
G Central		05:22:50
G West		05:34:52
M East		05:39:57

Figure O3.20

C3 Mean	
Target	1:00:00
Oct 2022	4:28:35
YTD	3:17:50

Figure O3.21

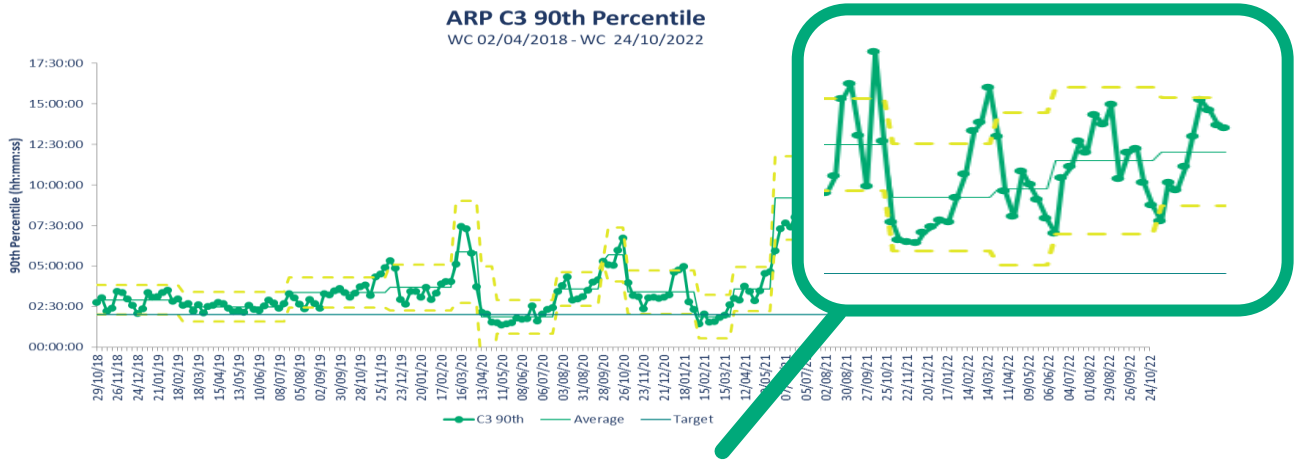


Figure O3.22

C3 90th (Red=>2h)

Figure O3.23

Sector	C3 90th	Time
CL North Cumbria		03:26:52
CL Morecambe Bay		04:48:37
M West		08:41:24
M South		09:07:21
CL Fylde		09:20:49
CL East Lancashire		10:04:03
CL South Lancashire		10:20:07
G South		10:26:44
G East		11:37:46
M North		11:44:35
G West		11:50:31
G Central		12:02:33
M East		12:39:41

Figure O3.24

C3 90th	
Target	2:00:00
Oct 2022	10:33:32
YTD	7:59:45

October 2022

Figure O3.25

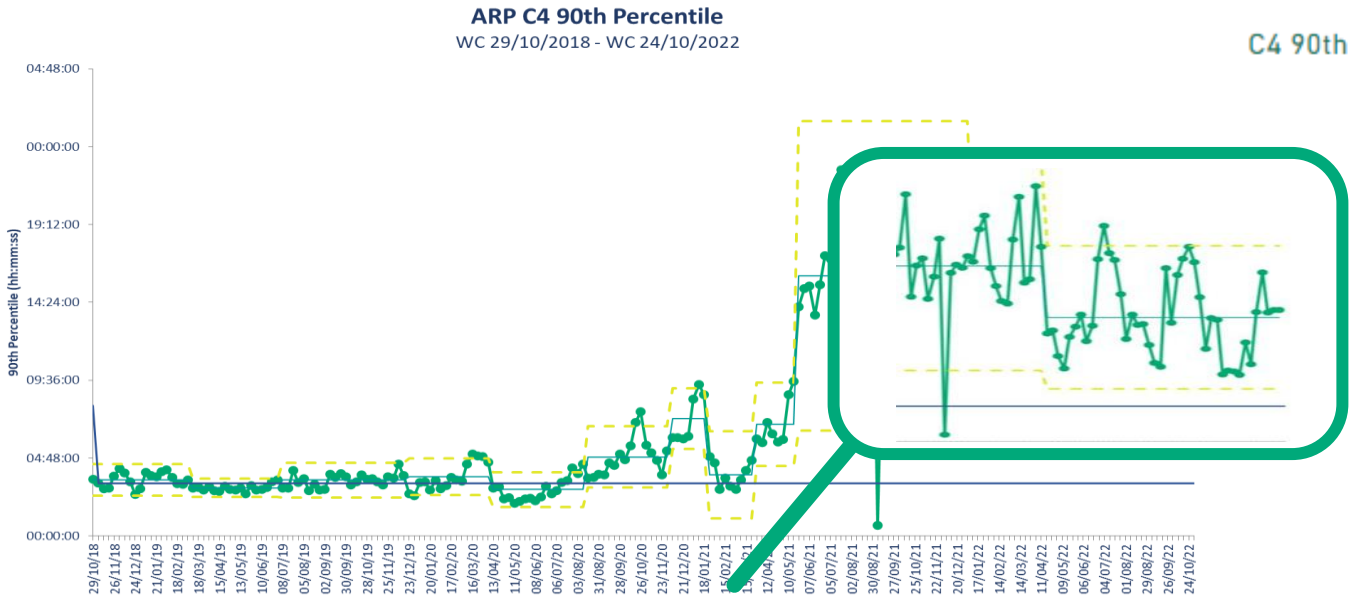


Figure O3.26

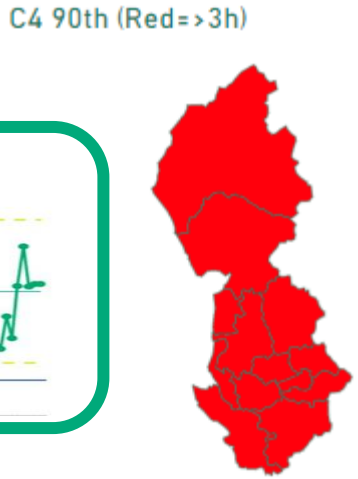


Figure O3.27

Sector	C4 90th	Time
CL North Cumbria		03:41:45
CL Morecambe Bay		04:43:46
CL Fylde		08:54:22
G South		10:38:14
M West		11:05:58
CL East Lancashire		13:24:16
G East		13:27:20
G West		13:36:51
M South		14:20:39
G Central		15:03:40
M North		15:29:05
CL South Lancashire		15:57:26
M East		16:16:01

Figure O3.28

C4 90th	
Target	3:00:00
Oct 2022	12:23:55
YTD	10:23:18

O3 ARP Provider Comparison

Figure O3.25

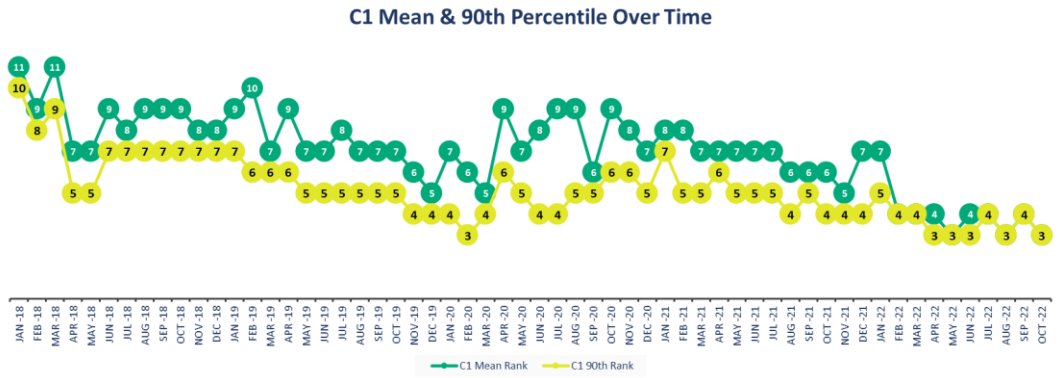


Figure O3.26

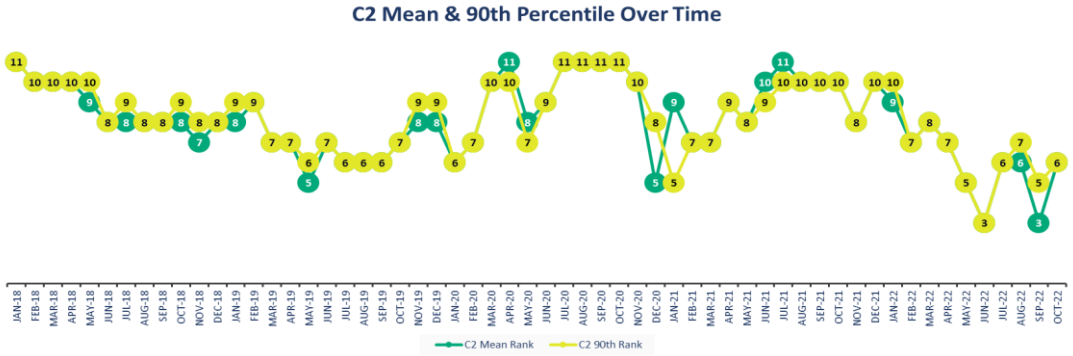
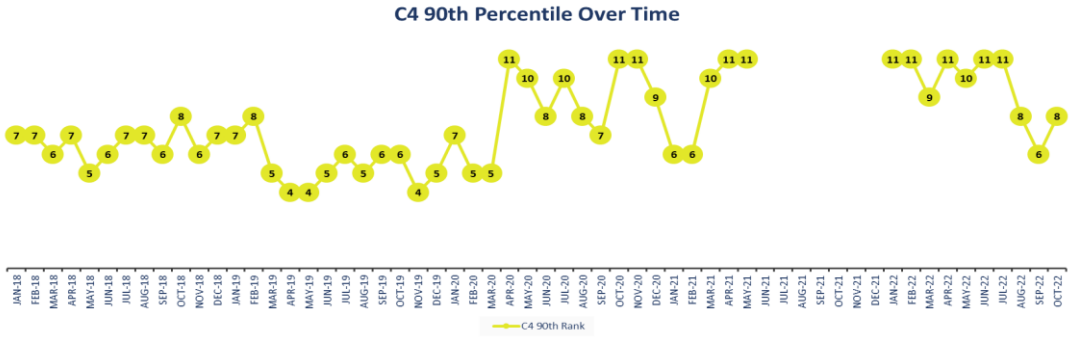


Figure O3.27

Figure O3.28



Rank	Trust	C1 Mean	Time
1	North East		08:09
2	West Midlands		08:45
3	North West		09:19
4	South Central		09:27
5	East Midlands		09:38
6	South East Coast		09:42
7	Isle of Wight		10:13
8	Yorkshire		10:35
9	South Western		11:11
10	East of England		11:12
11	London	-	-

Rank	Trust	C1 90th	Time
1	North East		14:15
2	West Midlands		15:15
3	North West		15:53
4	South Central		17:14
5	East Midlands		17:32
6	South East Coast		17:40
7	Yorkshire		18:12
8	Isle of Wight		18:42
9	South Western		20:04
10	East of England		20:50
11	London	-	-

Rank	Trust	C2 Mean	Time
1	Isle of Wight		0:30:28
2	South East Coast		0:36:54
3	South Central		0:38:11
4	Yorkshire		0:51:32
5	North East		0:57:34
6	North West		0:58:03
7	West Midlands		1:08:17
8	South Western		1:12:35
9	East Midlands		1:13:52
10	East of England		1:26:54
11	London	-	-

Rank	Trust	C2 90th	Time
1	Isle of Wight		1:02:36
2	South East Coast		1:15:33
3	South Central		1:17:47
4	Yorkshire		1:57:31
5	North East		1:59:19
6	North West		2:05:56
7	South Western		2:41:24
8	West Midlands		2:44:05
9	East Midlands		2:45:30
10	East of England		3:13:50
11	London	-	-

Rank	Trust	C3 Mean	Time
1	Isle of Wight		01:22:46
2	Yorkshire		02:28:08
3	South Central		02:46:41
4	South East Coast		02:51:50
5	South Western		03:16:23
6	North East		03:30:19
7	East of England		04:08:59
8	East Midlands		04:13:50
9	North West		04:28:35
10	West Midlands		04:54:48
11	London	-	-

Rank	Trust	C3 90th	Time
1	Isle of Wight		03:14:50
2	Yorkshire		05:57:53
3	South Central		06:16:56
4	South East Coast		06:52:54
5	North East		08:14:24
6	South Western		08:52:32
7	East of England		10:21:32
8	East Midlands		10:25:56
9	North West		10:33:32
10	West Midlands		12:50:58
11	London		-

Rank	Trust	C4 90th	Time
1	Isle of Wight		03:54:22
2	Yorkshire		04:49:53
3	North East		05:39:37
4	East Midlands		07:10:57
5	South Western		07:22:45
6	South Central		08:22:18
7	South East Coast		09:22:58
8	North West		12:23:55
9	West Midlands		13:35:52
10	East of England		14:15:17
11	London	-	

O3 LONG WAITS

Table O3.29

Year Month	Total No. of long waits
Apr-19	471
May-19	393
Jun-19	436
Jul-19	523
Aug-19	471
Sep-19	482
Oct-19	582
Nov-19	542
Dec-19	575
Jan-20	425
Feb-20	385
Mar-20	594
Apr-20	329
May-20	186
Jun-20	196
Jul-20	274
Aug-20	437
Sep-20	394
Oct-20	586
Nov-20	447
Dec-20	455
Jan-21	663
Feb-21	340
Mar-21	358
Apr-21	489
May-21	734
Jun-21	971
Jul-21	1,534
Aug-21	1,226
Sep-21	1,501
Oct-21	1,650
Nov-21	1,329
Dec-21	1,590
Jan-22	1,109
Feb-22	985
Mar-22	1,609
Apr-22	1,145
May-22	869
Jun-22	940
Jul-22	1,207
Aug-22	653
Sep-22	804
Oct-22	1,186

Figure O3.29

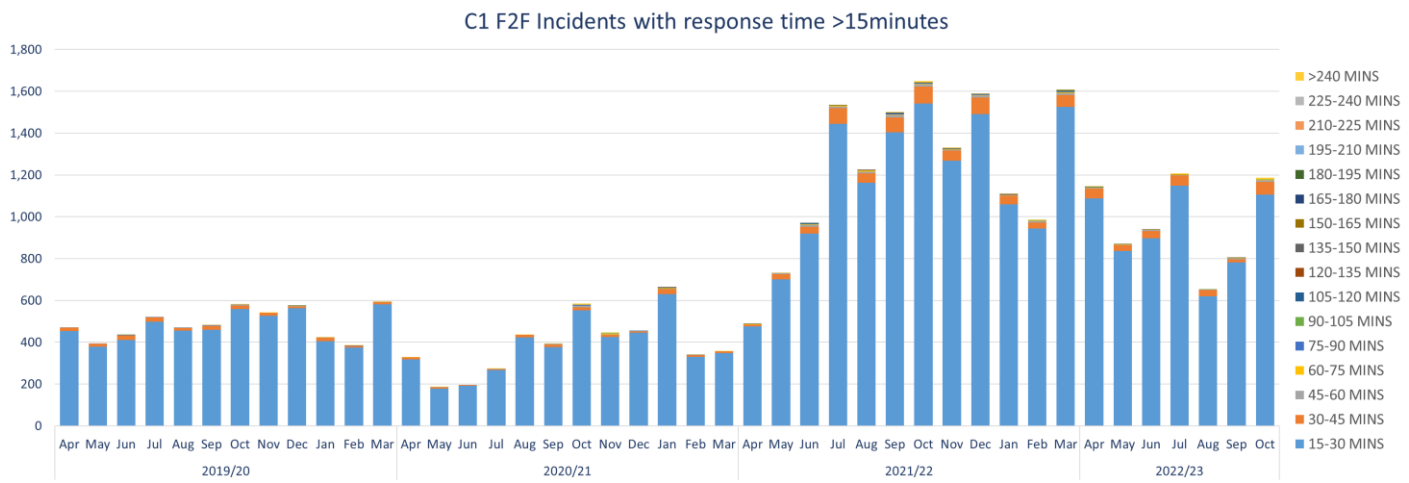


Figure O3.30

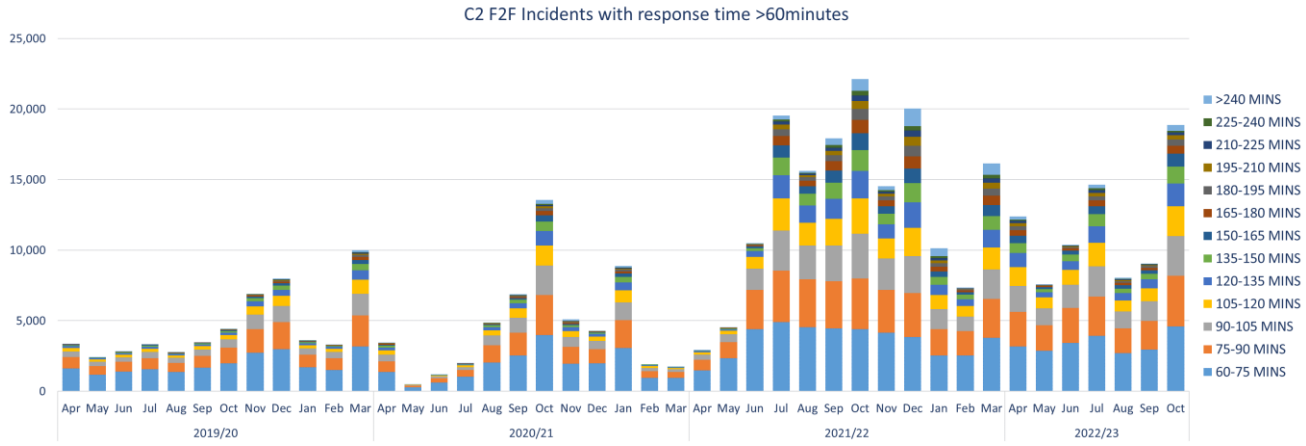
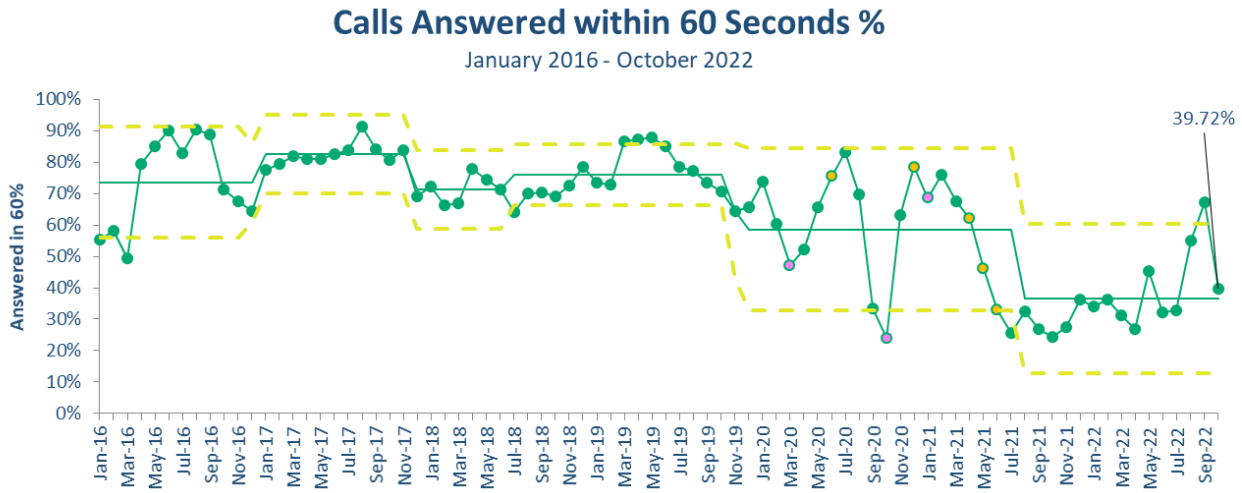


Table O3.30

Year Month	Total No. of long waits
Apr-19	3,344
May-19	2,412
Jun-19	2,817
Jul-19	3,332
Aug-19	2,765
Sep-19	3,479
Oct-19	4,412
Nov-19	6,888
Dec-19	7,998
Jan-20	3,604
Feb-20	3,303
Mar-20	10,001
Apr-20	3,458
May-20	483
Jun-20	1,193
Jul-20	2,003
Aug-20	4,860
Sep-20	6,874
Oct-20	13,563
Nov-20	5,090
Dec-20	4,290
Jan-21	8,889
Feb-21	1,908
Mar-21	1,739
Apr-21	2,918
May-21	4,523
Jun-21	10,503
Jul-21	19,540
Aug-21	15,612
Sep-21	17,922
Oct-21	22,113
Nov-21	14,518
Dec-21	20,038
Jan-22	10,127
Feb-22	7,349
Mar-22	16,135
Apr-22	12,400
May-22	7,564
Jun-22	10,374
Jul-22	14,649
Aug-22	8,051
Sep-22	9,057
Oct-22	18,870

O4 111 PERFORMANCE

Figure O4.1



Calls Answered within 60 Seconds %	
Target	95%
Oct 2022	39.72%
YTD	42.68%
National	45%

Figure O4.2

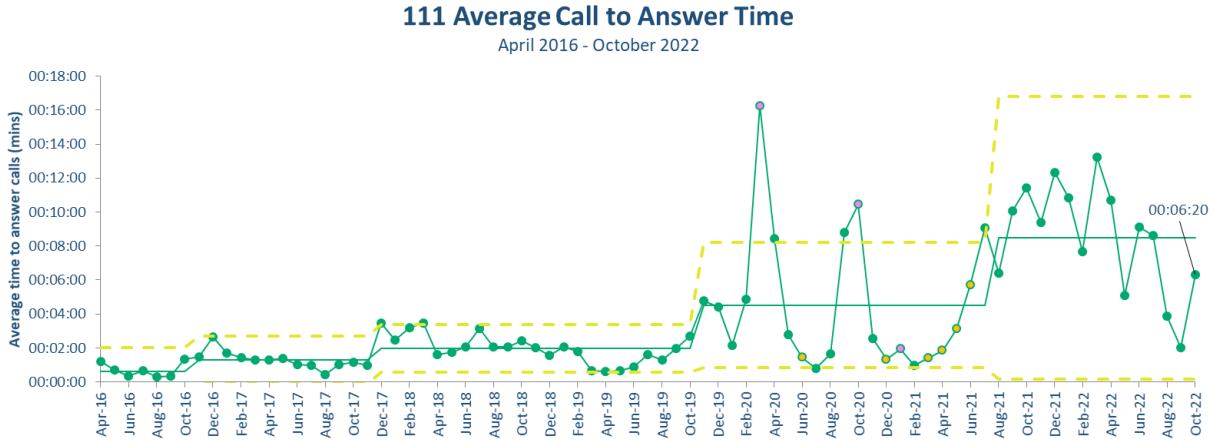
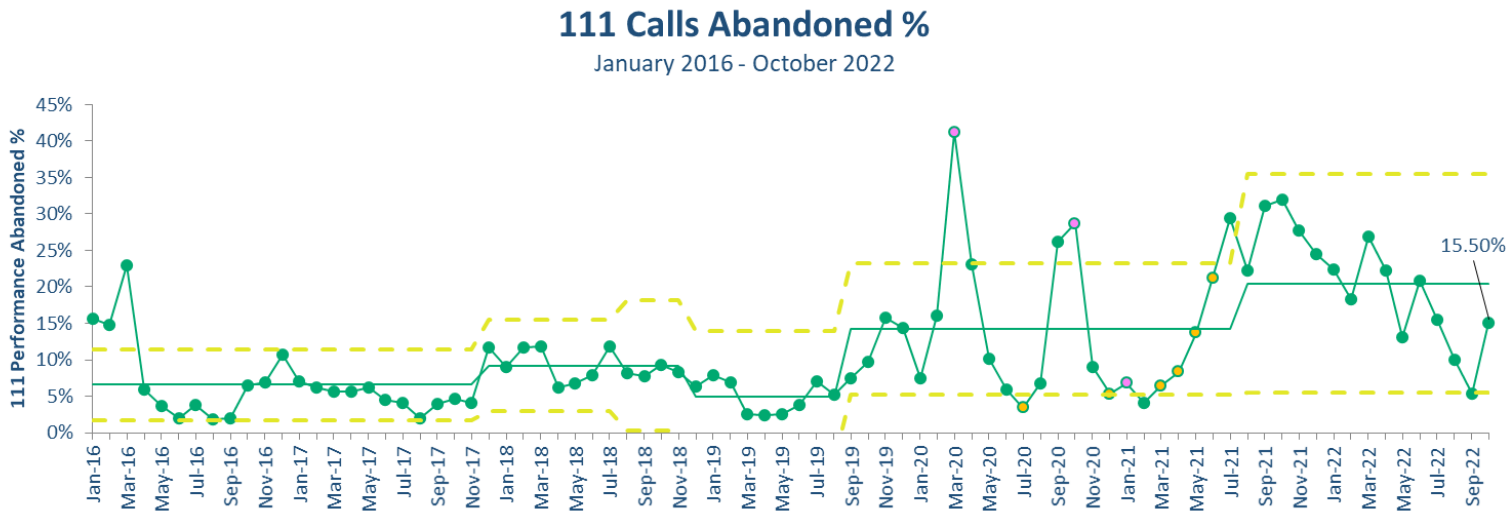


Figure O4.3



Calls Abandoned %	
Target	<5%
Oct 2022	15.50%
YTD	14.58%
National	14.5%

Figure O4.4a

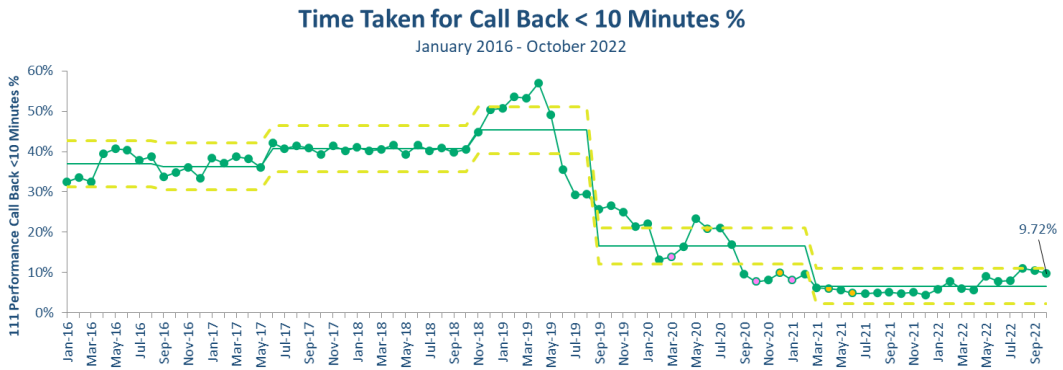
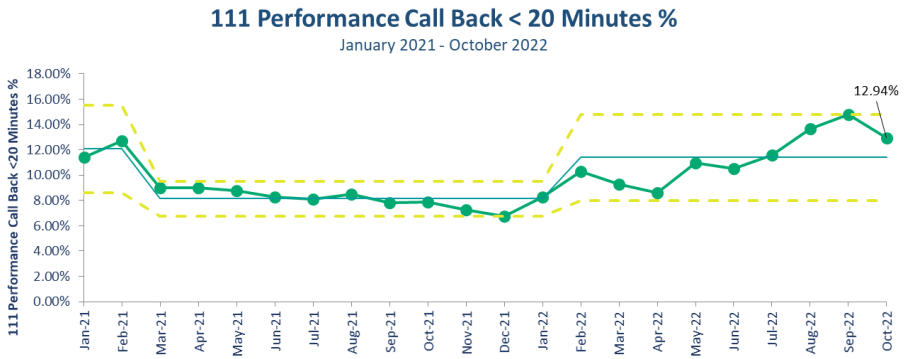


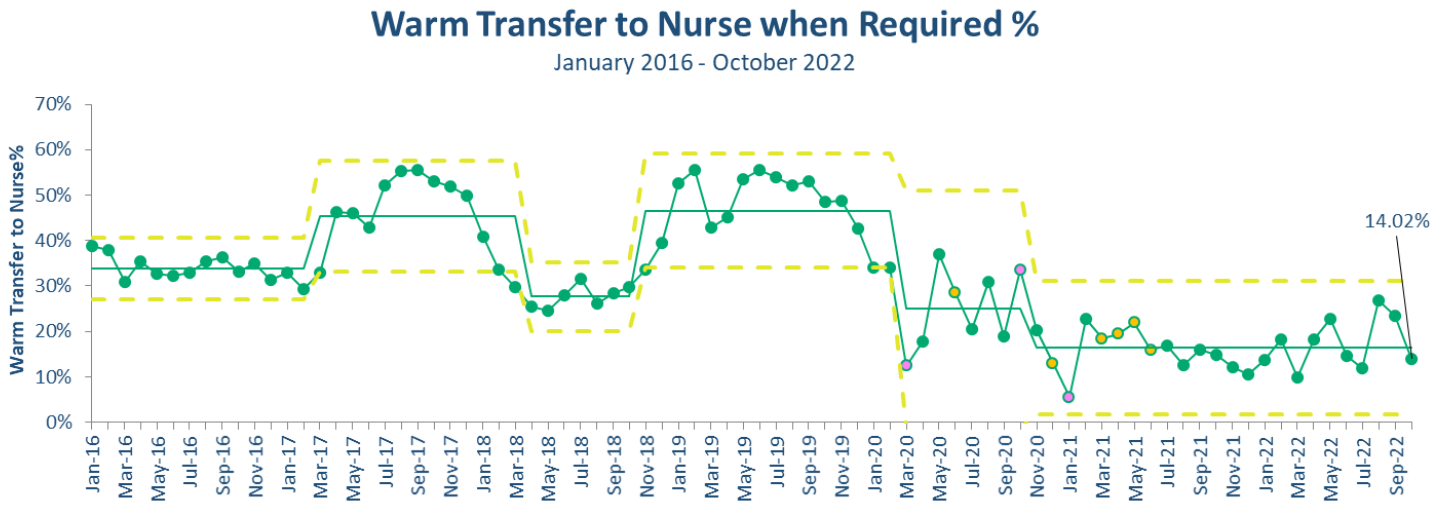
Figure O4.4b



Calls Back <10 Mins	
Target	75%
Oct 2022	9.72%
YTD	8.76%

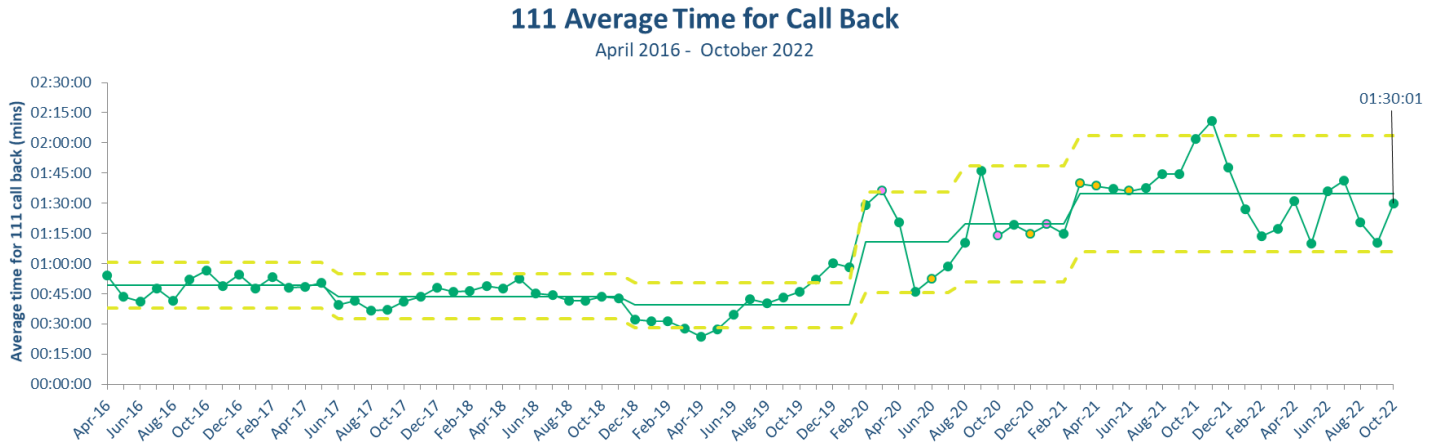
Calls Back <20 Mins	
Target	90%
Oct 2022	12.94%
YTD	11.87%

Figure O4.5



Warm Transfer %	
Target	75%
Oct 2022	14.02%
YTD	18.85%

Figure O4.6



O5 PTS ACTIVITY & TARIFF

Table O5.1

NORTH WEST AMBULANCE PTS ACTIVITY & TARIFF SUMMARY									
TOTAL ACTIVITY									
	Current Month: September 2022					Year to Date: July 2022 - September 2022			
Contract	Annual Baseline	Current Month Baseline	Current Month Activity	Current Month Activity Variance	Current Month Activity Variance%	Year to Date Baseline	Year to Date Activity	Year to Date Activity Variance	Year to Date Activity Variance%
Cumbria	168,290	14,024	10,285	(3,739)	(27%)	42,073	29,840	(12,233)	(29%)
Greater Manchester	526,588	43,882	42,315	(1,567)	(4%)	131,647	127,422	(4,225)	(3%)
Lancashire	589,181	49,098	36,175	(12,923)	(26%)	147,295	106,486	(40,809)	(28%)
Merseyside	300,123	25,010	24,047	(963)	(4%)	75,031	70,753	(4,278)	(6%)
NWAS	1,584,182	132,015	112,822	(19,193)	(15%)	396,046	334,501	(61,545)	(16%)

UNPLANNED ACTIVITY									
	Current Month: September 2022					Year to Date: July 2022 - September 2022			
Contract	Annual Baseline	Current Month Baseline	Current Month Activity	Current Month Activity Variance	Current Month Activity Variance%	Year to Date Baseline	Year to Date Activity	Year to Date Activity Variance	Year to Date Activity Variance%
Cumbria	14,969	1,247	430	(817)	(66%)	3,742	1,347	(2,395)	(64%)
Greater Manchester	49,133	4,094	4,341	247	6%	12,283	12,855	572	5%
Lancashire	58,829	4,902	3,334	(1,568)	(32%)	14,707	9,477	(5,230)	(36%)
Merseyside	22,351	1,863	1,484	(379)	(20%)	5,588	4,443	(1,145)	(20%)
NWAS	145,282	12,107	9,589	(2,518)	(21%)	36,321	28,122	(8,199)	(23%)

ABORTED ACTIVITY									
	September 2022								
Contract	Planned Aborts	Planned Activity	Planned Aborts %	Unplanned Aborts	Unplanned Activity	Unplanned Aborts %	EPS Aborts	EPS Activity	EPS Aborts %
Cumbria	282	6,362	4%	44	423	10%	54	3,439	2%
Greater Manchester	1,905	19,015	10%	1,163	4,206	28%	1,102	18,642	6%
Lancashire	1,221	19,708	6%	633	3,233	20%	564	12,889	4%
Merseyside	754	10,858	7%	328	1,431	23%	884	11,504	8%
NWAS	4,162	55,943	7%	2,168	9,293	23%	2,604	46,474	6%

Finance

F1 – FINANCIAL SCORE

Figure F1.1

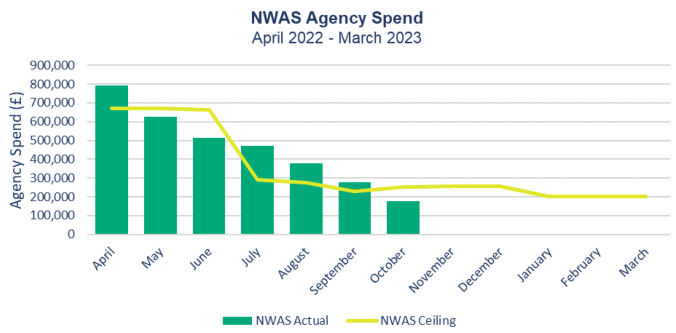


Figure F1.2

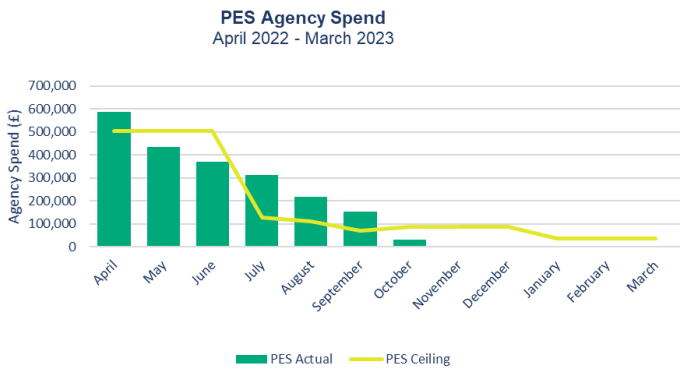


Figure F1.3

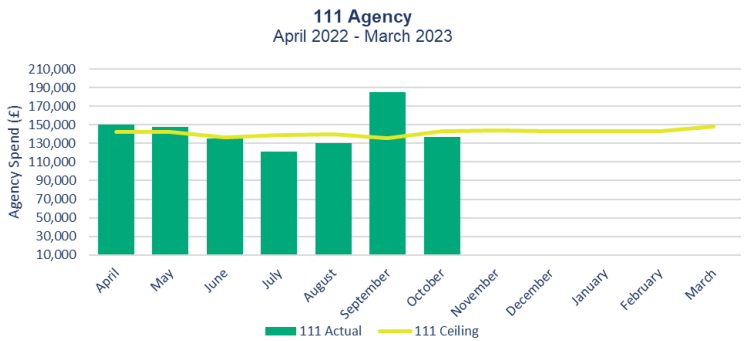


Figure F1.4

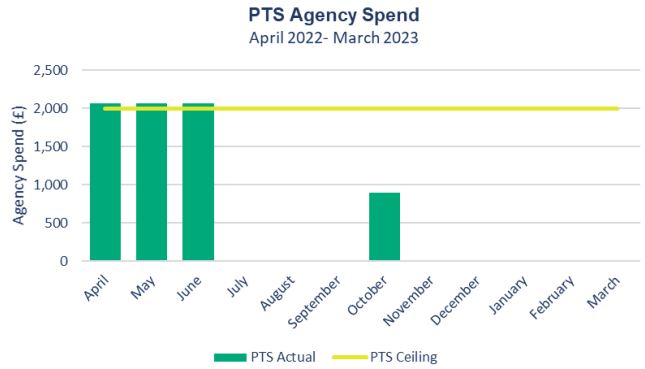


Figure F1.5

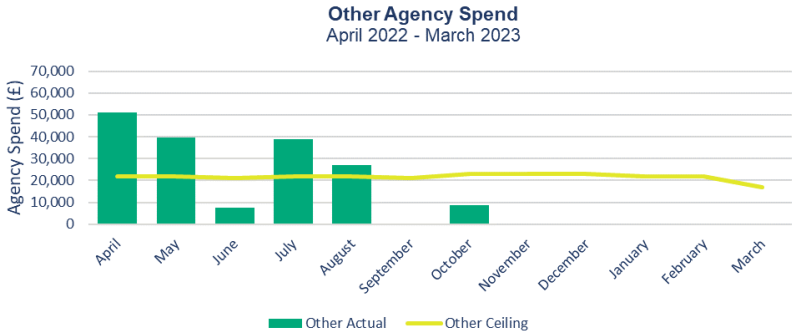
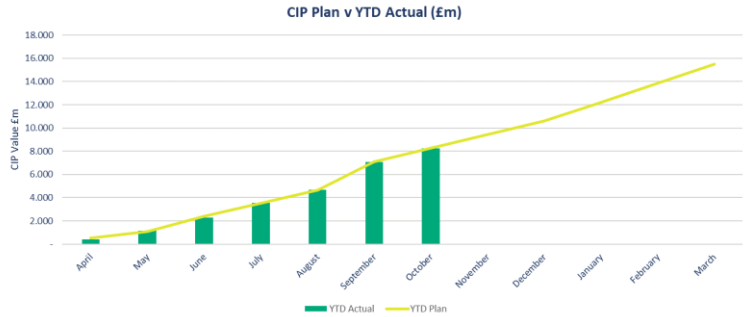


Figure F1.6



Organisational Health

OH1 STAFF SICKNESS

Figure OH1.1

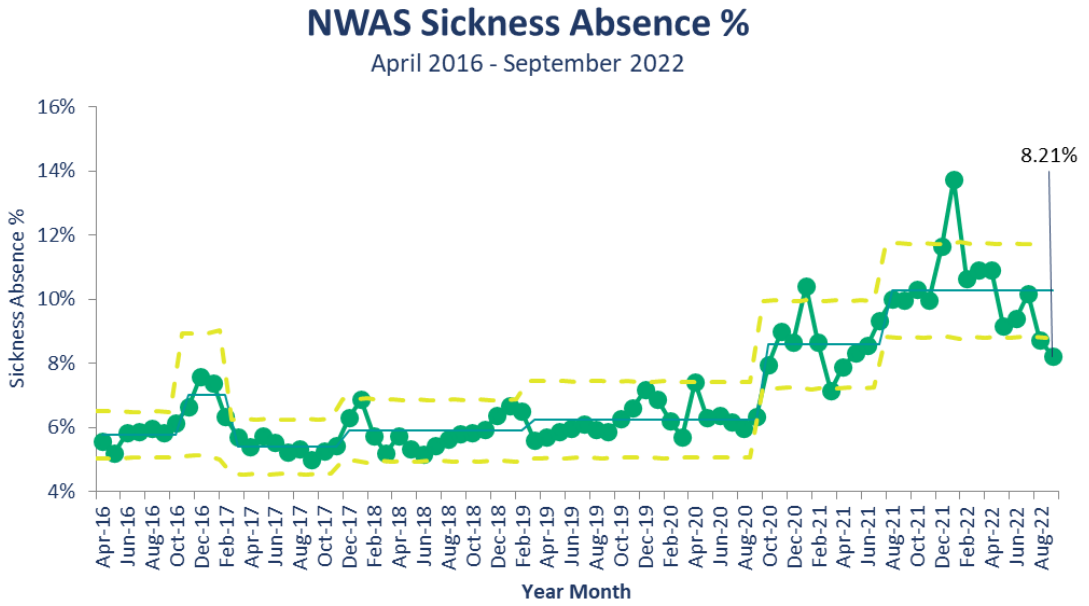


Table OH1.1

Sickness Absence	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul–22	Aug-22	Sep-22
NWAS	10.32%	9.97%	11.66%	13.74%	10.56%	10.91%	10.92%	9.15%	9.40%	10.16%	8.73%	8.21%
Amb. National Average	8.32%	8.23%	9.41%	9.91%	8.56%	9.10%	9.18%	7.64%	7.90%			

Figure OH1.2

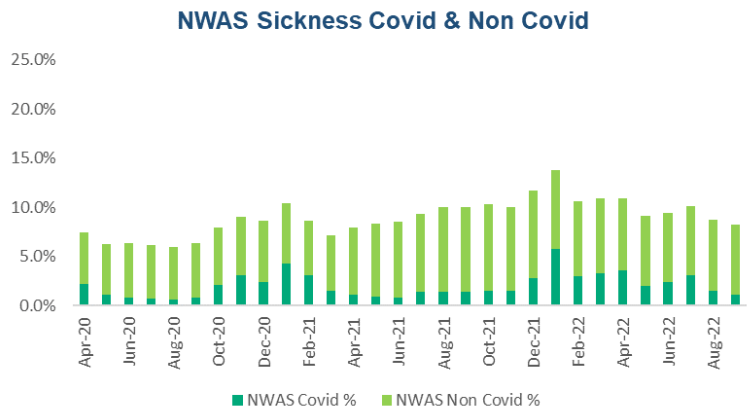


Figure OH1.3

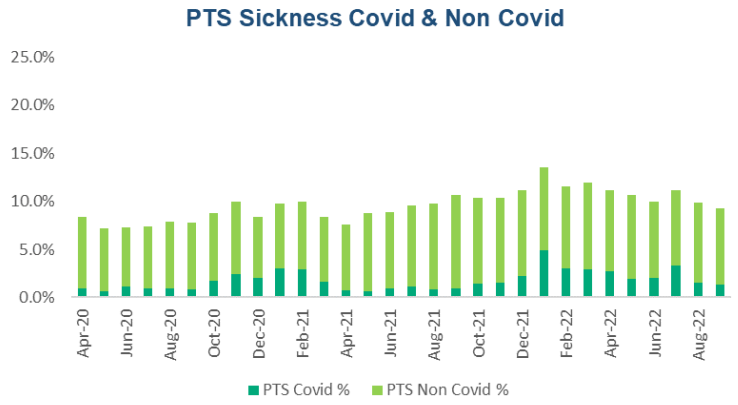


Figure OH1.4

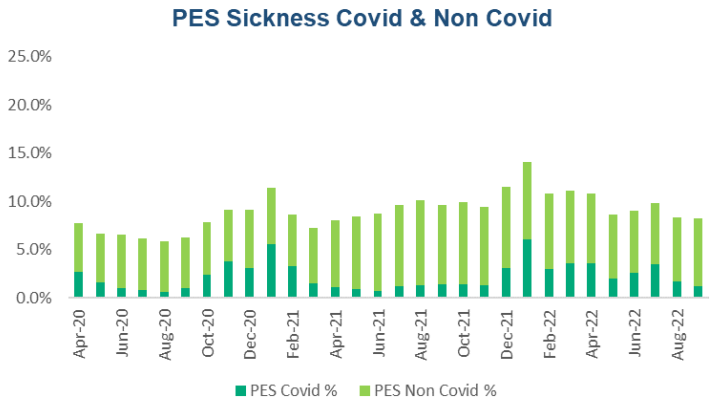


Table OH1.2

NWAS			
Month Year	Covid %	Non Covic	Total %
Apr-20	2.2%	5.2%	7.4%
May-20	1.1%	5.2%	6.3%
Jun-20	0.8%	5.6%	6.4%
Jul-20	0.7%	5.5%	6.2%
Aug-20	0.6%	5.4%	6.0%
Sep-20	0.8%	5.5%	6.4%
Oct-20	2.1%	5.8%	7.9%
Nov-20	3.0%	6.0%	9.0%
Dec-20	2.4%	6.3%	8.7%
Jan-21	4.3%	6.1%	10.4%
Feb-21	3.1%	5.5%	8.6%
Mar-21	1.5%	5.6%	7.1%
Apr-21	1.1%	6.8%	7.9%
May-21	0.9%	7.4%	8.3%
Jun-21	0.8%	7.7%	8.6%
Jul-21	1.3%	8.0%	9.3%
Aug-21	1.4%	8.6%	10.0%
Sep-21	1.4%	8.6%	10.0%
Oct-21	1.5%	8.8%	10.3%
Nov-21	1.5%	8.4%	10.0%
Dec-21	2.8%	8.9%	11.7%
Jan-22	5.8%	8.0%	13.7%
Feb-22	3.0%	7.6%	10.7%
Mar-22	3.3%	7.6%	10.9%
Apr-22	3.6%	7.3%	10.9%
May-22	2.0%	7.2%	9.1%
Jun-22	2.4%	7.0%	9.4%
Jul-22	3.1%	7.1%	10.2%
Aug-22	1.5%	7.2%	8.7%
Sep-22	1.1%	7.1%	8.2%

Table OH1.3

PTS			
Month Year	Covid %	Non Covic	Total %
Apr-20	1.0%	7.4%	8.4%
May-20	0.7%	6.5%	7.2%
Jun-20	1.1%	6.2%	7.3%
Jul-20	0.9%	6.4%	7.4%
Aug-20	0.9%	6.9%	7.9%
Sep-20	0.9%	6.9%	7.7%
Oct-20	1.7%	7.0%	8.7%
Nov-20	2.4%	7.6%	10.0%
Dec-20	2.1%	6.3%	8.4%
Jan-21	3.0%	6.7%	9.8%
Feb-21	2.9%	7.0%	10.0%
Mar-21	1.6%	6.8%	8.4%
Apr-21	0.7%	6.9%	7.6%
May-21	0.7%	8.1%	8.8%
Jun-21	1.0%	7.9%	8.8%
Jul-21	1.2%	8.4%	9.6%
Aug-21	0.9%	8.8%	9.7%
Sep-21	0.9%	9.7%	10.7%
Oct-21	1.5%	8.9%	10.4%
Nov-21	1.5%	8.9%	10.4%
Dec-21	2.2%	8.9%	11.1%
Jan-22	4.9%	8.6%	13.6%
Feb-22	3.0%	8.6%	11.6%
Mar-22	2.9%	9.0%	11.9%
Apr-22	2.7%	8.4%	11.2%
May-22	1.9%	8.7%	10.7%
Jun-22	2.0%	7.9%	9.9%
Jul-22	3.3%	7.8%	11.1%
Aug-22	1.5%	8.3%	9.9%
Sep-22	1.4%	7.9%	9.3%

Table OH1.4

PES			
Month Year	Covid %	Non Covic	Total %
Apr-20	2.7%	5.1%	7.7%
May-20	1.6%	5.0%	6.6%
Jun-20	1.0%	5.6%	6.6%
Jul-20	0.8%	5.4%	6.2%
Aug-20	0.6%	5.3%	5.8%
Sep-20	1.0%	5.3%	6.3%
Oct-20	2.4%	5.5%	7.9%
Nov-20	3.8%	5.4%	9.1%
Dec-20	3.1%	6.1%	9.1%
Jan-21	5.5%	5.9%	11.4%
Feb-21	3.3%	5.3%	8.6%
Mar-21	1.5%	5.7%	7.2%
Apr-21	1.1%	6.9%	8.0%
May-21	0.9%	7.5%	8.4%
Jun-21	0.7%	8.0%	8.8%
Jul-21	1.3%	8.4%	9.6%
Aug-21	1.3%	8.8%	10.1%
Sep-21	1.4%	8.2%	9.6%
Oct-21	1.4%	8.5%	9.9%
Nov-21	1.3%	8.0%	9.4%
Dec-21	3.1%	8.4%	11.5%
Jan-22	6.1%	8.0%	14.1%
Feb-22	3.0%	7.8%	10.8%
Mar-22	3.6%	7.5%	11.1%
Apr-22	3.6%	7.2%	10.8%
May-22	2.0%	6.7%	8.7%
Jun-22	2.6%	6.4%	9.0%
Jul-22	3.5%	6.3%	9.8%
Aug-22	1.7%	6.6%	8.3%
Sep-22	1.2%	7.0%	8.3%

Figure OH1.5

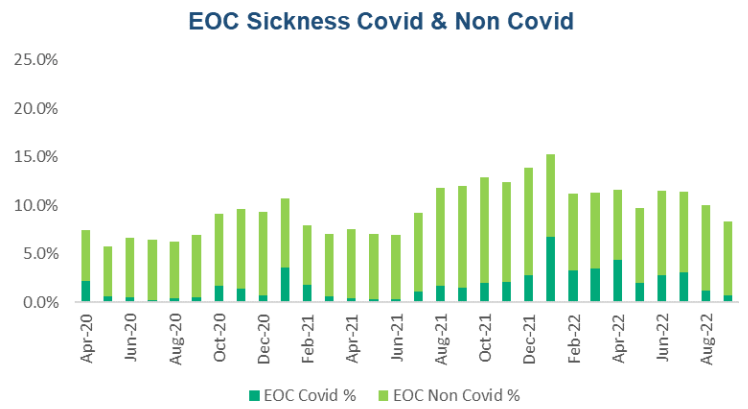


Figure OH1.6

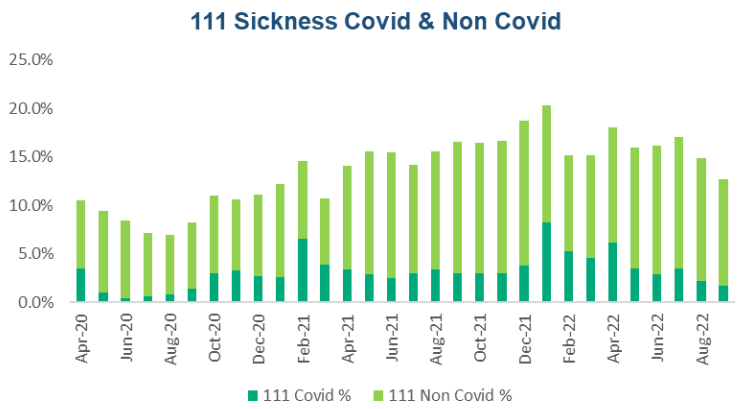


Figure OH1.7

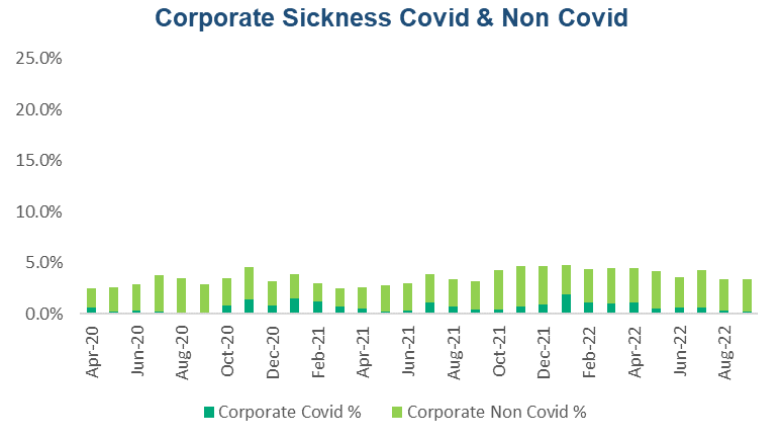


Table OH1.5

EOC			
Month Year	Covid %	Non Covid	Total %
Apr-20	2.2%	5.3%	7.5%
May-20	0.6%	5.2%	5.8%
Jun-20	0.5%	6.1%	6.6%
Jul-20	0.3%	6.2%	6.5%
Aug-20	0.4%	5.8%	6.2%
Sep-20	0.5%	6.5%	7.0%
Oct-20	1.7%	7.4%	9.1%
Nov-20	1.4%	8.2%	9.6%
Dec-20	0.7%	8.7%	9.4%
Jan-21	3.6%	7.1%	10.7%
Feb-21	1.8%	6.2%	8.0%
Mar-21	0.6%	6.4%	7.1%
Apr-21	0.4%	7.1%	7.5%
May-21	0.3%	6.8%	7.0%
Jun-21	0.3%	6.6%	6.9%
Jul-21	1.1%	8.2%	9.3%
Aug-21	1.7%	10.0%	11.8%
Sep-21	1.5%	10.5%	12.0%
Oct-21	2.0%	10.9%	12.9%
Nov-21	2.1%	10.3%	12.4%
Dec-21	2.8%	11.1%	13.9%
Jan-22	6.7%	8.5%	15.2%
Feb-22	3.3%	7.9%	11.2%
Mar-22	3.4%	7.9%	11.3%
Apr-22	4.4%	7.3%	11.6%
May-22	2.0%	7.7%	9.7%
Jun-22	2.8%	8.7%	11.5%
Jul-22	3.1%	8.3%	11.4%
Aug-22	1.2%	8.9%	10.1%
Sep-22	0.7%	7.6%	8.3%

Table OH1.6

111			
Month Year	Covid %	Non Covid	Total %
Apr-20	3.5%	7.1%	10.6%
May-20	1.0%	8.5%	9.4%
Jun-20	0.4%	8.0%	8.4%
Jul-20	0.6%	6.6%	7.2%
Aug-20	0.8%	6.1%	7.0%
Sep-20	1.4%	6.8%	8.3%
Oct-20	3.0%	8.0%	11.0%
Nov-20	3.3%	7.3%	10.6%
Dec-20	2.7%	8.4%	11.1%
Jan-21	2.6%	9.7%	12.2%
Feb-21	6.5%	8.0%	14.6%
Mar-21	3.9%	6.8%	10.7%
Apr-21	3.4%	10.7%	14.1%
May-21	2.9%	12.7%	15.6%
Jun-21	2.5%	13.1%	15.5%
Jul-21	3.0%	11.2%	14.2%
Aug-21	3.4%	12.2%	15.6%
Sep-21	3.0%	13.6%	16.6%
Oct-21	2.9%	13.6%	16.5%
Nov-21	3.0%	13.7%	16.7%
Dec-21	3.8%	14.9%	18.7%
Jan-22	8.3%	12.0%	20.3%
Feb-22	5.3%	9.8%	15.1%
Mar-22	4.6%	10.5%	15.1%
Apr-22	6.2%	11.9%	18.0%
May-22	3.5%	12.5%	16.0%
Jun-22	2.9%	13.2%	16.1%
Jul-22	3.5%	13.6%	17.0%
Aug-22	2.2%	12.6%	14.9%
Sep-22	1.7%	11.0%	12.7%

Table OH1.7

Corporate			
Month Year	Covid %	Non Covid	Total %
Apr-20	0.6%	1.9%	2.5%
May-20	0.2%	2.4%	2.6%
Jun-20	0.3%	2.6%	2.8%
Jul-20	0.2%	3.5%	3.8%
Aug-20	0.1%	3.4%	3.4%
Sep-20	0.1%	2.8%	2.9%
Oct-20	0.8%	2.6%	3.5%
Nov-20	1.4%	3.2%	4.6%
Dec-20	0.9%	2.4%	3.2%
Jan-21	1.5%	2.3%	3.9%
Feb-21	1.2%	1.8%	3.0%
Mar-21	0.7%	1.8%	2.5%
Apr-21	0.5%	2.0%	2.6%
May-21	0.2%	2.6%	2.7%
Jun-21	0.3%	2.7%	3.0%
Jul-21	1.1%	2.7%	3.8%
Aug-21	0.7%	2.7%	3.4%
Sep-21	0.4%	2.8%	3.1%
Oct-21	0.4%	3.9%	4.3%
Nov-21	0.7%	3.9%	4.6%
Dec-21	0.9%	3.8%	4.7%
Jan-22	1.9%	2.8%	4.7%
Feb-22	1.1%	3.3%	4.4%
Mar-22	1.0%	3.5%	4.5%
Apr-22	1.1%	3.4%	4.5%
May-22	0.6%	3.6%	4.2%
Jun-22	0.6%	3.0%	3.6%
Jul-22	0.7%	3.7%	4.3%
Aug-22	0.3%	3.1%	3.4%
Sep-22	0.3%	3.1%	3.4%

OH2 STAFF TURNOVER

Figure OH2.1

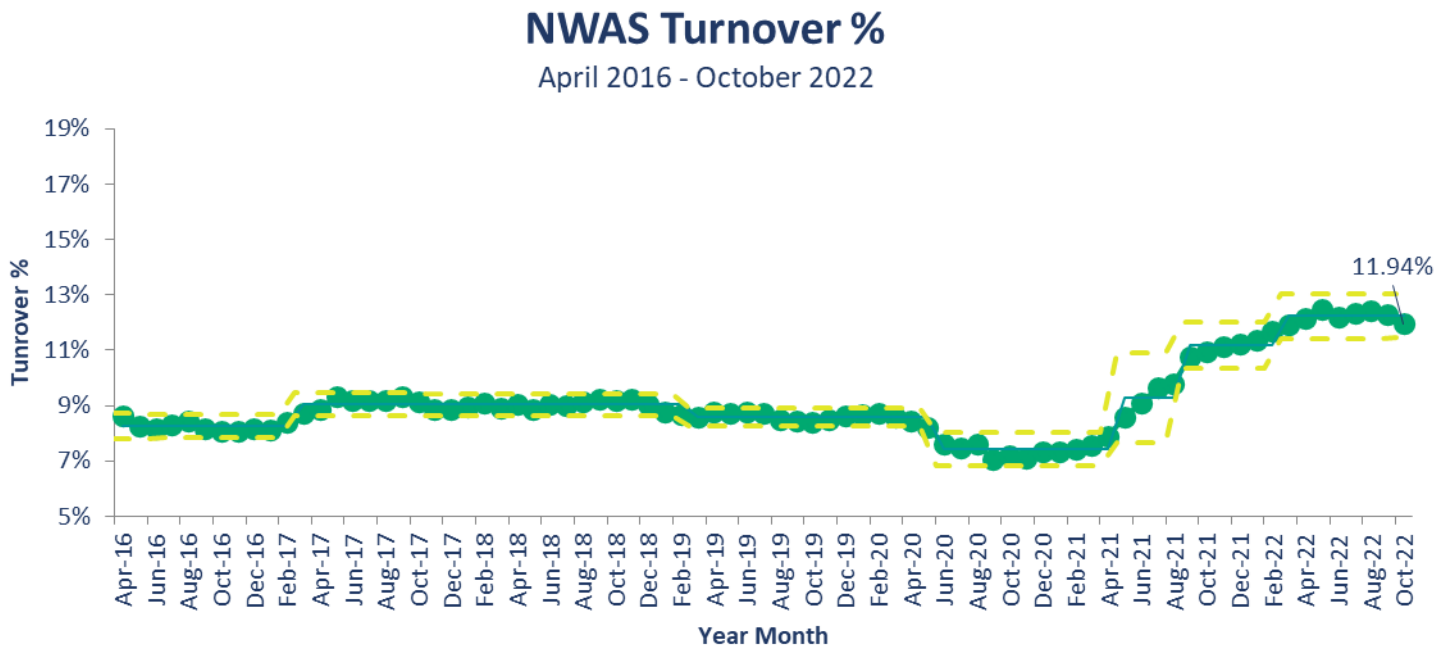


Table OH2.1

Turnover	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	July-22	Aug-22	Sep-22	Oct-22
NWAS	11.11%	11.21%	11.37%	11.68%	11.94%	12.17%	12.49%	12.19%	12.35%	12.45%	12.28%	11.94%
Amb. National Average	10.09%	10.36%	10.80%	11.09%	11.43%	12.09%	12.10%	12.27%	12.27%			

Figure OH2.2

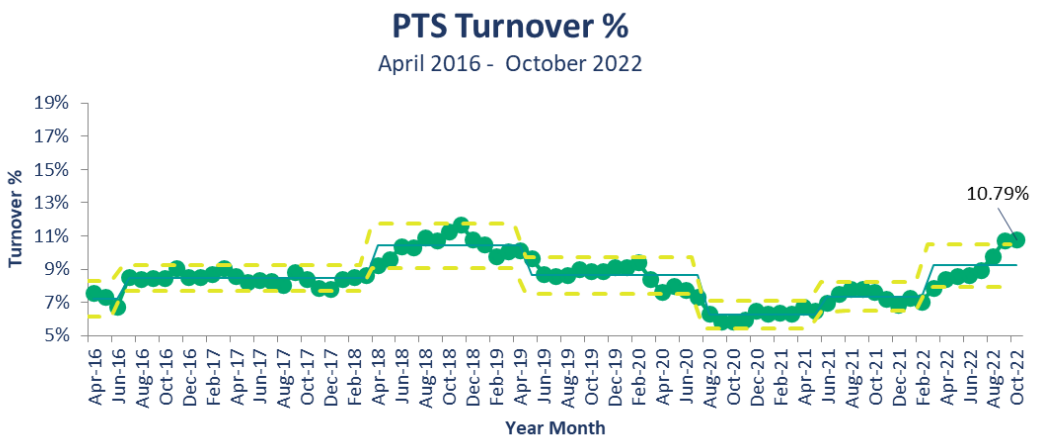


Figure OH2.3

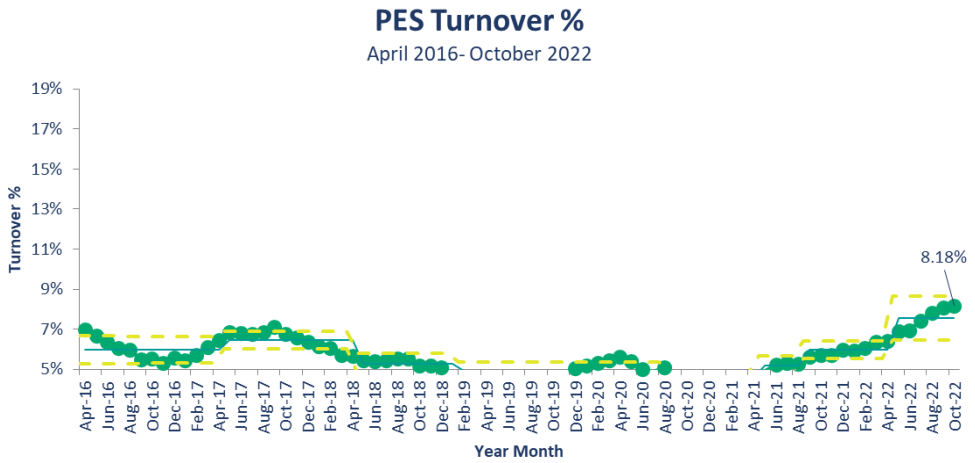


Figure OH2.4

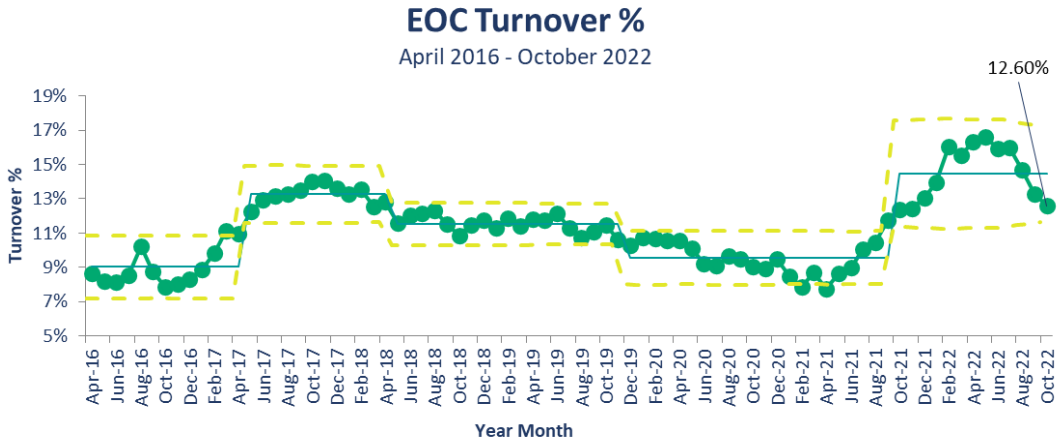
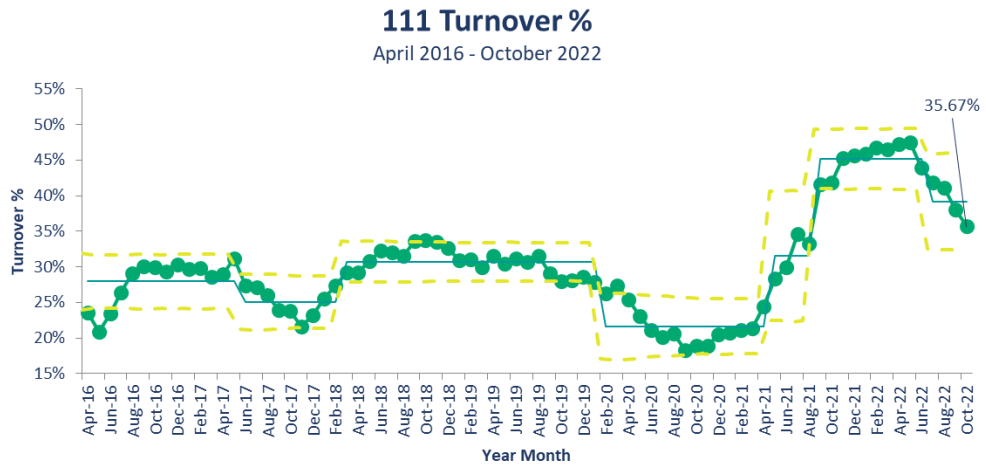


Figure OH2.5



The scale on the 111 Turnover % is different to the others. 15%-55% for 111 and 5% to 19% for the others.

OH4 TEMPORARY STAFFING

Figure OH4.1

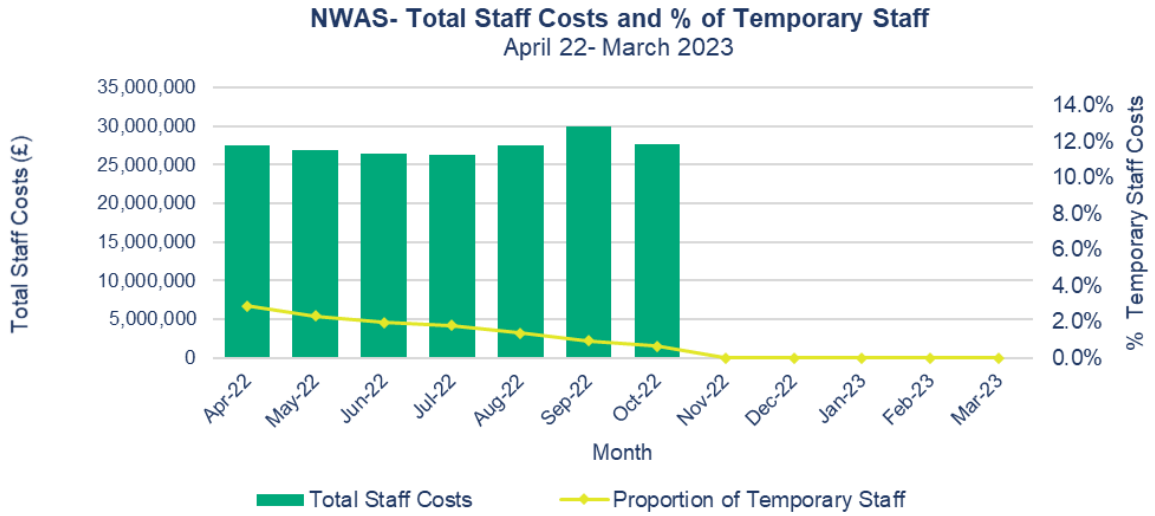


Table OH4.1

NWAS	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	July -22	Aug-22	Sep-22	Oct-22
Agency Staff Costs (£)	553,502	796,039	783,115	864,691	1,072,794	792,309	624,873	514,594	472,303	376,736	279,546	176,850
Total Staff Costs (£)	26,356,720	26,930,619	27,466,754	26,722,244	42,104,411	27,581,772	26,920,461	26,399,198	26,352,765	27,478,110	29,946,339	27,740,005
Proportion of Temporary Staff %	2.1%	3.0%	2.9%	3.2%	2.5%	2.9%	2.3%	1.9%	1.8%	1.4%	0.9%	0.6%

Figure OH4.3

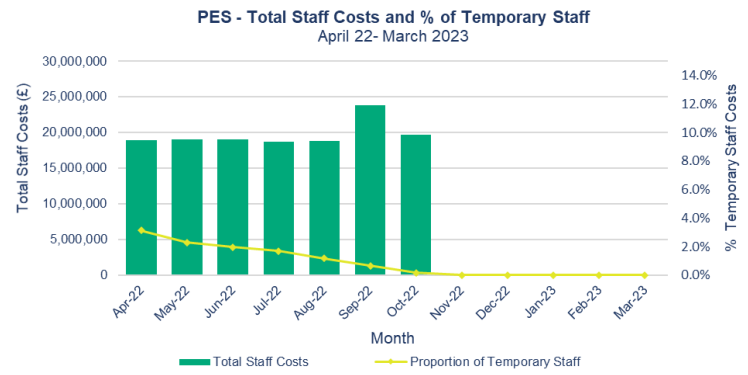


Figure OH4.4

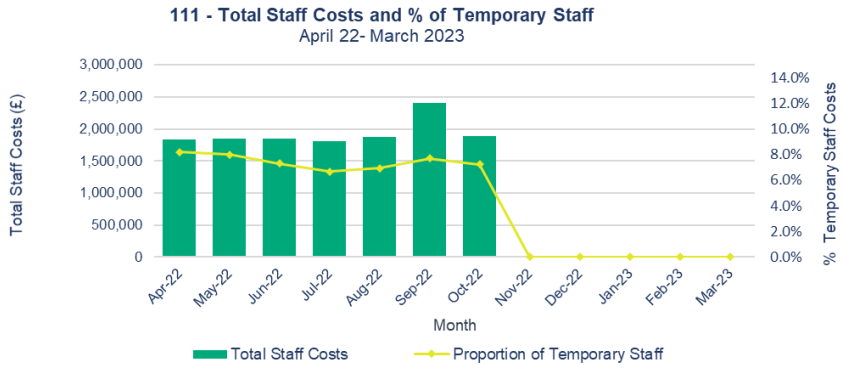


Figure OH4.5

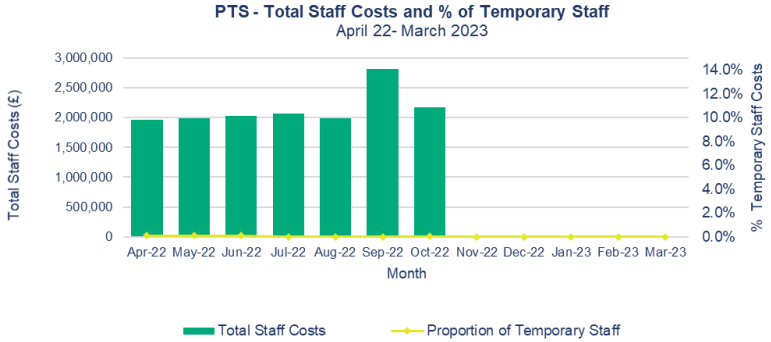
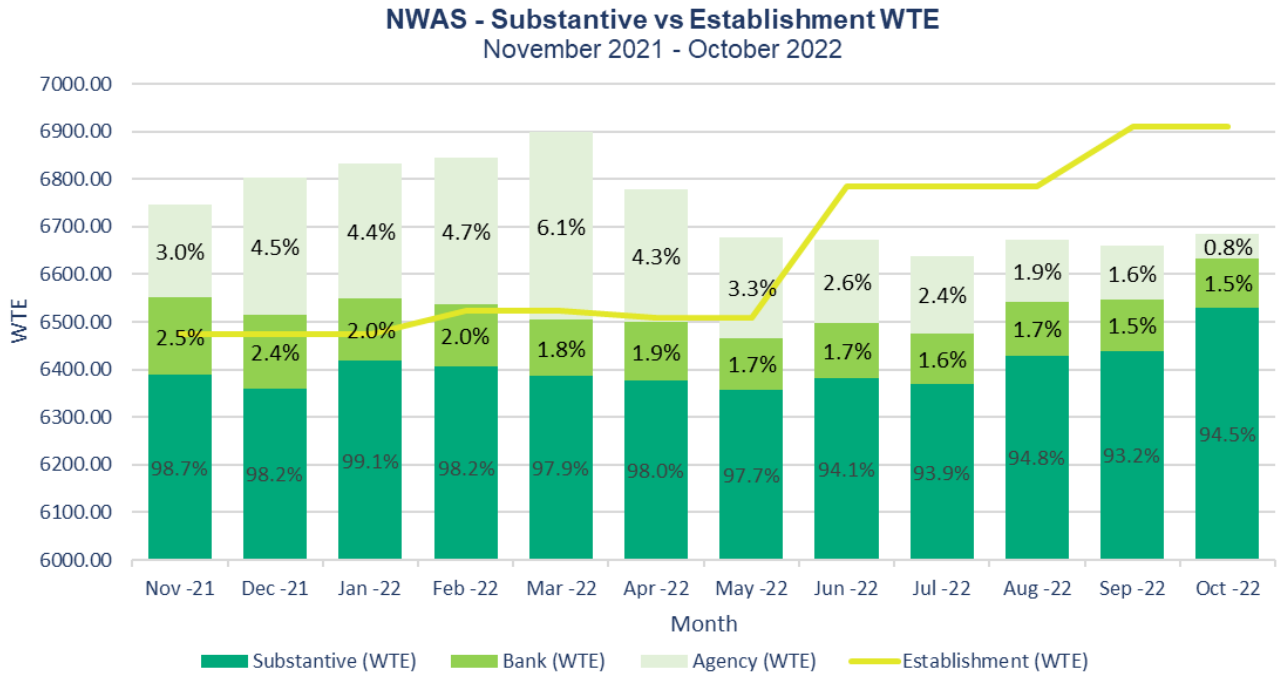


Figure OH4.2



OH5 VACANCY GAP

Figure OH5.1

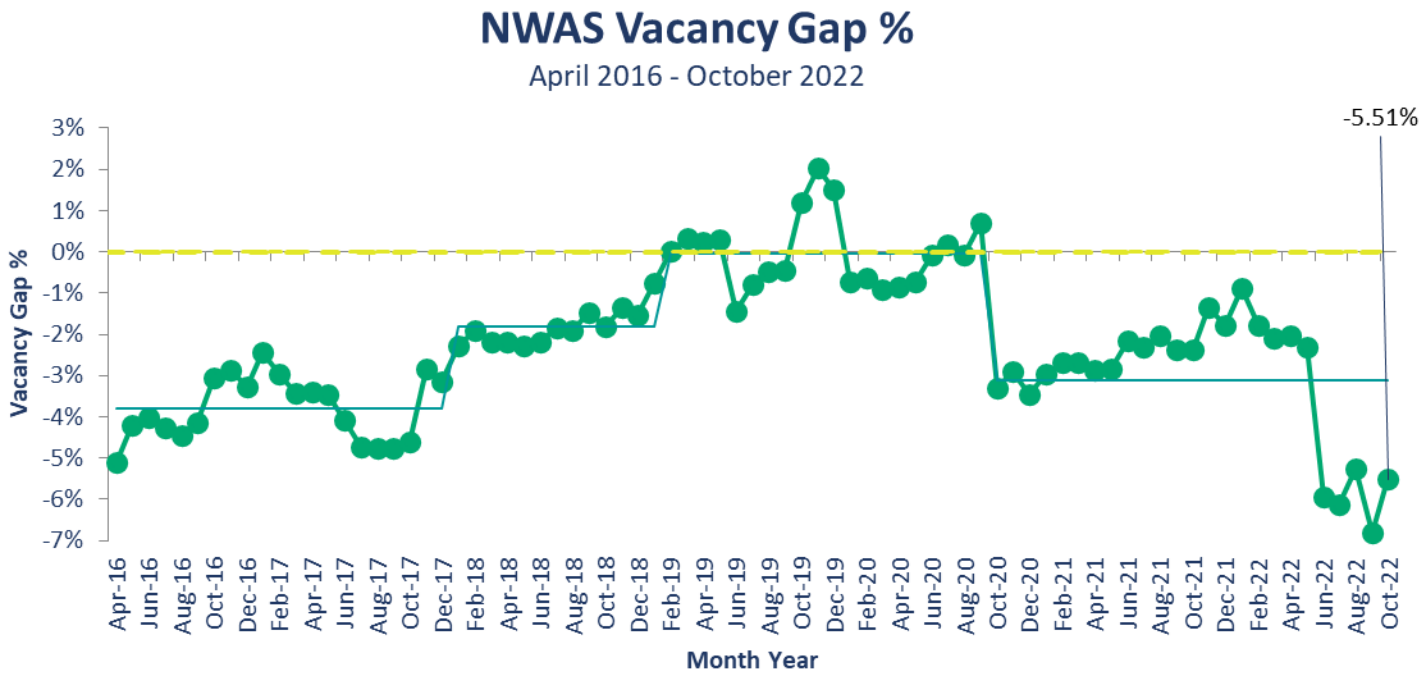


Table OH5.1

Vacancy Gap	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	July-22	Aug-22	Sep-22	Oct-22
NWAS	-1.35%	-1.78%	-0.87%	-1.77%	-2.10%	-2.03%	-2.30%	-5.95%	-6.13%	-5.24%	-6.81%	-5.51%

Figure OH5.2

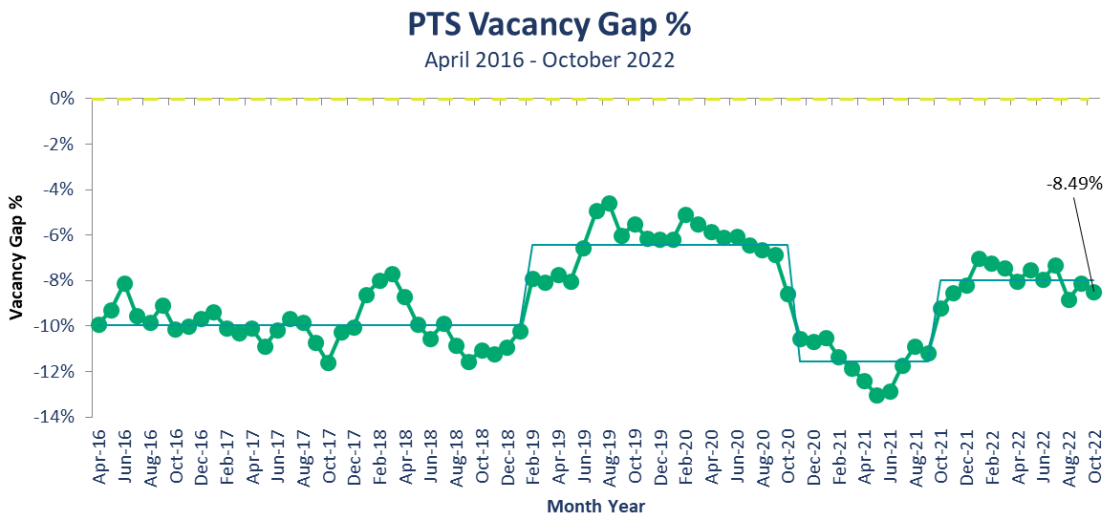


Figure OH5.3

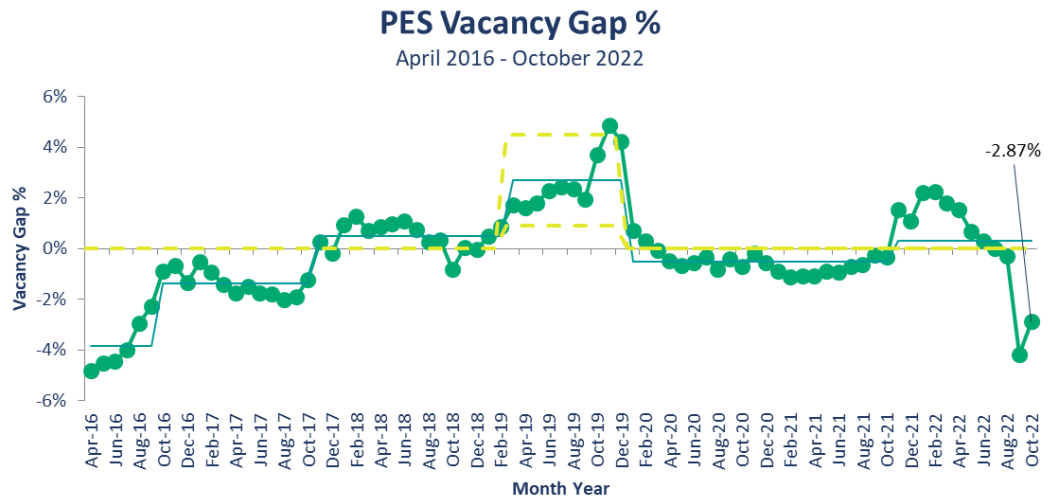


Figure OH5.4

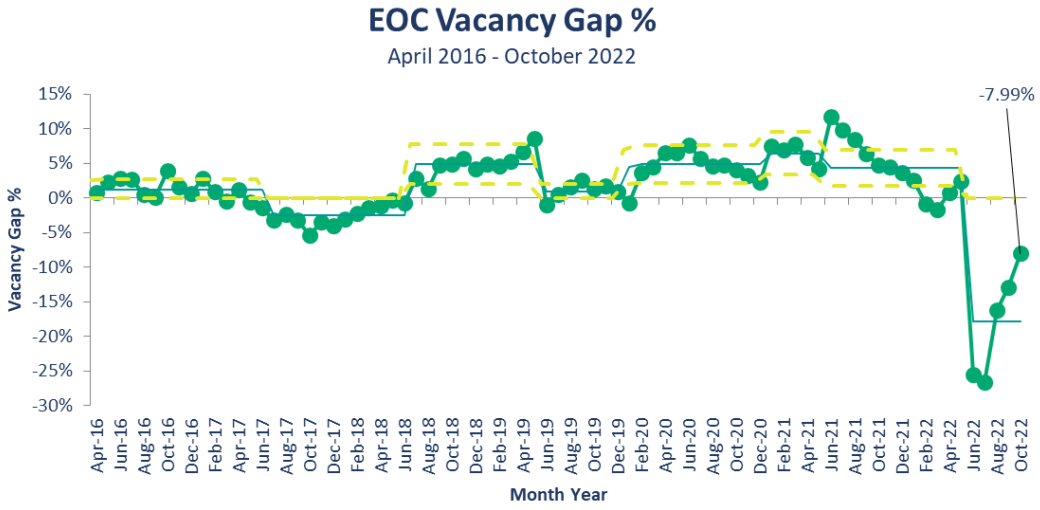
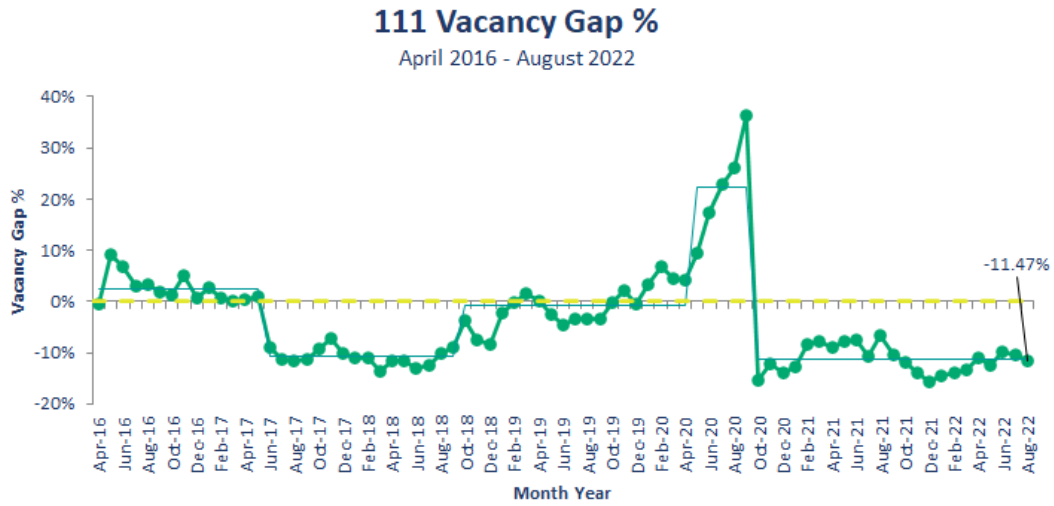


Figure OH5.5



OH6 APPRAISALS

Figure OH6.1

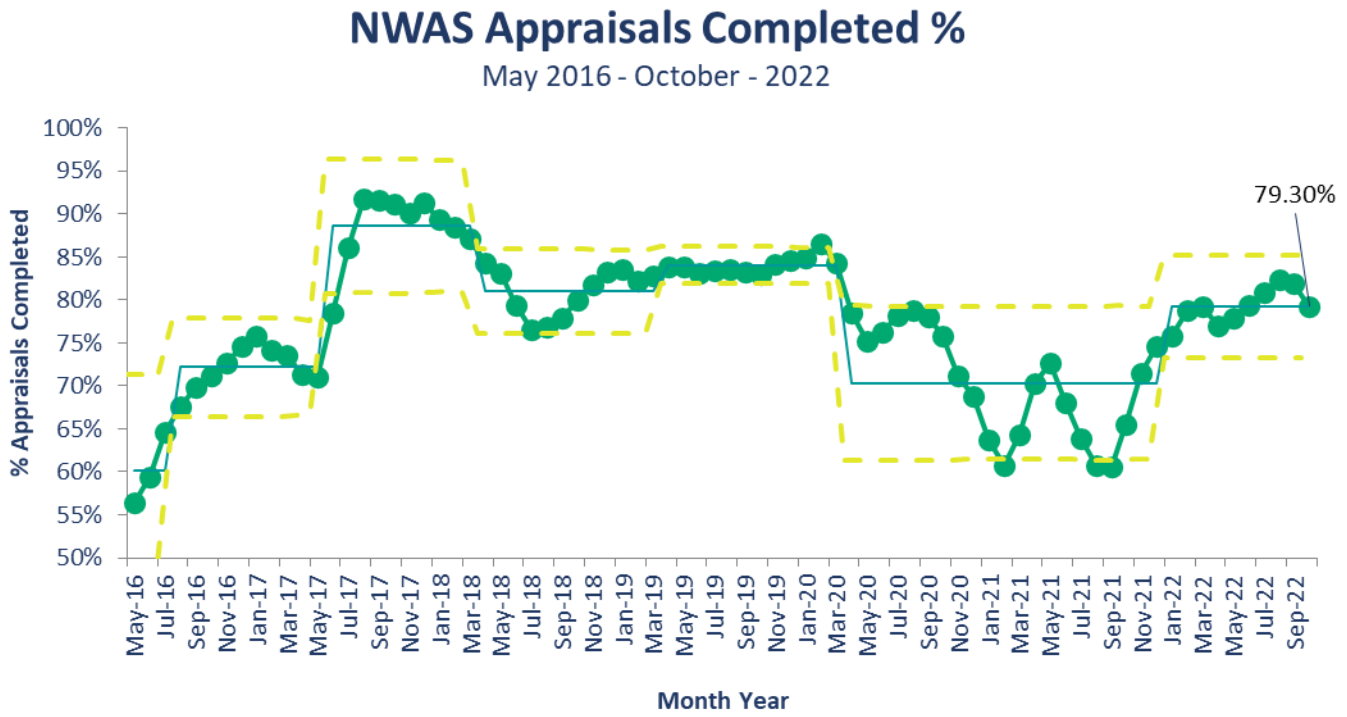


Table OH6.1

Appraisals	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
NWAS	72%	75%	76%	79%	79&	77%	78%	79%	81%	82%	82%	79%

Figure OH6.2

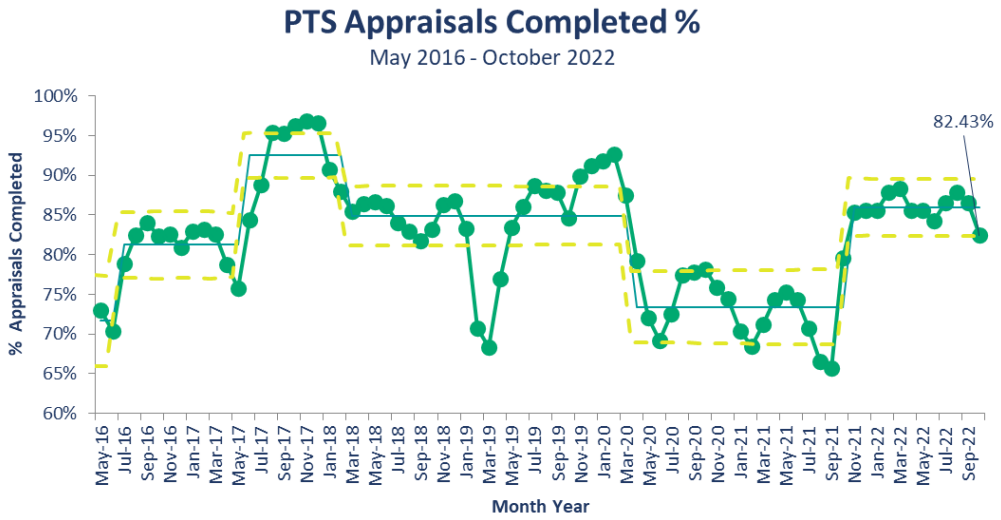


Figure OH6.3

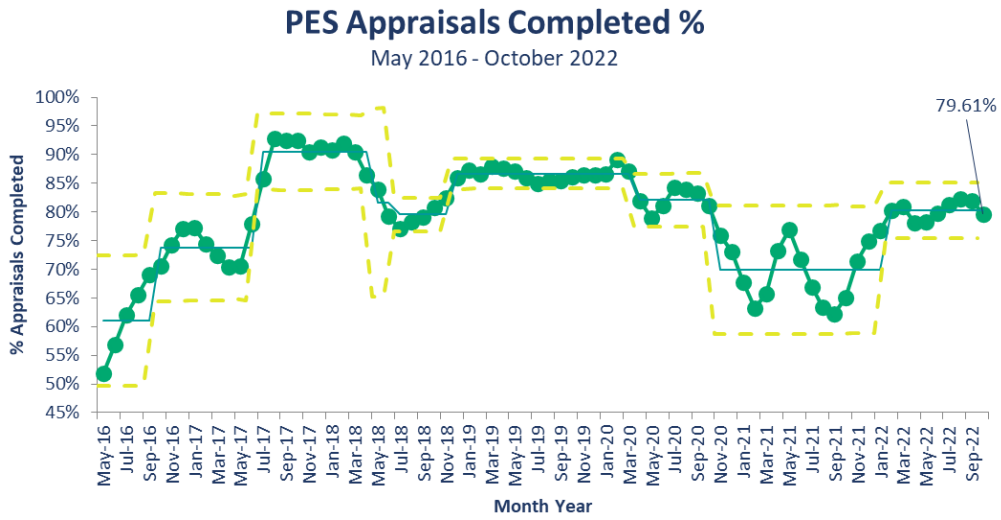


Figure OH6.4

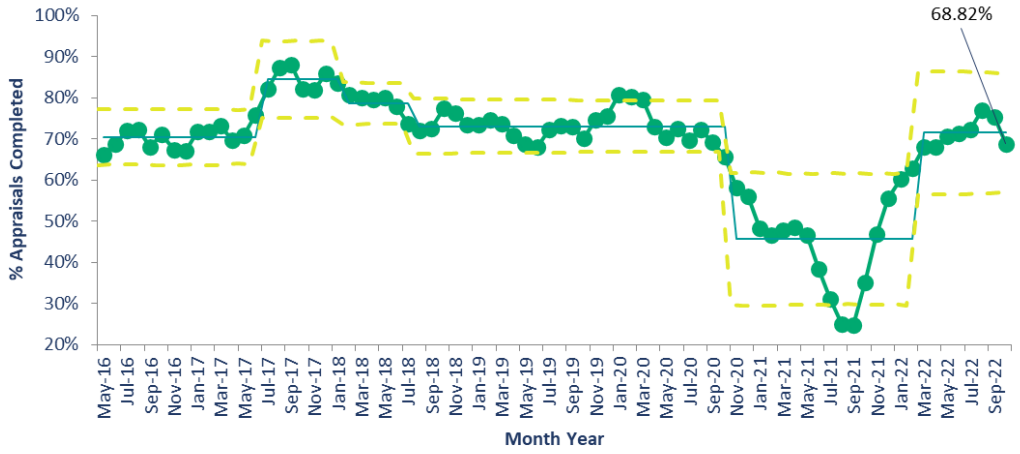


Figure OH6.5

OH7 MANDATORY TRAINING

Figure OH7.1

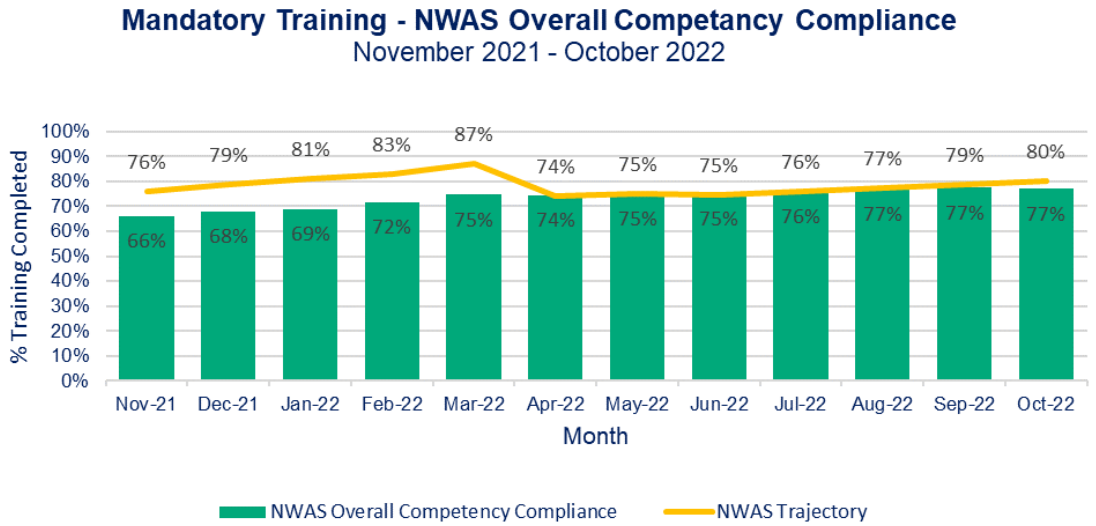


Figure OH7.2

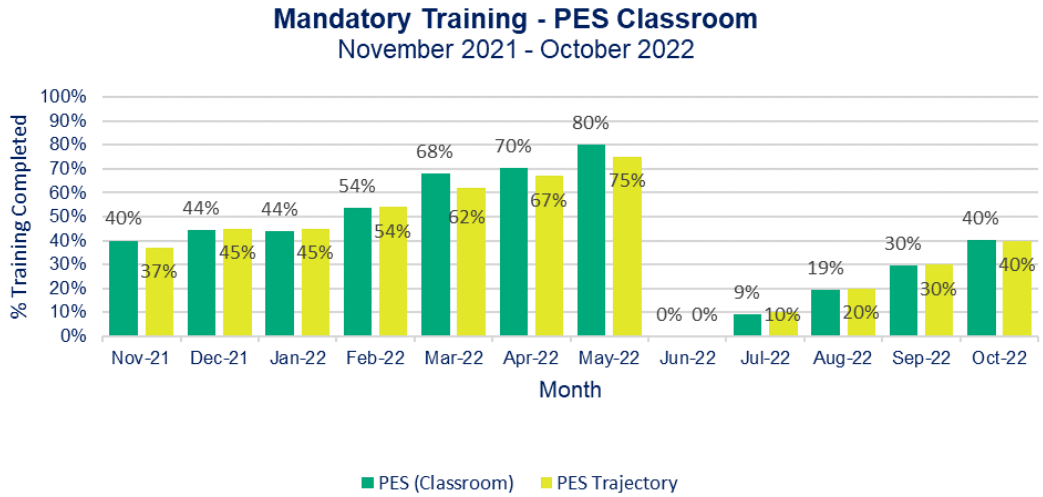


Figure OH7.3

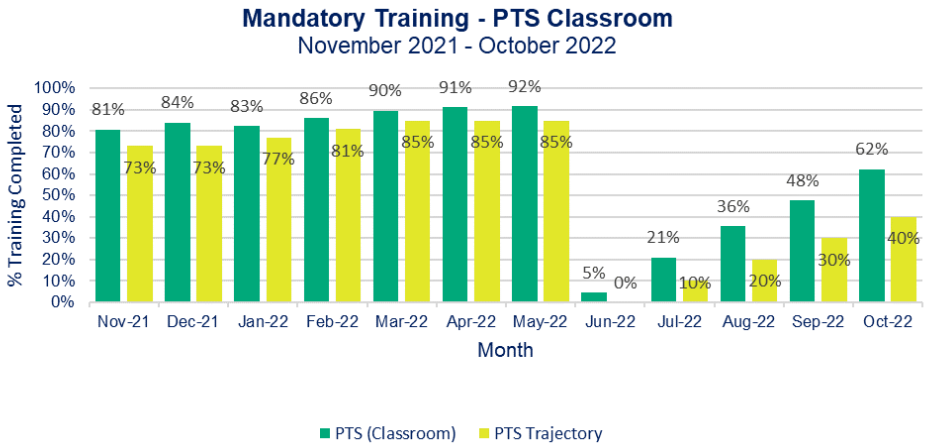


Figure OH7.4

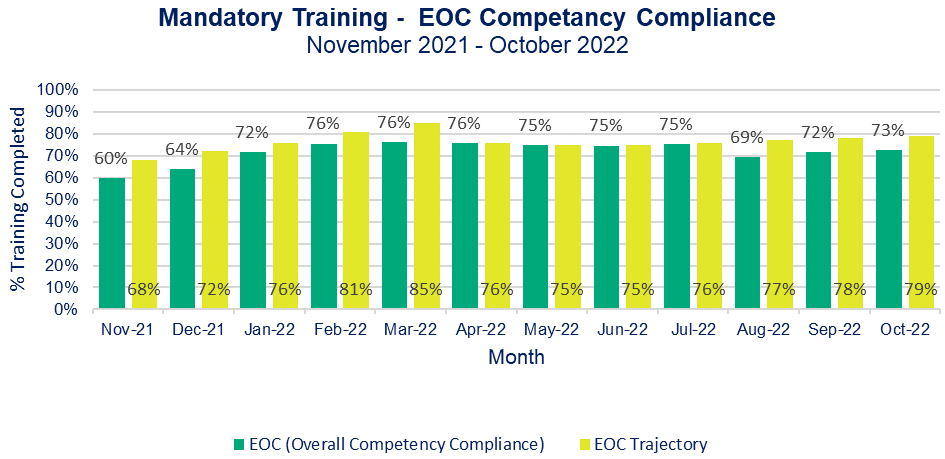


Figure OH7.5

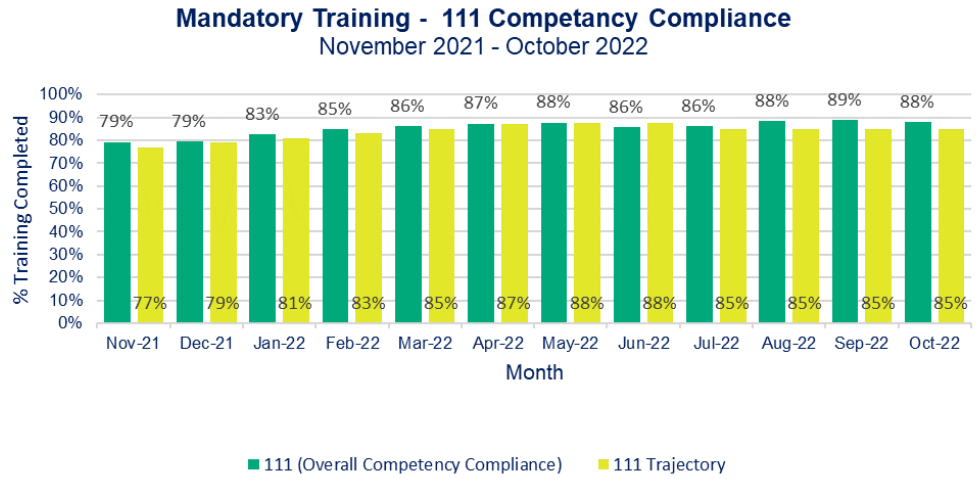
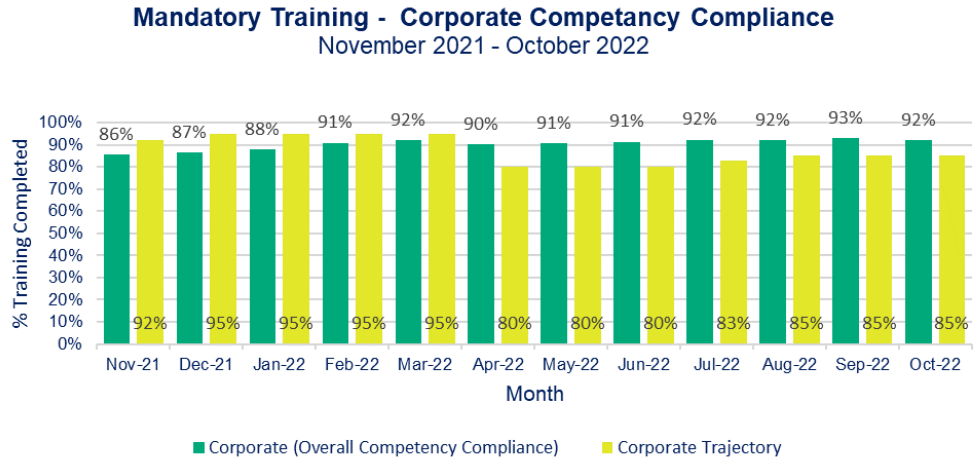


Figure OH7.6



OH8 CASE MANAGEMENT

Figure OH8.1

Employee Relation Dashboard @ 7th November 2022 All information related to Dignity at work, Disciplinary, Fact Finding and Grievance cases only

NWAS Summary

Service Line	Number of Live cases	Number of cases closed in last 12 months	Average length of time (weeks) taken to close ER cases in last 12 months
Operations ~ PES	53	194	13.16
Operations ~ EOC	6	34	8.16
Operations ~ 111	3	58	6.58
Operations ~ PTS	7	44	9.94
Operations ~ Resilience	0	1	12.86
Corporate	4	14	15.75
Other*	4	44	11.69
NWAS Summary	**77**	**389**	**11.48**

Case Type Summary

Case Type	Number of Live cases	Number of cases closed in last 12 months	Average length of time (weeks) taken to close ER cases in last 12 months
Dignity at Work	18	51	14.64
Disciplinary	33	86	20.42
Fact Finding	7	173	6.93
Grievance	19	79	9.67
Case Summary	**77**	**389**	**11.48**

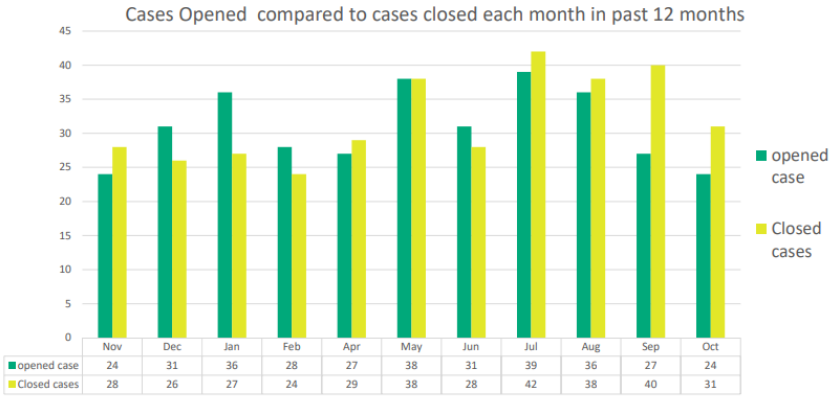
Reason for opening Disciplinary cases in the past 12 months

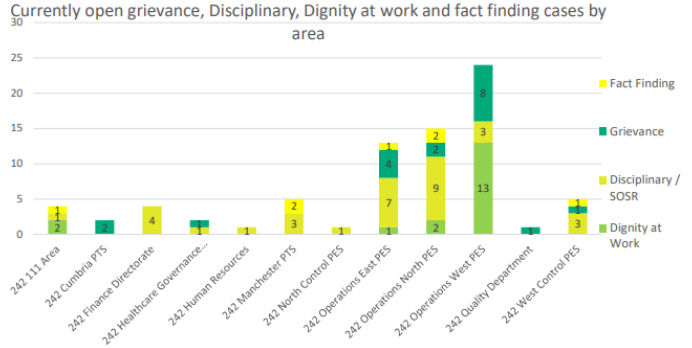
Opening reason	Number of cases in 12 months
Any actions that bring the Trusts reputation into disrepute	7
Assault/threatening behaviour	3
Breach of social media policy	5
Carelessness in the use of equipment or resources	3
Discriminatory behaviour	2
Failure to follow reasonable management instructions/procedures	8
Fraud	12
Incapacity through alcohol/substance misuse	5
Inappropriate / Unprofessional Behaviour	22
Misrepresentation/Deception	1
Negligent Behaviour	4
On-Going Lateness	2
Police Investigation	2
Poor patient care	2
Theft	2
Unauthorised Absence	7
DIS - appeal received ref: Final Written Warning	1
Victimisation/Bullying and Harassment	2
SOSR	1
Sexual misconduct	4
DIS - Appeal received ref: Dismissal	3
NWAS Summary	**98**

*table shows a rolling 12 months so can go down as well as up

Length of current live cases

Case Type	less than 3 months	more than 3 months	more than 6 months	more than 12 months
Dignity at Work	9	4	4	1
Grievance	11	6	1	1
Fact Finding	7	0	0	0
Disciplinary / SOSR	22	5	6	0
Case Total	**49**	**15**	**11**	**2**





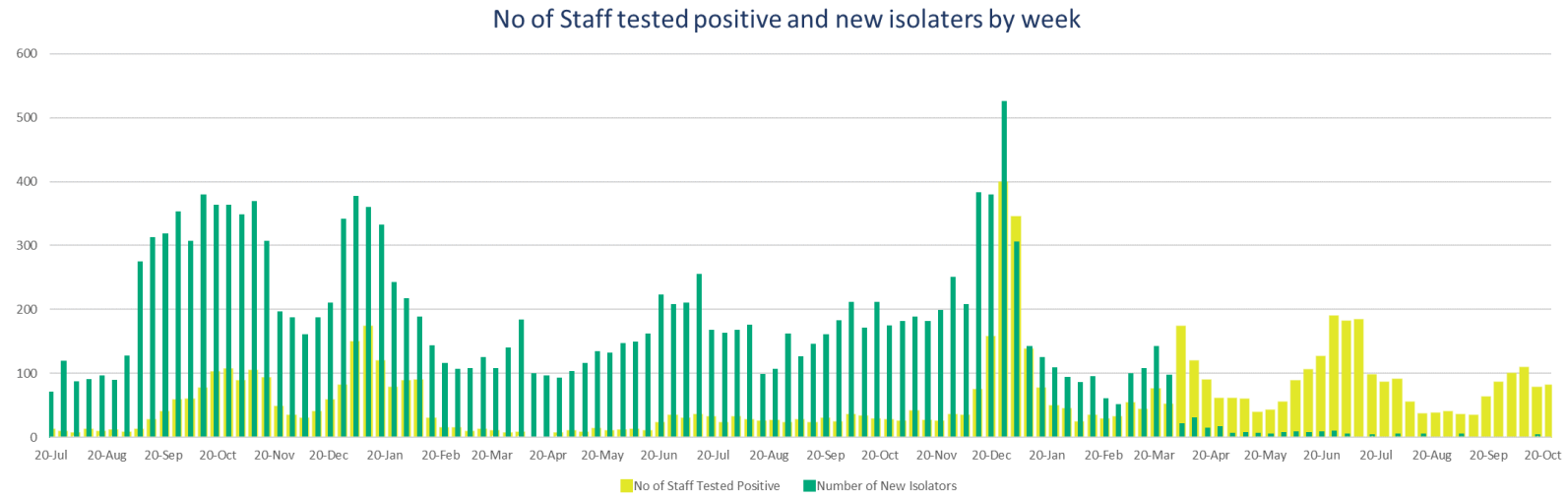
Covid

COVID 19

Figure CV1.0

Week Commencing	No of Staff Tested Positive	Week Commencing	No of Staff Tested Positive
20-Jul	6	06-Sep	22
27-Jul	3	13-Sep	17
03-Aug	1	20-Sep	24
10-Aug	7	27-Sep	18
17-Aug	3	04-Oct	30
24-Aug	5	11-Oct	27
31-Aug	2	18-Oct	23
07-Sep	6	25-Oct	21
14-Sep	22	01-Nov	19
21-Sep	34	08-Nov	35
28-Sep	53	15-Nov	20
05-Oct	54	22-Nov	19
12-Oct	71	29-Nov	30
19-Oct	96	06-Dec	28
26-Oct	101	13-Dec	69
02-Nov	83	20-Dec	152
09-Nov	99	27-Dec	393
16-Nov	87	03-Jan	339
23-Nov	42	10-Jan	132
30-Nov	28	17-Jan	71
07-Dec	24	24-Jan	43
14-Dec	34	31-Jan	39
21-Dec	52	07-Feb	18
28-Dec	75	14-Feb	28
04-Jan	144	21-Feb	23
11-Jan	168	28-Feb	26
18-Jan	113	07-Mar	48
25-Jan	72	14-Mar	37
01-Feb	83	21-Mar	70
08-Feb	84	28-Mar	46
15-Feb	24	04-Apr	168
22-Feb	9	11-Apr	114
01-Mar	9	18-Apr	84
08-Mar	3	25-Apr	55
15-Mar	6	02-May	55
22-Mar	4	09-May	54
29-Mar	1	16-May	33
05-Apr	2	23-May	36
12-Apr	0	30-May	49
19-Apr	0	06-Jun	82
26-Apr	1	13-Jun	100
03-May	4	20-Jun	121
10-May	2	27-Jun	184
17-May	8	04-Jul	176
24-May	4	11-Jul	178
31-May	5	18-Jul	92
07-Jun	7	25-Jul	80
14-Jun	4	01-Aug	85
21-Jun	17	08-Aug	49
28-Jun	28	15-Aug	31
05-Jul	24	22-Aug	32
12-Jul	29	29-Aug	34
19-Jul	26	05-Sep	29
26-Jul	17	12-Sep	28
02-Aug	26	19-Sep	57
09-Aug	21	26-Sep	80
16-Aug	19	03-Oct	94
23-Aug	20	10-Oct	103
30-Aug	17	17-Oct	72
		24-Oct	76

Figure CV1.1



North West Ambulance Service NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	30 November 2022
SUBJECT:	EPRR Annual Assurance 2022/2023
PRESENTED BY:	Ged Blezard, Director of Operations

LINK TO BOARD ASSURANCE FRAMEWORK:

SR01	SR02	SR03	SR04	SR05
☐	☐	☒	☐	☐

SR06	SR07	SR08	SR09	SR10	SR11
☒	☐	☐	☐	☐	☐

PURPOSE OF PAPER:	For Assurance
EXECUTIVE SUMMARY:	This report describes the NHS England 2022/23 Emergency Preparedness, Resilience and Response assurance process and presents the NWAS submission, approved by the Trust Accountable Emergency Officer and supported by the Executive Leadership Committee on 19th October 2022. This document was then submitted with completed statements of compliance, to the Lancashire and South Cumbria Integrated Care Board on Monday 24th October 2022.
RECOMMENDATIONS:	The Board is recommended to consider the content of this report and attached self-assessment templates and statements of compliance for 2022/23 and seek assurance from the details enclosed.
CONSIDERATION OF THE TRUST'S RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	The Trust's Risk Appetite Statement has been considered as part of the paper decision making process: ☐ Financial/ VfM ☐ Compliance/ Regulatory ☐ Quality Outcomes ☐ Innovation ☐ Reputation

INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 3 OF REPORT

ARE THERE ANY IMPACTS RELATING TO: **(Refer to Section 4 for detail)**	Equality:	☐	Sustainability	☐
PREVIOUSLY CONSIDERED BY:	Executive Leadership Committee Quality and Performance Committee			
	Date:	19th October 2022 24th October 2022		

	Outcome:	ELC Supported for submission to the Lancashire and South Cumbria Integrated Care Board. Q&P Committee received assurance.

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1. PURPOSE

This report describes NHS England 2022/23 Emergency Preparedness, Resilience and Response (EPRR) assurance process and presents the NWAS Statements of Compliance for signature by the Trust Accountable Emergency Officer (AEO – Executive Director of Operations). The 2022/23 Assurance document is described in Section 2 and was submitted to the Lancashire and South Cumbria Integrated Care Board by 24 October 2022 for their scrutiny and challenge before being forwarded by them, to the regional assurance team in November 2022, who are responsible for the submissions of the 3 Integrated Care Boards in the North West.

2. BACKGROUND

The Civil Contingencies Act 2004, Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005, NHS Act 2006 and Health and Care Act 2022 underpin EPRR within health. All acts place EPRR duties on NHS England and the NHS in England. Additionally, the NHS Standard Contract Service Conditions (SC30) require providers of NHS-funded services to comply with the NHS EPRR Framework and other NHS England guidance.

The NHS England Board has a statutory requirement to formally assure its own and the NHS in England's readiness to respond to emergencies. This is provided through the EPRR annual assurance process and assurance report. This report is submitted to the Department of Health and Social Care and the Secretary of State for Health and Social Care.

As the NHS core standards for EPRR provide a common reference point for all organisations, they are the basis of the EPRR annual assurance process. Providers and commissioners of NHS-funded services complete an assurance self-assessment based on these core standards. This assurance process is led nationally and regionally by NHS England and locally by integrated care boards.

The purpose of the NHS core standards for EPRR is to:

- enable health agencies across the country to share a common approach to EPRR
- allow co-ordination of EPRR activities according to the organisation's size and scope
- provide a consistent and cohesive framework for EPRR activities
- inform the organisation's annual EPRR work programme.

There are 10 domains that cover the NHS core standards for EPRR, with an 11th domain applicable only to the NHS ambulance trusts which covers interoperable capabilities they must have in place. A full review of the core standards is conducted every three years, which was last conducted in 2022. This has seen an increase in the number of core standards that need to be assessed within the domains, as well as requiring Patient Transport Service (PTS) to be assessed for the first time as well as NHS111 and the wider Trust.

In addition to the core standards, there was a further requirement to conduct a Deep Dive assessment, which this year concentrates on the evacuation and shelter arrangements which are in place and if they have been updated and reflect the latest guidance from NHS England which was published in October 2021. Compliance with the Deep Dive assessment does not contribute towards the overall calculation, however an Action Plan will be produced to work on those questions where the Trust is only partially compliant.

NHS England requires that this assurance exercise identifies any areas of limited or non-compliance (as well as highlighting areas of complete compliance) of resilience arrangements against the EPRR core standards and that any deficiencies in particular areas inform an individual Action Plan. This plan will demonstrate the intention of each Trust to address any outstanding issues and give an indication of priority and timescale for resolution.

NHS England also require a formal statement of compliance from each Trust based on the findings from the self-assessment process and taking into account those core standards which necessitate additional attention through the Action Plan. For 2022/23, the process requires four separate Statements of Compliance to be made, to indicate performance across EPRR Core Standards (NWAS), EPRR Core Standards (NW111), EPRR Core Standards (PTS) and Interoperable Standards (NWAS response). These statements are required to be signed by the AEO as being a satisfactory assessment of NWAS' preparedness, and these statements were presented to the ELC for assurance, followed by subsequent submission to the Board.

The completed Statements of Compliance, and self-assessments were returned to the South Cumbria and Lancashire Integrated Care Board by 24th October 2022.

The NWAS Resilience Heads of Service, along with the Head of PTS and NHS111 have comprehensively assessed NWAS resilience arrangements against the EPRR core standards and found that most criteria are currently being met. An Action Plan will be generated to record those standards that are not fully compliant at this point, and in time and this will be used by the EPRR Sub Committee, ELC and Commissioners along with NHS England and local ICBs, to monitor progress towards full alignment.

The overall results of the self-assessment process are based on potential ratings of Fully Compliant, Substantially Compliant, Partially Complaint and Non-compliant and the results are presented below;

NWAS EPRR Assessment

Rating Definition
The EPRR assurance rating of **"Substantially Compliant"** represents 89-99% compliance, **"Partially Compliant"** represents 77-88% compliance.

Core Standards

Out of 50 applicable standards, NWAS have self-assessed full compliance with 45 and partial compliance with 5. This represents a compliance figure of 90% and therefore an overall rating of **"Substantially Compliant"**

Interoperable Standards

Out of 163 applicable standards, NWAS have self-assessed full compliance with 137 and partial compliance (including 2 non-compliant) with 24. This represents a compliance figure of 84% and therefore an overall rating of '**Partially Compliant'.**

NHS 111

Out of 43 applicable standards, NHS111 have self-assessed full compliance with 36 and partial compliance with 7. This represents a compliance figure of 84% and therefore an overall rating of "**Partially Compliant".**

Patient Transport Service (PTS)

Out of 42 applicable standards, PTS have self-assessed full compliance with 35 and partial compliance with 7. This represents a compliance figure of 83% and therefore an overall rating of **"Partially Compliant".**

The full self-assessment documents, Action Plans and Statements of Compliance are provided with this report.

3. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS *(including consideration of the Trust's Risk Appetite Statement)*

The Trust's contingency planning arrangements and capabilities assist in providing evidence of compliance with our duties under the Civil Contingencies Act (2004), the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Health and Care Act 2022 and the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework 2022, together with other legislation such as the Corporate Manslaughter and Corporate Homicide Act 2007 and the Human Rights Act 1998.

The Trust also has to meet the obligations outlined in the Ambulance Standard Contract, all CQC Domains and the key requirements of the NHS England EPRR Framework.

4. EQUALITY OR SUSTAINABILITY IMPACTS

None identified at the time of writing this report.

5. RECOMMENDATIONS

The Board is recommended to consider the content of this report and attached self-assessment templates and statements of compliance for 2022/23 and seek assurance from the details enclosed, following the submission to Lancashire and South Cumbria Integrated Care Board.

Documents Enclosed:

- Master B1069 NHS Core Standards for EPRR
- Statement of Compliance EPRR Core Standards
- Action Plan EPRR Core Standards
- Statement of Compliance - Interoperability Capabilities
- Action Plan Interoperability Capabilities
- Statement of Compliance - NHS 111
- Action Plan NHS 111
- Statement of Compliance – PTS
- Action Plan PTS

Please choose your | NHS Ambulance Service Providers

Domain	Total Applicable Standards	Fully Compliant	Partially Compliant	Not Compliant	Not Applicable
Governance	6	4	2	0	0
Duty to risk assess	2	2	0	0	0
Duty to maintain plans	11	8	3	0	0
Command and control	2	2	0	0	0
Training and exercising	4	3	1	0	0
Response	5	7	0	0	2
Warning and informing	4	4	0	0	0
Cooperation	5	5	0	0	2
Business continuity	11	10	1	0	0
CBRN	0	0	0	0	14
Total	**50**	**45**	**7**	**0**	**18**

Deep Dive	Total Applicable Standards	Fully Compliant	Partially Compliant	Non Compliant	Not Applicable
Evacuation and Shelter	12	7	6	0	0
Total	**12**	**7**	**6**	**0**	**0**

Percentage Compliance	90%
Overall Assessment	**Substantially Compliant**

Assurance Rating Thresholds
- Fully Compliant = 100%
- Substantially Compliant =99-89%
- Partially Compliant = 88-77%
- Non-Compliant = 76% or less

Notes
Please do not delete rows or columns from any sheet as this will stop the calculations
Please ensure you have the correct Organisation Type selected
The Overall Assessment excludes the Deep Dive questions
Please do not copy and paste into the Self Assessment Column (*Column T*)

Lancashire and South Cumbria ICB Local Health Resilience Partnership (LHRP)
Emergency Preparedness, Resilience and Response (EPRR) assurance 2022-2023

STATEMENT OF COMPLIANCE

North West Ambulance Service has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool v1.0

Where areas require further action, North West Ambulance Service will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of **Substantial 90%** (from the four options in the table below) against the core standards.

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.

_____

Signed by the organisation's Accountable Emergency Officer

_____

Date signed

Date of Board/governing body meeting	Date presented at Public Board	Date published in organisations Annual Report

EPRR Core Standards 22/23

Action Plan

REF	RAG Status	Descriptor	Organisational Evidence	Action Required	Owner	Target Completion Date	Current RAG Status
2		The organisation has an overarching EPRR policy or statement of intent.	The Trust has an EPRR sub group that is chaired by the AEO that meets every quarter and has a work programme in place which looks to provide assurance across a number of business lines which includes training and exercising, and the embedding of lessons identified from Debriefs. This is forwarded to the Quality & Performance Committee and Board of Directors to ensure the Trust is meeting the required standards laid out nationally.	Does the Trust need to produce need to produce an EPRR Policy or statement of Intent above and beyond what is produced for the EPRR subcommittee work plan.	Exec Dir of Operations to confirm and HoC to conduct action required.	Jan 23	
4		The organisation has an annual EPRR work programme,	The Trust does have a EPRR work programme that has been in place since May 2021. The plan specifies exactly what has to be produced in the quarterly report, some areas are reported on in each quarter including the review of debriefs and the learning and action that has taken place. 111 and PTS provide a quality assurance update at each quarter including that all processes are up to date and have been tested and associated learning identified.	There is a frequent reference in this question set to an EPRR Policy Statement, the Trust do not have a standalone statement, however the detail is laid out in the ToRs of the work programme of the EPRR sub committee	Executive Director of Operations to confirm if a policy statement is required.	Jan 23	
12		The organisation has arrangements in place to respond to an infectious disease outbreak	The Trust holds a plan Communicable Diseases policy version 5 which details the actions to be considered by Trust staff, including Action Cards, overdue review, but does include HCID and detailed appendix of infections. Overdue review currently May 2022, this document was used in line with National direction with the Monkeypox outbreak	Requires review of policy document	IPC	Dec 22	

13		The organisation has arrangements in place to respond to a new and emerging pandemic	The Communicable Diseases Policy holds the detail on how the Trust will respond to a new or emerging pandemic under chapter 5	Currently there is no specific national document for emerging pandemics, but the Trust does have a draft document that will need to be completed.	IPC & Resilience	Jan 23	
16		The organisation has arrangements in place to evacuate and shelter patients, staff and visitors.	BC plans are in place in particular for the EOC sites EOC BC 02 refers, being reviewed against the NHS E guidance for evacuation. Action Cards in place for Evacuation and the control of that	Confirmation required that Trust plans have been reviewed against the NHS guidance	Business leads with BC RM	Jan 23	
22		The organisation carries out training in line with a training needs analysis to ensure staff are current in their response role.	Each Commander has their own personal CPD that can be accessed by the Head of Spec Ops in order for them to assess the quality of reflections and when individuals last attended training or exercises at their level. Command Training is conducted annually over 2 days, one day at a time. Specific themes will be included based on Debriefs and lessons learned as well as subjects including CBRNE, JESIP, logging, Critical thinking. Separate training events for NILOs based on the National guidelines. Currently there is no budget for Command Training and facilitators are brought in from across Resilience and SME functions. The TNA is based more on the evidence of the lessons learnt.	Ongoing consultation regarding the development of a Command & Resilience Education Facilitation team, that will conduct training based on need rather than based on mandated requirements	Dir of Res, Head of L&D	Meeting 30 Sep at Haydock was the initial discussion with further meeting pending in Nov TBC.	
44		The organisation has in place a policy which includes a statement of intent to undertake business continuity	Business Continuity 2 is ISO 22301 compliant and is a host for all departmental BC plans. These Plans form the Trusts approach to BC. Strategic plans include how BC is to be conducted e.g. Constant Care Plan. The Trust is currently considering the requirement for an overarching BC plan.	Does the Trust require an overarching BC Plan? If so does this need to be confirmed within EPRR subcommittee?	Dir Res & HoC	Jan 23	

Lancashire & South Cumbria ICB Local Health Resilience Partnership (LHRP)
Emergency Preparedness, Resilience and Response (EPRR) assurance 2022-2023

STATEMENT OF COMPLIANCE

North West Ambulance Service has undertaken a self-assessment of Interoperable Capabilities against required areas of the EPRR Core standards self-assessment tool v1.0

Where areas require further action, North West Ambulance Service will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of **Partial 84%** (from the four options in the table below) against the core standards.

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.

_____

Signed by the organisation's Accountable Emergency Officer

_____

Date signed

Date of Board/governing body meeting	Date presented at Public Board	Date published in organisations Annual Report

EPRR Interoperable Capabilities 22/23

Action Plan

REF	RAG Status	Descriptor	Organisational Evidence	Action Required	Owner	Target Completion Date/Update	Current RAG Status
H8		Organisations must maintain a minimum of six operational HART staff on duty, per unit, at all times.	PROCLUS updated at the start of each shift, as part of NACC national monitoring. Weekly updates of compliance provided. All efforts are made to provide six staff on duty by targeting nights and weekends. Support is provided by training teams when required. All vacancies are offered on overtime. Report partially compliant until national funding supports increased team staffing (7/8).	Head of Spec Ops to confirm target date for increase in funding.	Head Spec Ops	TBC update Jan 23	
H13		Organisations maintain a local policy or procedure to ensure the effective prioritisation and deployment (or redeployment) of HART staff to an incident requiring the HART capabilities.	A Number of EOC Procedures are in place and well embedded within the organisation: EOC0014 - Deployment of HART Team EOC EOC0029 - marauding Attack and Major Incidents EOC0035 - NWAS Attendance at Chemical & Nuclear Sites EOC0057 - HART RRV Cat 1 Diverts	Confirmation with EOC that all procedures are in place following migration to pathways	Head of Spec Ops	Jan 23	
H14		Organisations maintain an effective process to identify incidents or patients that may benefit from the deployment of HART capabilities at the point of receiving an emergency call.	A Number of EOC Procedures are in place and well embedded within the organisation: EOC0014 - Deployment of HART Team EOC EOC0029 - marauding Attack and Major Incidents EOC0035 - NWAS Attendance at Chemical & Nuclear Sites EOC0057 - HART RRV Cat 1 Diverts	Confirmation with EOC that all procedures are in place following migration to pathways	Head of Spec Ops	Jan 23	
H15		In any event that the provider is unable to maintain the HART capabilities safely or if a decision is taken locally to reconfigure HART to	There have been no occasions in the last 12 months whereby HART capabilities have been reconfigured.	This has not been conducted	Head of Spec Ops	Jan 23	

		support wider Ambulance operations, the provider must notify the NARU On-Call Duty Officer as soon as possible (and within 24 hours). Written notification of any default of these standards must also be provided to their Lead Commissioner within 14 days and NARU must be copied into any such correspondence.					
H16		Organisations must record HART resource levels and deployments on the nationally specified system.	HART resource levels and deployments are recorded via PROCLUS.				
H17		Organisations must maintain accurate records of their level of compliance with the HART response time standards. This must include an internal system to monitor and record the relevant response times for every HART deployment. These records must be collated into a report and made available to Lead Commissioners, external regulators and NHS England / NARU on request.	HART response time standards will be captured in the SOE / CAD. HART deployments are internally captured and manually inputted into PROCLUS and a deployment spreadsheet documenting time of allocation and number of staff deployed.	This is only done manually currently	Head of Spec Ops	Jan 23	
H33		Organisations ensure that a capital estate is provided for HART that meets the standards set out in the National HART Estate Specification.	Ashburton Point partially compliant as it only has 3 showers instead of the 4 outlined in the service specification. Croxteth however is non compliant although we have a derogation in place supplied by NARU until a new HART site is established at Liverpool.	Pending new build and opportunity to increase ablutions with option to increase training facilities within Ashburton	Head of Spec Ops	Jan 23	
M11		**Organisations must ensure that the following percentage of staff groups receive nationally recognised MTFA familiarisation training / briefing:** **• 100% Strategic Commanders**	100% of the NWAS command structure - Strategic/Tactical and Operational commanders have recived MTA training including designated MTA commanders. As for operational staff we are currently below the 80% compliance figure.	Require to improve the current figure for operational staff to above 80%	Head of Spec Ops with HoO	Jan 23	

		• 100% designated MTFA Commanders **• 80% all operational frontline staff**					
M15		**Organisations must maintain accurate records of their compliance with the national MTFA response time standards and make them available to their local lead commissioner, external regulators (including both NHS and the Health & Safety Executive) and NHS England (including NARU).**	There have been no live deployments of the full MTA capability as yet	Until deployment takes place we cannot be shown as fully compliant.	Head of Spec Ops	Jan 23	
B24		Organisations must maintain a CBRN capability that ensures a minimum of 12 trained operatives and the necessary CBRN decontamination equipment can be on-scene at key high risk locations (Model Response Locations) within 45 minutes of a CBRN incident being identified by the organisation.	NWAS EOC Procedure 0028 (not tested live yet).	Requires a live test	Head of Spec Ops	Jan 23	
C7		**NHS Ambulance Service providers must ensure there is an appropriate recruitment and selection criteria for personnel fulfilling command roles (including command support roles) that promotes and maintains the levels of credibility and competence defined in these standards.**	Currently the selection is focussed on managerial role and Be Think Do rather than the ability to Command	Requires further work in the recruitment process and can be included as part of the CARE study on command training	Head of Spec Ops & Ed & Trg	Jan 23	
C16		**C16: The Strategic, Tactical and Operational Commanders must each be supported by a trained and competent loggist. A minimum of three loggist must be available to provide that support in each NHS Ambulance Service at all times. It is accepted that**	Loggist rota in place with one currently available on call 24/7/365. Sufficient additional loggists can be called via Cascade system and those on duty in EOCs can step up to role as can admin and clerical staff across most functions in Trust.	Training SORT staff to support Operational Commanders 22/23. Pending MAI publication.Currently the Trust does not deploy a trained loggist to scene.	Head of Spec Ops and HoC	Jan 23	

		there may be more than one Operational Commander for multi-sited incidents. The minimum is three loggists but the Trust should have plans in place for logs to be kept by a non-trained loggist should the need arise.					
C18		**Personnel that discharge the Strategic Commander function must have demonstrated competence in all of the mandatory elements of the National Occupational Standards for Strategic Commanders and must meet the expectations set out in Schedule 2 of the Standards for NHS Ambulance Service Command and Control.**	Commanders will have previously demonstrated competence but not all will have attended or been assessed at an exercise in last 12 months. NWAS is aligned with Schedule 2.	Review attendance on Exercises	Head of Spec Ops and HoC	Jan 23	
C20		**Personnel that discharge the Tactical Commander function must have demonstrated competence in all of the mandatory elements of the National Occupational Standards for Tactical Commanders and must meet the expectations set out in Schedule 2 of the Standards for NHS Ambulance Service Command and Control.**	Not all Commanders will have attended and been assessed at an exercise	Review attendance on Exercises	Head of Spec Ops and HoC	Jan 23	
C22		**Personnel that discharge the Operational Commander function must have demonstrated competence in all of the mandatory elements of the National Occupational Standards for Operational Commanders and must meet the expectations set out in Schedule 2 of the**	Not all Commanders will have attended and been assessed at an exercise	Review attendance on Exercises	Head of Spec Ops and HoC	Jan 23	

		Standards for NHS Ambulance Service Command and Control.					
C24		**All Strategic, Tactical and Operational Commanders must maintain appropriate Continued Professional Development (CPD) evidence specific to their corresponding National Occupational Standards.**	Not all Commanders have a comprehensive record of their NOS CPD	Ongoing review with Line Managers	Head of Spec Ops & HoO	Jan 23	
C25		**All Strategic, Tactical and Operational Commanders must refresh their skills and competence by discharging their command role as a 'player' at a training exercise every 18 months. Attendance at these exercises will form part of the mandatory Continued Professional Development requirement and evidence must be included in the form of documented reflective practice for each exercise.**	Not all Commanders have attended and been assessed at an exercise in the last 18 months partially due to the reduction in numbers of exercised held during the pandemic	Review attendance of Commanders and prioritise	Head of Spec Ops & HoO	Jan 23	
C26		**Any Strategic, Tactical and Operational Commanders that have not maintained the required competence through the mandated training and ongoing CPD obligations must be suspended from their command position / availability until they are able to demonstrate the required level of competence and CPD evidence.**	Commanders identified as not having a comprehensive NOS have not been removed from the on call rota	Currently this is not a policy that is being enforced, but needs to be considered if we are to become compliant	Head of Spec Ops, HoH & AEO	Jan 23	
C27		**Commander competence and CPD evidence must be assessed and confirmed annually by a suitably qualified and competent instructor or training officer.**	A deep dive was undertaken by NARU during the annual IC review in 2022. Staff reviewed were found to be compliant. A review of all command CPD was undertaken and action discussed with Heads of Service	Some Commanders have not been assessed and this is part of the CARE construct being considered	Head of Spec Ops Dir Res, HoC and Dir E & Trg	Jan 23	

		NHS England or NARU may also verify this process.					
C36		**Front line responders are by default the first commander at scene, such staff must be aware of basic principles as per the NARU major incident action cards (or equivalent) and have watched the on line major incident awareness training DVD (or equivalent) enabling them to provide accurate information to control and on scene commanders upon their arrival. Initial responders assigned to functional roles must have a prior understanding of the action cards and the implementation of them.**	Action cards are held on all operational front-line vehicles. Also available on the Battle box and Green Room. Major Incident DVD was shown on the annual mandatory training sessions.	Functional roles are covered in the mandatory training, but this does currently not provide enough time to exercise and ensure what has been covered is understood. Request submitted for increase in mandatory training for first line responders in functional roles	Head of Spec Ops Dir Res , HoC, Dir E&Trg	Jan 23	
J12		**All staff required to perform a command must have attended a one day, JESIP approved, interoperability command course.**	Plan exists but a number have lapsed due to COVID and the delay of the release of the updated National JESIP product, Action log in place.	EPRR committee provided with update in quarterly reports, currently there remains a number of commanders who are still pending attendance.	Head of Spec Ops & HoC	Jan 23	
J14		**Every three years, NHS Ambulance Commanders must repeat a one day, JESIP approved, interoperability command course.**	See J12 there is an Action log in place.	EPRR committee provided with update in quarterly reports, currently there remains a number of commanders who are still pending attendance.	Head of Spec Ops & HoC	Jan 23	
J15		**Every three years, all NHS Ambulance Commanders (at Strategic, Tactical and Operational levels) must participate as a player in a joint exercise with at least Police and Fire Service Command players where JESIP principles are applied.**	Lists held by Head of Spec Ops who liaises with Head of Operations regarding individuals who may have lapsed. Commander Exercise log vers 1 created by Resilience to show attendance.	Priority needs to be given to those who are about to or have lapsed.	Head of Spec Ops & HoO	Jan 23	
J20		**All NHS Ambulance Trusts must maintain records and evidence**	This would require a run off of data from the ESR JESIP training course, which	Devise process to provide a run off as part of the JESIP update	Head of C	Jan 23	

		which demonstrates that at least 90% of operational staff (that respond to emergency calls) and control room staff (that dispatch calls and manage communications with crews) are familiar with the JESIP principles and can construct a METHANE message.	can be linked to the self-assessment courses, this was conducted as part of the Feb 22 self-assessment.	provided to the EPRR sub-committee reports			
J22		**All NHS Ambulance Trusts must have an internal procedure to regularly check the competence of command staff against the JESIP Learning Outcomes and to provide remedial or refresher training as required.**	JESIP is covered as an objective on Exercises and on annual command training, , however current there is not the structure to review each following an exercise or incident.	To be considered as part of the requirements within the CARE structure that is currently under consideration.	HoC and Dir E&Trg	Jan 23	
J23		**All NHS Ambulance Trusts must utilise the JESIP Exercise Objectives and JESIP Umpire templates to ensure JESIP relevant objectives are included in multi-agency exercise planning and staff are tested against them.**	These are referenced but do not provide enough detail or clarity for objectives that have to be set to capture all elements of training for NWAS.	Review JESIP templates against the facilitators briefs, look to include the JESIP objectives into those identified from the Trusts internal learning under CSATTT	HoC	Jan 23	

Lancashire & South Cumbria ICB Local Health Resilience Partnership (LHRP)
Emergency Preparedness, Resilience and Response (EPRR) assurance 2022-2023

STATEMENT OF COMPLIANCE

North West Ambulance Service **NHS111** has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool v1.0

Where areas require further action, North West Ambulance Service NHS111 will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of **Partial 84%** (from the four options in the table below) against the core standards.

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.

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Signed by the organisation's Accountable Emergency Officer

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Date signed

Date of Board/governing body meeting	Date presented at Public Board	Date published in organisations Annual Report

EPRR Core Standards – NHS 111 22/23

Action Plan

REF	RAG Status	Descriptor	Organisational Evidence	Action Required	Owner	Target Completion Date	Current RAG Status
2		The organisation has an overarching EPRR policy or statement of intent.	The Trust has an EPRR sub group that is chaired by the AEO that meets every quarter and has a work programme in place which looks to provide assurance across a number of business lines which includes training and exercising, and the embedding of lessons identified from Debriefs. This is forwarded to the Quality & Performance Committee and Board of Directors to ensure the Trust is meeting the required standards laid out nationally.	Does the Trust need to produce need to produce an EPRR Policy or statement of Intent above and beyond what is produced for the EPRR subcommittee work plan.	Exec Dir of Operations to confirm and HoC to conduct action required.	Jan 23	
4		The organisation has an annual EPRR work programme,	The Trust does have a EPRR work programme that has been in place since May 2021. The plan specifies exactly what has to be produced in the quarterly report, some areas are reported on in each quarter including the review of debriefs and the learning and action that has taken place. 111 and PTS provide a quality assurance update at each quarter including that all processes are up to date and have been tested and associated learning identified.	There is a frequent reference in this question set to an EPRR Policy Statement, the Trust do not have a standalone statement, however the detail is laid out in the ToRs of the work programme of the EPRR sub committee	Executive Director of Operations to confirm if a policy statement is required.	Jan 23	
12		The organisation has arrangements in place to respond to an infectious disease outbreak	The Trust holds a plan Communicable Diseases policy version 5 which details the actions to be considered by Trust staff, including Action Cards, overdue review, but does include HCID and detailed appendix of infections. Overdue review currently May 2022, this document was used in line with National direction with the Monkeypox outbreak	Requires review of policy document	IPC	Dec 22	

13		the organisation has arrangements in place to respond to a new and emerging pandemic	The Communicable Diseases Policy holds the detail on how the Trust will respond to a new or emerging pandemic under chapter 5	Currently there is no specific national document for emerging pandemics, but the Trust does have a draft document that will need to be completed.	IPC & Resilience	Jan 23	
16		the organisation has arrangements in place to evacuate and shelter patients, staff and visitors.	BC plans are in place in particular for the EOC sites EOC BC 02 refers, being reviewed against the NHS E guidance for evacuation. Action Cards in place for Evacuation and the control of that	Confirmation required that Trust plans have been reviewed against the NHS guidance	Business leads with BC RM	Jan 23	
22		The organisation carries out training in line with a training needs analysis to ensure staff are current in their response role.	Each Commander has their own personal CPD that can be accessed by the Head of Spec Ops in order for them to assess the quality of reflections and when individuals last attended training or exercises at their level. Command Training is conducted annually over 2 days, one day at a time. Specific themes will be included based on Debriefs and lessons learned as well as subjects including CBRNE, JESIP, logging, Critical thinking. Separate training events for NILOs based on the National guidelines. Currently there is no budget for Command Training and facilitators are brought in from across Resilience and SME functions. The TNA is based more on the evidence of the lessons learnt.	Ongoing consultation regarding the development of a Command & Resilience Education Facilitation team, that will conduct training based on need rather than based on mandated requirements	Dir of Res, Head of L&D	Meeting 30 Sep at Haydock initial discussion new date in Nov TBC	
44		The organisation has in place a policy which includes a statement of intent to undertake business continuity	Business Continuity 2 is ISO 22301 compliant and is a host for all departmental BC plans. These Plans form the Trusts approach to BC. Strategic plans include how BC is to be conducted e.g.Constant Care Plan. The Trust is currently considering the requirement for an overarching BC plan.	Does the Trust require an overarching BC Plan?	HoC with Head of 11 input as required	Jan 23	

Lancashire & South Cumbria ICB Local Health Resilience Partnership (LHRP)
Emergency Preparedness, Resilience and Response (EPRR) assurance 2022-2023

STATEMENT OF COMPLIANCE

North West Ambulance Service, **Patient Transport Service** has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool v1.0

Where areas require further action, North West Ambulance Service, Patient Transport Service will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of **Partial 83%** (from the four options in the table below) against the core standards.

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.

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Signed by the organisation's Accountable Emergency Officer

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Date signed

Date of Board/governing body meeting	Date presented at Public Board	Date published in organisations Annual Report

EPRR Core Standards – PTS 22/23

Action Plan

REF	RAG Status	Descriptor	Organisational Evidence	Action Required	Owner	Target Completion Date	Current RAG Status
2		The organisation has an overarching EPRR policy or statement of intent.	The Trust has an EPRR sub group that is chaired by the AEO that meets every quarter and has a work programme in place which looks to provide assurance across a number of business lines which includes training and exercising, and the embedding of lessons identified from Debriefs. This is forwarded to the Quality & Performance Committee and Board of Directors to ensure the Trust is meeting the required standards laid out nationally.	Does the Trust need to produce need to produce an EPRR Policy or statement of Intent above and beyond what is produced for the EPRR subcommittee work plan.	Exec Dir of Operations to confirm and HoC to conduct action required.	Jan 23	
4		The organisation has an annual EPRR work programme,	The Trust does have a EPRR work programme that has been in place since May 2021. The plan specifies exactly what has to be produced in the quarterly report, some areas are reported on in each quarter including the review of debriefs and the learning and action that has taken place. 111 and PTS provide a quality assurance update at each quarter including that all processes are up to date and have been tested and associated learning identified.	There is a frequent reference in this question set to an EPRR Policy Statement, the Trust do not have a standalone statement, however the detail is laid out in the ToRs of the work programme of the EPRR sub committee	Executive Director of Operations to confirm if a policy statement is required.	Jan 23	
12		The organisation has arrangements in place to respond to an infectious disease outbreak	The Trust holds a plan Communicable Diseases policy version 5 which details the actions to be considered by Trust staff, including Action Cards, overdue review, but does include HCID and detailed appendix of infections. Overdue review currently May 2022, this document was used in line with National direction with the Monkeypox outbreak	Requires review of policy document	IPC	Dec 22	

13		the organisation has arrangements in place to respond to a new and emerging pandemic	The Communicable Diseases Policy holds the detail on how the Trust will respond to a new or emerging pandemic under chapter 5	Currently there is no specific national document for emerging pandemics, but the Trust does have a draft document that will need to be completed.	IPC & Resilience	Jan 23	
16		the organisation has arrangements in place to evacuate and shelter patients, staff and visitors.	BC plans are in place in particular for the EOC sites EOC BC 02 refers, being reviewed against the NHS E guidance for evacuation. Action Cards in place for Evacuation and the control of that	Confirmation required that Trust plans have been reviewed against the NHS guidance	Business leads with BC RM	Jan 23	
22		The organisation carries out training in line with a training needs analysis to ensure staff are current in their response role.	Each Commander has their own personal CPD that can be accessed by the Head of Spec Ops in order for them to assess the quality of reflections and when individuals last attended training or exercises at their level. Command Training is conducted annually over 2 days, one day at a time. Specific themes will be included based on Debriefs and lessons learned as well as subjects including CBRNE, JESIP, logging, Critical thinking. Separate training events for NILOs based on the National guidelines. Currently there is no budget for Command Training and facilitators are brought in from across Resilience and SME functions. The TNA is based more on the evidence of the lessons learnt.	Ongoing consultation regarding the development of a Command & Resilience Education Facilitation team, that will conduct training based on need rather than based on mandated requirements	Dir of Res, Head of L&D	Meeting 30 Sep at Haydock	
44		The organisation has in place a policy which includes a statement of intent to undertake business continuity	Business Continuity 2 is ISO 22301 compliant and is a host for all departmental BC plans. These Plans form the Trusts approach to BC. Strategic plans include how BC is to be conducted e.g.Constant Care Plan. The Trust is currently considering the requirement for an overarching BC plan.	Does the Trust require an overarching BC Plan? Confirm within EPRR subcommittee work plan	Head of Con with input from Head of PTS	Jan 23	

North West Ambulance Service NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	30th November 2022
SUBJECT:	The Kirkup Report into Maternity Services
PRESENTED BY:	Dr Chris Grant – Executive Medical Director

LINK TO BOARD ASSURANCE FRAMEWORK:

SR01	SR02	SR03	SR04	SR05
☒	☐	☐	☐	☒

SR06	SR07	SR08	SR09	SR10	SR11
☒	☐	☐	☐	☐	☐

PURPOSE OF PAPER:	For Assurance
EXECUTIVE SUMMARY:	A report into the independent investigation examining maternity and neonatal services across two hospitals in East Kent between 2009 and 2020 was released on 19th October 2022. 202 maternal and neonatal cases were assessed by the panel. Of these cases, the panel found that if care had met nationally recognised standards the outcome could have been different in 48% of cases. Furthermore, there were 8 clear missed opportunities visible to the service provider that should have prompted correction of the situation. No single shortcoming was able to explain the poor outcomes nor individual error. There were multiple failures identified including failures of professionalism, failures of compassion, failures to listen, failures after safety incidents and failure in the Trust's response, including at Trust Board level. The report identifies four areas for action which are: identification of poorly performing units, giving care with compassion and kindness, team working with a common purpose and responding to challenge with honesty. Origins of the harm detailed within the report are as a direct result of failures of teamworking, professionalism, compassion and listening. The report highlights the need to monitor safety performance accurately and listen to signals that performance needs further examination. It also emphasises the need for a meaningful response and professional accountability when there is underperformance. The NWAS Consultant Midwife and Executive Medical Director have reviewed the report in the context of pre-hospital maternity care. This paper references ongoing Ockenden assurances reports and the Patient Safety Sub Committee maternity and newborn incident reporting that details key areas of focus. Whilst clearly East Kent is a

	designated maternity provider, the formal report and accompanying letter was sent to all Trusts via NHS England: 'We expect every Trust and ICB to review the findings of this report at its next public board meeting, and for boards to be clear about the action they will take, and how effective assurance mechanisms are at 'reading the signals" This NWAS report will focus on maternity care provision. However, it should be noted that the board are also asked to consider how the organisation responds to the strategic themes highlighted. NWAS needs to be cognisant that recent revised NWAS values, NWAS strategy and a focus on continuous improvement must be scrutinised to ensure the organisational and operational framework is sufficiently robust to prevent failures such as this. To that end, the Board Assurance Framework (SR05) describes the "risk that sufficient progress is not made in developing compassionate, inclusive and supportive culture, impacting adversely on staff wellbeing and engagement, resulting in poor quality services, staff harm and reduced productivity."
RECOMMENDATIONS:	The Board • Acknowledge the East Kent Report and, in line with the Ockenden Report, understands that maternity services have been the subject of more significant policy initiatives than any other service. • Be assured that maternity and newborn care is receiving significant focus via the substantive consultant midwife appointment in May 2022. • Reviews how this paper details NWAS assurance mechanisms that look to "read the signals" as an organisation, aligned to the 4 key themes detailed. • Acknowledges the risks regarding delivery of prehospital maternity and newborn care. These are addressed via the Patient Safety Sub Committee governance route.
CONSIDERATION OF THE TRUST'S RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	The Trust's Risk Appetite Statement has been considered as part of the paper decision making process: ☐ Financial/ VfM ☐ Compliance/ Regulatory ☐ Quality Outcomes ☐ Innovation ☐ Reputation

INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 3 OF REPORT

ARE THERE ANY IMPACTS RELATING TO: **(Refer to Section 4 for detail)**	Equality:	☐	Sustainability	☐
PREVIOUSLY CONSIDERED BY:	Executive Leadership Committee			
	Date:	23/11/2022		
	Outcome:	Supported		

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1. PURPOSE

This paper aligns current workstreams focused on pre-hospital maternity and newborn care to the recent East Kent Maternity reports 4 key themes. It considers current reporting within the service against the Ockenden Review immediate and essential actions (IEA's) and the recent Patient Safety Sub Committee (PSSC) maternity reports.

The paper ensures the Executive Leadership Committee (ELC) and Board have oversight on identified risks within prehospital maternity care provision. In addition, it is to ensure Board acknowledgement of the briefing letter from NHS England and full East Kent Report.

2 BACKGROUND

Reading the signals: maternity and neonatal services in East Kent- the Report of the Independent Investigation was published on the 19th of October 2022.

In addition, an NHS England system letter, a written ministerial statement and the statement made by Dr Caroline Johnson (Parliamentary Under Secretary of State at the Department of Health and Social Care), Professor Jacqueline Dunkley-Bent (England's Chief Midwifery Officer) and Dr Matthew Jolly (National Clinical Director for Maternity and Women's Health in England):

> *"Our thoughts are with families who have been through unimaginable pain and loss; it is clear that there have been severe failings in the care they received, when they should have been protected and cared for by our services. This report reinforces the improvements we know that we must make across the NHS to make this country the safest in the world for women to give birth. The national team are taking action to strengthen maternity services right across the country, we are investing £127million – on top of an annual commitment of £95million for recruitment and training – to grow our workforce, strengthen leadership and improve culture, alongside enhanced early support for local areas where issues are identified.*
> *"But the devastating experiences of these families is a profound reminder of why we must continue quickly with these improvements. Taking away the findings of today's report, we will work closely with Trusts in England and our partners to make every necessary improvement and ensure that all our services are as safe as possible for mothers, babies and their families."*

Furthermore, the national letter asks that:

> *'Every board member must examine the culture within their organisation and how they listen and respond to staff. You must take steps to assure yourselves, and the communities you serve, that the leadership and culture across your organisation(s) positively supports the care and experience you provide.'*

Given the current NWAS workstreams and focus that Strategic Risk SR05 details, this report adopts a maternity focus to articulate how NWAS is working towards enhancing pre-hospital maternity and newborn care as a key system partner across the Northwest. It is crucial to have sight of risk, work programmes and incident reporting aligned to this cohort of patients and consider the importance of system working with Local Maternity and Neonatal Networks.

Maternity workstream.

The NWAS consultant midwife was appointed within a substantive role in May 2022. Since this appointment, a Patient Safety Sub Committee report detailing maternity and newborn incidents, HSIB maternity reports and legal cases has been developed. The current risks and areas for focus relating to prehospital maternity and newborn care are reported to Board via the Chairs Assurance Report from Quality and Performance Committee. In addition, the consultant midwife has self-assessed NWAS against IEAs within the Ockenden review on a biannual basis which has also been received at Board.

The four key themes highlighted within the East Kent Maternity report are shown in Table 1 and detail the themes identified, provide a summary of each and detail how these align to maternity provision within NWAS and any subsequent recommendations.

Table 1

Themes identified	Theme summary	Maternity focus within NWAS	Recommendations
Monitoring safe performance – finding signals among noise.	There is a dearth of useful information on the outcome of maternity services. However, a large majority are process measures of dubious significance, such as caesarean section rates. The minority that are related to outcomes are high level and conceal events susceptible to clinical intervention among a larger, unrelated group, such as perinatal mortality. This theme highlights the difficulty for trusts to identify areas of focus amongst large data sets to align focus and QI initiatives to support improving outcomes and being able to detail issues meaningfully. In addition, the report notes: ***'The Trust exemplified all these difficulties. It has used high-level information inappropriately as reassurance, taking comfort from the grouping that at least there were other trusts in the same boat. At times, it has used this false reassurance as a bolster against the plethora of evidence from***	This is a complex theme and requires the trust to ask: 1. How does the Ambulance Service collect and measures outcome data (including data related to maternity and newborn incidents)? 2. How standardised is the current process to ensure joint perinatal mortality reviews / Rapid Case reviews led by acute trust services when NWAS has been involved? Inclusion would support joint learning. At present, data available to NWAS regarding perinatal mortality is largely limited to HSIB reports. These reports provide the trust with findings and safety recommendations from independent investigation of cases that meet HSIB criteria. Since HSIB began engaging with the trust in 2019, we have received 6 focused safety recommendations. We also have one of the largest caseloads of HSIB maternity cases of a single NHS trust within the NW. Monitoring safety performance has been strengthened within NWAS using a focused audit	Establish a task & finish group to consider the introduction of valid maternity and neonatal performance and/or outcome measures. The aim would be to differentiate "signals among noise" leading to significant trends and outliers being identified and ensuring a patient safety focus. The Consultant Midwife provide a quarterly report to PSSC adopting the existing framework for triangulating data to align focus. Data collected via Datix and via legal cases should be reviewed in line with HSIB investigations to further identify overarching themes and focus. This approach is detailed within the PSSC report. The Consultant Midwife engages with the Northwest Perinatal Board to ensure involvement in external reviews that include care given by NWAS. For NWAS consideration on how maternity data is shared across the region.

	other sources that there were very significant problems in its maternity services.'	of records and a triangulation of Datix reports, HSIB investigations and legal cases supporting the identification of key risks This approach relies heavily on staff reporting incidents and a programme of work to address identified themes. Finding signal amongst noise in relation to maternity and newborn incidents is complex within the ambulance sector. There is no nationally agreed system via which to report and measure impact. Currently, maternity and newborn care are not measured specifically by the national ambulance programme.	
Standards of clinical behaviour – technical care is not enough	Caring for patients in any setting requires not only technical skills but also kindness and compassion. This is no less true for mothers and babies in maternity care. A lack of compassion significantly affects the wellbeing of women, often leading to unnecessary long-term harm. The report details: ***'Compassionate care lies at the heart of clinical practice for all healthcare staff. If some are able to lose sight of that, then it needs to be re-established and re-emphasised. Every interaction with a patient, mother and family must be based on kindness and respect. This will not be achieved through well-meaning exhortation in classrooms or by professional leaders, but through the attitudes and daily behaviour of clinicians themselves, at every level but most particularly those in more senior positions who are role models for less experienced staff.'***	This theme focuses heavily on the impact of kind and compassionate care when caring for women, babies and families. Whilst focused on maternity and newborn case, this theme transcends specialities and remains a core embedded values of caring professions and healthcare. To provide assurances against this theme, embedded within NWAS E-learning for maternity care and within the PROMPT training is the importance of compassionate care. On a wider organisational level, it is worth considering the importance of this theme across all aspects of training. It is also important to acknowledge the impact of compassionate leadership to foster kind and respectful relationships with and amongst staff groups as this directly impacts upon patients and staff wellbeing. A key aspect of the NWAS strategy is focused on ensuring NWAS is a "brilliant place to work" with a specific focus on delivering person centred	The Consultant Paramedic for Education will work with undergraduate and postgraduate providers to focus on how compassionate care for women and families who access our services throughout the childbearing continuum can best be embedded into practice and sustained through lifelong learning. NWAS will continue to ensure staff survey results are used to set clearly defined actions to address aspects of findings that compromise the application of kind, respectful and compassionate care delivery.

		care; both of which highlight and detail the importance of compassion as a core value.	
Flawed teamworking – pulling in different directions	Clinical care increasingly depends on effective teamworking by groups of different professionals who bring their own skills and experience to bear in coordination. Nowhere is this more important than in maternity and neonatal services, but nowhere has it proved more problematic. Where it works well, care can be outstanding, but in almost every failed maternity service to date, flawed teamworking has been a significant finding, often at the heart of the problems. The report notes: ***'We need to find a stronger basis for team working based on an integrated service and workforce with common goals, and a shared understanding of the individual and unique contribution of each team member in achieving them. Crucially, this must be based on an explicit understanding of the contribution of different care pathways and when and how they are best offered. National guidance on this must be the same for all staff involved'***	Teamworking in the context of maternity and newborn care within NWAS has a number of different threads. An overarching focus is MDT training. Teams who train together work better together. Joint training is used in emergency drill practice. This is invaluable, but more is required. There are opportunities at every stage of training – from undergraduate education onwards – not only to increase understanding of others' roles and responsibilities, but also to become used to working with other disciplines and the contributions they make. This point is vital in terms of how the ambulance service is included in training both at trust level and during undergraduate programmes when learning skills on how to manage obstetric emergencies and to recognise the need for timely escalation. Within NWAS the following points are pertinent to this theme 1. The importance of strengthening current training and education approaches within NWAS to ensure standardised and evidence-based information is taught across programmes of work (mandatory training / induction team / apprentice cohorts / focused training dates such as PROMPT and maternity sessions at SPTL development days) 2. Ensuring there are definitive scopes of practice across different cohorts of staff to effectively manage obstetric emergencies acknowledging the importance of human factors that	Consultant midwife will seek NWAS representation across the 4 LMNs supporting a 'One Voice' approach. NWAS will continue with Perinatal Board representation which formally reports into the regional maternity team. Consultant midwife will work with service lines to support a shared understanding of the maternity work streams within NWAS. The Medical Directorate will ensure learning and key actions following maternity & newborn incidents and HSIB safety recommendations are embedded.

		impact upon teamwork when dealing with high acuity cases. 3. To strengthen teamwork with external organisations and trusts working towards shared goals when attending to and management maternity and newborn patients – including considerations for access (ongoing Red Phone standby QI work) and for effective communication with trusts when seeking advice on most appropriate destination. 4. To be responsive to system pressures acknowledging the impact upon prehospital service provision and how this is escalated at system level via the perinatal board / LMNs for focus and action. 5. To ensure internally that the SMT are responsive to the maternity workstream within the organisation, recognising the importance of shared accountability across service lines and the need for shared goals and purposes in terms of how we enhance the care we deliver and how we proactively review, reflect and learn from incidents.	
Organisational behaviour – looking good while doing badly	A default response of organisations subject to public scrutiny or criticism is to think first of managing its reputation. ***'Many risk registers will identify reputational damage in several contexts as something to be mitigated. If this were only a single part of a more complete response that was based on identifying failure and learning from it then it might be considered reasonable. But repeated experience says that it is not. On the contrary, the experience of many NHS***	Over the last 12 months, NWAS has focused on strengthening the reporting of maternity and newborn incidents. This theme focuses largely on adopting an organisational lens on reporting targets and performance and the concerns regarding defensive and deflective practices when things go wrong. Whilst maternity care is a relatively new focus within NWAS, it is important to continuously remind ourselves that whilst we are not a maternity care provider, we do provide emergency and urgent care to maternity and	The Executive Medical Director is named as the SRO for maternity care within NWAS. There is also a lead Non-Executive Director. NWAS must ensure the newly agreed strategy, which focuses on high quality inclusive care, is delivered. This means safe, effective and person centre care. In this, we will reaffirm our commitment to being open and inclusive. Hence, ELC/Board needs to ensure that our approaches to working with patient and Public Panel, our Just Culture principles, our

	organisational failures shows that it is the whole basis of the response in many cases. Further, it has clearly led to denial, deflection, concealment and aggressive responses to challenge, in the Trust as elsewhere. Not only does this prevent learning and improvement, it is no way to treat families, who are heartlessly denied the truth about what has happened when something has obviously gone wrong, compounding the harm that they have already suffered.'	newborn patients. We are responsible and accountable to those we serve and aim to work closely with the independent investigation branch (HSIB) and our system partners (20 maternity trusts) to continuously strive for outstanding care practices delivered in the prehospital setting. Aligned to the Patient Safety Incident Response Framework (PSIRF) framework, the consultant midwife is one of NWAS's risk champions and works closely with the patient safety team to strengthen approaches to reviewing and identifying learning from maternity and newborn incidents. As part of the SDMR, additional support for maternity provision is being considered.	communications to patients and public and our interactions with regulatory bodies remains focused on transparency and learning.

A detailed summary of each theme is provided below.

<u>Theme 1 Monitoring safe performance – finding signals among noise</u>

The problem

Region level information tends to be presented in the form of "league tables". Interpretation is problematic. High-level maternity information is often used inappropriately as assurance, taking comfort from the grouping that at there were other trusts performing at the same level.

The future

There are significant benefits to the effective monitoring of maternity outcomes. There are two overall requirements:

1) The first is the generation of measures that are meaningful, timely, amenable to risk adjustable and readily available.

2) The second requirement is that the measures are analysed and presented in a way that shows the effects of random and non-random variation. The random variation is often referred to as "noise", and the outlying event as the "signal". Within NWAS, our current data is predominantly shown in this manner, with SPC charts in widespread use.

As yet, there is no specific national or local outcomes measures that map ambulance sector performance to maternity or newborn outcomes. The integration of maternity DatixIQ codes supports NWAS in identifying areas of focus aligned to the safe management of maternity and newborn cases. As part of the SDMR, the need to enhance the provision of

maternity care is being considered. Data now collected via EPR is available and amenable to clinical review. The maternity dashboard development is a key step in this process however more work is needed to utilise the data to capacity, allowing NWAS to inform systems and identify key areas of risk to mitigate.

Theme 2 Standards of clinical behaviour – technical care is not enough

The problem

Caring for patients in any setting requires not only technical skills but also kindness and compassion. The need to be professional and to listen needs to be emphasised as part of initial education and training. Behaviour that would otherwise be challenged becomes tolerated, because "that's the way we do things here". A failure to confront is often associated with critical weakness in HR functions or professional regulation which proved "frustratingly ineffective" in the report's findings.

The future

Every interaction with a patient, mother and family must be based on kindness and respect. Professional behaviour and compassionate care must be embedded as part of continuous professional development, at all levels. Reasonable and proportionate sanctions are required for employers and professional regulators so that poor behaviour can be addressed. Research supports the impact poor interpersonal interactions can have on patient care both between patients and HCPs and the impact of poor working practices and strained working relationships on care provided. In essence, addressing poor cultures and a lack of kind and compassion and person-centred care practices is a must do across healthcare.

NWAS has recently enhanced its Freedom to Speak Up provision, supporting staff in highlighting poor practices and concerns including those they have in respect to attitudes and behaviours. Acton plans are developed following yearly staff surveys. As detailed within the mapping table above, the Consultant Paramedic for Education will consider how educational resources and approaches to training will ensure compassionate and patient centred care is embedded throughout.

Theme 3 Flawed teamworking – pulling in different directions

The problem

Nowhere is this theme more important than in maternity and neonatal services, but nowhere has it proved more problematic. The lack of trust and respect between midwives and obstetric staff, and between paediatric and obstetric staff, posed a significant threat to the safety of mothers and their babies. Whilst this theme details concerns highlighted within maternity units, there are considerations for all trusts in terms of how flawed teamworking impacts upon patient safety. Ambulance services must work collaboratively with system partners to enhance team working across systems.

The future

Stronger basis for teamworking in maternity and neonatal services, based on an integrated service and workforce with common goals, and a shared understanding of the individual and unique contribution of each team member in achieving them. Teams "who train together work better together" is a key message and focus across all independent investigations in maternity services, with an acknowledgment that ambulance services are excluded from MDT training within acute trusts despite being a key partner in the prehospital setting. This theme highlights the importance of the 'system', but also highlights improvement opportunities within the trust.

Theme 4 Organisational behaviour – looking good while doing badly

The problem

The default response of almost every organisation subject to public scrutiny or criticism is to think first of managing its reputation. This has led to denial, deflection, concealment, and aggressive responses to challenge. This prevents learning and improvement, it is no way to treat families, who are denied the truth about what has happened when something has obviously gone wrong. When a trust is in difficulties with clinical services, NHSE often wishes to take decisive action. One of the few levers available is the replacement of senior leaders which often results in steps towards recovery potentially being halted or significantly delayed.

The future

The need for openness, honesty, disclosure, and learning must outweigh any perceived benefit of denial, deflection and concealment. When families experience harm, the response must be based on compassion and kindness as well as openness and honesty. A review of the regulatory approach to failing organisations by NHSE may identify alternatives to the "heroic leadership" model, including the provision of support to trusts in difficulties and incentives for organisations to ask for help rather than conceal problems.

Cultural issues exist in NWAS and whilst focus is at the forefront of agendas and strategy, delivery against SR05 is paramount. With regards to maternity and newborn incidents, more work is needed to articulate the risk this cohort pose and the vulnerability and complexity of these patients. Courageous conversations and strong leadership are required across PES lines to ensure that as a learning organisation this approach is embedded authentically.

4. EQUALITY OR SUSTAINABILITY IMPACTS

No Equality of Sustainability impact noted within this report**.**

5. RECOMMENDATIONS

The ELC:

- Acknowledge the East Kent Report and, in line with the Ockenden Report, understands that maternity services have been the subject of more significant policy initiatives than any other service.
- Be assured that maternity and newborn care is receiving significant focus via the substantive consultant midwife appointment in May 2022.
- Reviews how this paper details NWAS assurance mechanisms that look to "read the signals" as an organisation, aligned to the 4 key themes detailed.
- Acknowledges the risks regarding delivery of prehospital maternity and newborn care. These are addressed via the Patient Safety Subcommittee governance route.

North West Ambulance Service NHS Trust

CHAIRS ASSURANCE REPORT

Quality & Performance Committee			
Date of Meeting:	26th September 2022	**Chair:**	Prof A Esmail, Non-Executive Director
Quorate:	Yes	**Executive Lead:**	Prof M Power, Director of Quality, Innovation, and Improvement Mr G Blezard, Director of Operations Dr C Grant, Medical Director Mrs A Wetton, Director of Corporate Affairs
Members Present:	Prof A Esmail Dr A Chambers Dr D Hanley Mrs A Wetton Mr G Blezard Prof M Power Dr C Grant	**Key Members Not Present:**	-

Link to Board Assurance Framework (Strategic Risks):

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

Key		
	Not Assured/ Limited Assurance	Could have a significant impact on quality, operational, workforce or financial performance
	Moderate Assurance	Potential moderate impact on quality, operational, workforce or financial performance
	Assured	No or minor impact on quality, operational, workforce or financial performance

Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Board Assurance Framework	• Noted updated monthly narrative to the Q1 approved BAF. • Discussed risks associated to Operation Silver Puncture, Service Delivery Review Model, and the current position in relation to the longer term plan. • Noted the ongoing challenge with EPR and the Apex tool which facilitated audit capacity and extraction of data, referred to in the Clinical Audit Report. • Recognised significant number of mitigating actions for completion by end of March 2023, queried if any could be completed sooner. • Advised that safety culture and patient safety strategy progress was aligned to National timescales. PSIRF guidance released and currently being worked through by the team. • Noted H&S team were undergoing restructure in line with Trust's organisational development process, to be completed by end of Q3. • Risks and completion dates to be reviewed as part of Q2 BAF reviews with Executive Directors, to be held during early October 2022.	• Gained assurance that BAF risks were being managed effectively.	

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Deep Dive: PTS Private Providers	• Received detail of PTS activity and compliance monitoring processes in relation to third party PTS providers. • Noted that Covid pandemic had seen a rise in use of private providers with the position starting to reduce. • Contract monitoring involved inspections with action plans developed by the Trust, providers who did not meet standards were paused until compliance achieved. • Received risk and complaints data and noted the scope of the PTS service would advance in the future. • Queried if PES private providers were subject to similar monitoring processes. • Third Party Annual Assurance Report to the Committee, scheduled for November, would include an oversight of all third-party provider activity and performance. • Noted that future management of private providers would be carried out by a dedicated team, responsible for provision across all service lines.	• Received assurance from the report and the monitoring and compliance processes of PTS private provider activity.	
Integrated Performance Report	• Noted complaints backlog had reduced. • Acknowledged monthly complaints activity for August 2022.		

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	• Data on hear and treat signalled improvement with data points beyond the upper control limit and good improvement recognised due to the impact of implementation of NHS Pathways. • Queried the variance across areas and whether this was linked to local profiling of services. • Advised that variance was attributed to the type of services the Trust could refer to and the delayed benefits across the region were associated with the phasing of NHS pathways. • Reported that call pick up had been challenged due to staff abstractions related to NHS pathways training and staff sickness. • Performance at 62.3% against target of 95% deteriorated from June 2022 position. • Reported some improvement in C1 and C2 long waits compared to previous months. • Response time targets were not met for any ARP category apart from C1 90th although some improvements seen. • Noted measures taken to improve performance and maintain patient	• Welcomed progress made in relation to reduction of the complaints backlog • Noted improvement in some areas of the region, associated with implementation of the Single Primary Triage System and roll out of NHS Pathways. • Noted some improvement in C1 and C2 long waits. • Call pick up challenged due to staff abstractions related to NHS pathways training and staff sickness. • Performance at 62.3% against target of 95% deteriorated from June 2022 position. • Noted improvement in 111 call activity.	

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	safety including agreed focused plans with commissioners across the four ICS. • Discussed collaborative work with the wider health care system and reported focused actions with commissioners and commitment to reduce hospital handover delays by end of March 2023. • In terms of 111, reported an increase in call activity with 70% call pick up and an improved staffing position with longer term plans related to recruitment and retention. • Noted PTS performance activity.		
NWAS Winter Plan	• Winter Plan for 2022/23 had been produced following an annual review of previous document. • The Plan included establishment of winter planning arrangements across the Trust's service delivery directorate. • Noted additional funding for staff, however highlighted the challenges associated with recruitment, although reported there had been some recent improvements seen, in the current market position. • Recognised the potential impacts of rise in energy costs,	• Received assurance from the report.	

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	and noted that current socio-economic factors had been included in the Plan.		
IPC Annual Report 2021/22	• IPC Annual Report 2021/22 included activity and lessons learnt from the pandemic. • Outlined work to be undertaken in relation to FFP3 testing and IPC guidance at Trust sites continued. • Innovations and progress made since the report including an IPC dashboard had to provide a good understanding of area wide audit, for transparency and control across service areas. • Recognised challenges with data collection for assurance at Sub Committee level and actions in place to rectify the position during Q2 2022/23. • Noted that the Trust's IPC BAF captured ongoing operational risks and reports presented to the Committee and Board of Directors.	• Received assurance from the report.	
Learning from Deaths Q1 Report	• Received activity for Q1 and learning themes identified through the Learning from Deaths process. • Noted that ROSE continued to work effectively and was well attended including PPP representatives and observers from within the Trust, which supported understanding of the	• Received assurance from the report.	

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	process and promoted a learning culture. • Challenges noted in relation to use of the EPR amongst crews and the impact on data collection, and actions in place to improve record keeping. • Discussed the cases attributed to a lack of available resource and noted that ROSE considered all correlating factors and associated influential factors, as part of the review process. • Acknowledged that PPP attendance was very helpful, particularly to influence the format of the report which received scrutiny from the public and external agencies.		
Clinical Audit Q1 Report	• Received activity in relation to mandated national audits. • Highlighted that the Apex tool continued to provide a number of challenges attributed to the EPR roll out and the bespoke process to extract data out of the system. • Acknowledged the pressure on capacity within the audit team and although the Trust was meeting the national requirements there were challenges associated with the workloads within the team.	• Noted the content of the Clinical Audit Report. • Acknowledged the pressure on the audit team and ongoing challenge in relation to the EPR Apex tool.	

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	• Report highlighted how the Trust received national guidance on health care alerts and the processes for dissemination and learning.		
Clinical Effectiveness Sub Committee Chairs Assurance Report	• Received the assurances provided by members of the Clinical Effectiveness Sub Committee meeting held on 13th September 2022.	• Noted the assurances provided.	
IPC Sub Committee Chairs Assurance Report	• Received the assurances provided by members of the IPC Sub Committee meeting held on 26th July and 13th September 2022.	• Noted the assurances provided.	

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North West Ambulance Service NHS Trust

CHAIRS ASSURANCE REPORT

Quality & Performance Committee			
Date of Meeting:	24th October 2022	**Chair:**	Prof A Esmail, Non-Executive Director
Quorate:	Yes	**Executive Lead:**	Prof M Power, Director of Quality, Innovation, and Improvement Dr C Grant, Medical Director Mrs A Wetton, Director of Corporate Affairs
Members Present:	Prof A Esmail, Non-Executive Director Dr D Hanley, Non-Executive Director Mrs A Wetton, Director of Corporate Affairs Prof M Power, Director of Quality, Innovation and Improvement Dr C Grant, Medical Director	**Key Members Not Present:**	Dr A Chambers, Non-Executive Director Mr G Blezard, Director of Operations

Link to Board Assurance Framework (Strategic Risks):

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

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Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Board Assurance Framework	Noted Q2 proposed position of the BAF and monthly narrative. Noted the ongoing challenge with EPR and the Apex tool which facilitated audit capacity and extraction of data.	Gained assurance that BAF risks were being managed effectively.	
Quality and Performance Dashboard	Received the interim dashboard detailing high level performance metrics for September 2022 and noted: – Call pick up was 64% against the standard of 95%. – Significant increase in hospital turnaround times. – Good performance in relation to complaint closures.	Noted the Quality and Performance Dashboard.	
EPRR Annual Assurance Reports	The Committee received the draft submission of the NHS England 2022/23 Emergency Preparedness, Resilience and Response and statements of compliance to the Lancashire and Cumbria Integrated Care Board.	Noted the assurance provided.	
EPRR Sub Committee Chair's Assurance Report	Received the assurances provided by members of the EPRR Sub Committee meeting held on 10th October 2022.	Noted the assurance provided.	
Incidents and Serious Incidents Q2 Report	Received the Q2 2022/23 report providing assurance relating to Incident Management and Serious Incident Management. The paper identified themes, trends and areas of learning	Noted the assurance provided. Considered the additional assurance required and escalate to Board.	

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	and improvements captured by the Patient Safety Team. The Committee discussed seeking further assurance in relation to the number of hospital handover and resource availability SI themes. Agreed to escalate to Board the areas for further consideration and assurance.		
Quality and Assurance (QAV) Visit Biannual Update	The Committee received the biannual report relating to QAV compliance across the trust and noted: - 100% of all sites received a QAV in the last 12 months. – Each sector has their own integrated action tracker (IAT). – IAT trust compliance target for closed actions is 85%. As at 22nd September 2022 shows a challenged position with an overall average of 51% compliance for closure of QAV, HSS and IPC actions. – Focus on closing actions during Q3 and 4.	Noted the assurances provided.	
Medicines Management Q2 Report	Noted the new Controlled Drugs Sub Group would provide greater scrutiny in terms of the management of controlled drugs.	Noted the assurances provided.	
Ockenden Review Maternity Assurance Report	Received assurances in relation to how the Trust is responding to and addressing immediate and essential actions detailed in the Ockenden review.	Noted the assurances provided.	

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Health, Safety and Security Sub Committee Chairs Assurance Report	Received the assurances provided by members of the Clinical Effectiveness Sub Committee meeting held on 27th September 2022.	Noted the assurances provided.	
Patient Safety Sub Committee Chairs Assurance Report	Received the assurances provided by members of the Clinical Effectiveness Sub Committee meeting held on 27th September 2022.	Noted the assurances provided.	
IPC Sub Committee Chairs Assurance Report	Received the assurances provided by members of the IPC Sub Committee meeting held on 13th September 2022.	Noted the assurances provided.	

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North West Ambulance Service NHS Trust

CHAIRS ASSURANCE REPORT

Resources Committee			
Date of Meeting:	30th November 2022	**Chair:**	Dr D Hanley, Non-Executive Director
Quorate:	Yes	**Executive Lead:**	Ms C Wood, Director of Finance
Members Present:	Dr D Hanley Mr D Rawsthorn Ms C Butterworth Ms C Wood Ms L Ward Mr S Desai Mr G Blezard	**Key Members Not Present:**	Prof M Power, Director of Quality, Innovation, and Improvement

Link to Board Assurance Framework (Strategic Risks):

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

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North West Ambulance Service NHS Trust

Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Board Assurance Framework	• Discussed SR09 and out of hours resilience. • Received detail of the work undertaken to mitigate risks in relation to digital resource which included ELC approval of additional resource for the digital team. • Noted re-articulation for the risk SR12 to align with areas of the BAF.	• Received assurance that the BAF risks were being managed effectively.	
Deep Dive - Retention	• Received comprehensive presentation on 111 activity plans and trends in relation to retention and attrition. • Noted the challenges related to recruitment and the current market. • Call demand and trends highlighted and the challenges in relation to wider primary health care environment. • Noted similar national position across the ambulance sector. • Key risks identified and reported. • Recognised the hard work and implementation of initiatives such as rota review, annual leave, mental health first aiders and wellbeing breaks.	• Recognised the improvements made by the initiatives in the 111 service in relation to retention and attrition. • Noted ongoing challenges of demand vs resource and recruitment of health advisors to the 111 service.	

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Workforce Indicators Report	• Sickness absence decreased in September 22 to 8.21% with COVID-19 sickness at 1.1% in line with community prevalence. • Noted contact centres remained above average with some improvements. • Detailed review undertaken of sickness audits, data quality and compliance. • Future deep dive on sickness to be presented to the Committee in January 2023. • Mandatory Training compliance at 77% against target of 85% by end of March 2023. • Appraisal compliance rates across service lines reviewed and recently approved by the Trust's Executive Leadership Committee. • Process revised and approved for implementation to support revised management guidance and refreshed training. • Stable vacancy position reported, with recruitment plans in place to deliver the required growth. • Key areas of challenge noted and discussed plans in place to improve position and mitigation of risk.	• Noted improvements made. • Noted ongoing monitoring required in relation to current workforce challenges.	

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	• Case management position reported and noted improvements made. • Received an update on the Trust's Flu vaccination programme. • Comprehensive communication plans and weekly overview of uptake in place for senior managers to support the campaign across the Trust. • Noted the current completion rate for the National Staff Survey, which commenced on 3rd October 2022. • Received details of the initiatives in place to improve completion rate across the Trust. • Reported that the initial analysis of the results expected in January and full report due in March 2023.		
NWAS People Plan Update	• Reported that the NWAS People Plan was due to be reviewed in November 2022. • Acknowledged delay of the review, due to ongoing discussions associated with the development of the Trust's Service Development Strategy priorities and alignment with supporting strategies. • Review expected to be completed in January 2023.	• Received assurance from the update.	

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	• Reported that work continues to ensure people plans are on track for the remainder of 22/23. • Progress update on the high level objectives provided, including embedding Just Culture in people processes.		
Health and Wellbeing Report	• Received details of progress made against the Wellbeing Guardian Principles and national health and wellbeing commitments. • Recognised that findings from the Staff Survey, aligned to the Our People Promise, had shown that in 2021 NWAS scored above average on the theme of 'We are safe and healthy'. However, the results highlighted the need to ensure a constant organisational focus on health and wellbeing. • Noted progress against the Wellbeing Guardian principles. • Noted, in terms of national commitments, a Mental Health Continuum Delivery Group has been established. • Group includes senior leaders from the Trust to facilitate organisation wide implementation of the AACE Mental	• Received assurance from the report.	

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	Health Continuum Tool and other specific initiatives.		
Diversity and Inclusion Sub Committee Chairs Assurance Report	• Received the assurances provided to the Diversity and Inclusion Sub Committee meeting held on 11th November 2022.	• Noted the assurances provided to the Sub Committee.	
Finance Report	• Received details of the Trust's financial performance since the last meeting and the financial position for the period 31 October 2022. • Noted the Annual Efficiency and Productivity target position and savings achieved to date. • Noted the impact of the 2022/23 pay award settlement and assumptions associated with additional income. • Discussed the approved capital programme for 2022/23. • Recognised that the Trust had achieved the Better Payment Practice Code targets in 2022/23.	• Received assurance from the Finance Report.	
Capital Programme Update	• Discussed the approved capital programme for 2022/23. • Noted year to date expenditure and noted the schemes included in the 2022/23 capital programme. • Capital management group monitoring utilisation of capital to make best use of resource to mitigate risk.	• Noted work and ELC discussion had been undertaken. • Further report to the Committee in March 2023	

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	• Reported that ELC had met to consider capital programme for 2023/24 with further assurance required. • Agreed further report to Resources Committee in March to align with the Trust's strategic direction and plan submissions.		
Agency Performance Report	• Received an update on the level of agency expenditure across the Trust. • Noted that all agency staff had been procured at or below the price caps and via the approved framework agreements. • Detail of expenditure during quarter 2 and since the last update to committee in July, received. • Noted the re-introduction of more stringent agency controls; and that governance arrangements remained in place across the Trust.	• Received assurance from the Agency Performance Report.	
Contract Award – Major Incident Vehicles Conversion	• Endorsed a Contact Award for the conversion of major incident vehicles. • Recommended approval to the Board of Directors on 30th November 2022.	• Recommended approval of the Contract Award to the Board of Directors.	
Provision of Wide Area Network Contract Extension	• Endorsed a Contract Extension of the Wide Area Network Contract. • Recommended approval to the Board of Directors on 30th November 2022.	• Recommended approval of the Contract Extension to the Board of Directors.	

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Procurement Report	• Received an update on procurement activity, aligned to the Trust's Procurement Strategy, approved by the Board in November 2020. • Noted the status of the 81 projects on the 2022/23 work plan. • Noted the waivers and tenders and received a summary of three projects approved by the Trust's sub £500k activity process.	• Received assurance from the report.	
Estates, Fleet and Facilities Management Update	• Received assurances on activity during the period June – September 2022 against key work areas included in the Trust's Estates and Fleet Strategies. • Noted highlights of the areas of development and progress towards achieving desired outcomes. • Requested future update on the relocation of HART site. • Welcomed progress made against the maintenance backlog. • Requested a future update on the outcome of the electric vehicle charging trial.	• Received assurance from the report.	
Annual Planning Q2 Progress Update	• Noted the Trust's Strategy had been signed off in July 2022 and the Trust's performance in relation to achieving the		

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	basics would be reported to the Resources Committee in January. • Work with the Governance team to be undertaken to reconcile the Committee work plan with other strategy updates, to avoid duplicating reports to the Committee. • Discussed the resources to deliver the ambitions within the strategic plan. • Report to the Committee in January to provide an illustration of the future strategic planning required, to support discussions regarding resource to deliver the plans.	• Noted the Annual Planning Progress Update.	
Digital Strategy Update	• Received an update from the Deputy Director of Quality, Innovation and Improvement on the activity related to digital projects and progress against the digital measures. • Noted additional resource recently approved for 4 new specialists to focus on cyber and projects. • Recognised that the Trust's Corporate Programme Board continued to have oversight of progress against the digital measures. • Discussed the volume of work being undertaken and the need for ongoing consideration of resource constraints.	• Noted the work undertaken and extensive digital agenda. • Further assurance required on how resource prioritisation will be managed for ongoing monitoring by the Committee.	

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North West Ambulance Service NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	30 November 2022
SUBJECT:	Communications and Engagement Team Dashboard Report – Q2 (July – September) 2022/23
PRESENTED BY:	Salman Desai, Director of Strategy, Partnerships and Transformation

LINK TO BOARD ASSURANCE FRAMEWORK:

SR01	SR02	SR03	SR04	SR05
☒	☐	☐	☐	☐

SR06	SR07	SR08	SR09	SR10	SR11
☐	☐	☐	☐	☒	☐

PURPOSE OF PAPER:	For Discussion
EXECUTIVE SUMMARY:	The Communications and Engagement Team provides a dashboard report for the Board of Directors with a quarterly summary of key outputs and associated highlights. For Q2 (July-September 2022), statistical content and themes are provided on: **Patient and Public Engagement** A summary of our patient and public engagement activity for Q2. It includes feedback from 12 engagement opportunities attended and information about our patient surveys. Based on survey responses: • 91% were likely to recommend the service to friends and family, up 1% from Q1. • 87% were very or fairly satisfied with the overall service they received, down 2% from Q1. • 92% agreed they were cared for with dignity, compassion and respect, down 2% from Q1. Satisfaction with services dipped in two key response measures in Q1 after previously increasing for two quarters in a row. **Patient and Public Panel** A summary of the Q2 activity for the PPP, including up-to-date figures for panel recruitment and performance against objectives for the year. For example, this quarter: • 33 new expressions of interest • 11 new panel members were confirmed and inducted to the trust • 230 panel members in total

- Our youth representation is at 22% against a target
- for 22/23 of 25%
- Our diversity representation is at 13% against a target for 22/23 of 30%. We have created an action plan to help
- us improve this position for the year ahead

Press and Public Relations
A summary of our media relations activity for Q2. This includes the number of incident check calls and some highlights of the media relations work that has been undertaken this quarter. In Q2:

- 291 incident check calls were answered.
- 45 proactive web or media stories against our target of 16.
- 29 statements prepared in response to press enquiries - a 21% increase from Q1 - which had increased by 100% compared with Q4.
- 3 broadcast media interviews arranged with NWAS spokespeople – half the amount of the previous period.

An ITV news documentary which we participated in - ITV Tonight, 999: A National Emergency? - was broadcast in July. The TV crew were granted access to EOC and allowed to shadow an ambulance crew. They also were given access to Warrington Hospital. The programme reported on ambulance delays and how hospital capacity issues were causing problems for the ambulance service.

Social Media
An overview of social media engagement and growth in Q2. Including:

- Audience growth across all channels grew by 1%.
- Overall engagement and impression totals for the quarter were impacted by the national mourning silence after the death of Her Majesty The Queen.
- This blackout had an impact on social media engagement; not only during the time period of the blackout but the subsequent weeks to follow. Posts after the morning period performed significantly lower than prior.
- Our average engagement rate for this period whilst lower than some quarters is still much higher than the industry standard. According to social media industry experts, the average engagement rate is less than 0.5% for Facebook, 2.5% for Twitter and 1.5% for Instagram, making our current engagement rate of 4.8% very high.

FOI
An update on the FOI performance against the national target of 90% completion within 20 days. 102 FOIs were completed in Q2, an increase in responses of 59% on the

	previous quarter, with performance exceeding target at 99%. **Stakeholder Engagement** A summary of stakeholder activity for Q2, including the number of MP letters written and bulletins issued, along with any other activity. For example, this quarter included: • 12 MP letters (the same as Q1) • Parliamentary questions x2 – Mark Hendrick MP re. Preston station & Secretary of State for Health re. Preston station • Pendle Borough Council – performance and activity data for the council area July • Metro Mayor of Liverpool City Region, Steve Rotheram visit to Estuary Point • Widespread programme of communication to Alston residents re ambulance provision **Films** A summary of in-house videography activity. 16 films were completed this quarter, compared with 22 in Q1 with a further 5 underway, including an animation to support the launch of the new trust strategy. **Internal Communications** Figures showing how many internal communication bulletins have been issued and up-to-date statistics on the staff app. For example, in Q2: • 10 CEO bulletins • 15 Clinical bulletins • 19 Operational bulletins 35 other bulletins including covid-19, digital, EOC, PTS and Communications bulletins together with the Weekly Bulletin. **Website and Green Room** A summary of statistics for our website, accessed by members of the public and partner organisations. In Q2, the website was visited over 186,336 times. Consistently the most popular pages are the patient transport service (PTS), vacancies and apprenticeships. Most people (86%) found our website by searching on Google. Visitors to the vacancies section of the website are down on Q1, when they had peaked due to an EMT advert and advertising on radio and social media. **Focus on – Ambulance Academy** A summary of the launch, promotion and results of the Ambulance Academy section of the website. Over 6,000 individuals accessed the pages in the first week.
RECOMMENDATIONS:	The Board of Directors is requested to:

	Note the contents of this report and discuss the impact of its content.
CONSIDERATION OF THE TRUST'S RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	The Trust's Risk Appetite Statement has been considered as part of the paper decision making process: ☐ Financial/ VfM ☐ Compliance/ Regulatory ☐ Quality Outcomes ☐ Innovation ☐ Reputation

INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 3 OF REPORT

ARE THERE ANY IMPACTS RELATING TO: **(Refer to Section 4 for detail)**	Equality:	☒	Sustainability	☐
PREVIOUSLY CONSIDERED BY:				
	Date:			
	Outcome:			

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1. PURPOSE

To provide the Board of Directors with a summary of key outputs and associated highlights on the work of the combined Communications and Engagement Team for Q2 (July – September 2022).

2. BACKGROUND

The Communications and Engagement Team has created a dashboard providing high level statistical content and themes from Q2 activity on:

- Patient and public engagement
- Patient and public panel
- Press and public (patient) relations
- FOI performance
- Stakeholder communications
- Social media: Facebook, Twitter and Instagram
- Website and Green Room
- Internal projects and campaigns
- Internal communications including the staff app
- Films produced in-house

Each report also goes into more detail on some priority pieces of work. On the last page, this quarter's dashboard highlights the recent launch of the Ambulance Academy; a new area of our website for children, young people, teachers and adults, where they can find out about jobs in the ambulance service, first aid, how to give CPR to save a life, and what happens when they call 999. Visitors to the site can download activities to enjoy at home. The pages include free resources for teachers to support pre-schoolers to find out about 'people who help us', whilst the first aid tips and lesson plans for primary and secondary school pupils support learning in health education.

3. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS *(including consideration of the Trust's Risk Appetite Statement)*

All of the trust's communication and engagement activities adhere to the following legislation:

- Freedom of Information Act 2000
  Health and Social Care Act 2006 (to involve and consult with patients and the public in the way it develops and designs services).
- Department of Health's Code of Practice for promotion of NHS Services 2008.
- NHS England Patient and Public Participation Policy 2015 (listening to and involving communities, their representatives and others, in the way we plan and provide our services).

4. EQUALITY OR SUSTAINABILITY IMPACTS

All of the trust's communications and engagement activities seek to promote equality and diversity and ensure information is accessible to all.

5. RECOMMENDATIONS

The Board of Directors is asked to note the attached dashboard and provide any comments on its content or what they may wish to see on future dashboards.

Communications and Engagement Dashboard

Q2 2022/23 (July, August and September)

NHS North West Ambulance Service NHS Trust

PATIENT AND PUBLIC ENGAGEMENT

12 events/engagement opportunities with groups including: ▼ **56%**

Dementia Well Being Fleetwood, Deafway, Emergency Services Day at Sale Sharks stadium, Healthwatch Wirral, Cumbria Pride, Bolton Freshers Fair and Disability Awareness Day. Total events for the year to date = 39.

Feedback themes: sympathetic support for the service and positive regard for ambulance crews where lived experience was relayed. The public recognise that we are doing our utmost to mitigate response delays.

We received 44 expressions of interest to join the Patient and Public Panel, mostly from diverse communities.

Engagement champions from PES, PTS and 111 meet with the team to review patient feedback. A new PTS dashboard has been developed with extracted survey data and feedback themes from patients. The champion will take forward actions and make changes to the service based on real-life insight. PES and 111 to follow.

26,195 surveys sent ▲ **62%**

2,212 surveys returned ▲ **91%**

In Q2 we saw a rise of **1%** in overall return rate when compared to Q1. The increase in returned surveys is reflective of the increase in those sent.

91% were likely to recommend the service to friends and family ▲ **1%**

87% were very or fairly satisfied with the overall service they received ▲ **2%**

92% agreed they were cared for with dignity, compassion and respect ▼ **2%**

Q2 sees a drop in two key response measures for the first time since Q3 of last year.

PATIENT AND PUBLIC PANEL (PPP)

33 new expressions of interest

11 new panel members

230 total panel members ▲ **4%**

24 new requests for panel involvement

24 structured and/or task orientated involvement opportunities delivered ▲ **85%**

NOTES
Panel members receive a weekly roundup newsletter showing how their involvement has supported key projects. Colleagues are reminded monthly of the benefits of panel involvement in new initiatives in The Bulletin.

PERFORMANCE AGAINST OBJECTIVES

- Increasing youth representation – target is to have **25%** of the PPP made up of young people (16-24 years old) by year end. The youth element of the PPP (16-24) is our highest category at **22%**.
- Ensuring we represent our diverse communities – target is to have **30%** of members from ethnic minority communities. Currently, diverse members account for **13%**. We have produced an action plan to help improve diversity and are attending targeted community events where we have received positive responses.
- For our Patient and Public Panel work, NWAS was a finalist at the Patient Engagement National Network Awards (PENNA) in the Engaging and Championing the Public category.
- Areas of involvement include various learning forums, quality improvement, feedback on community events, a review of the winter campaign and a review of the Ambulance Academy site.

PRESS AND PATIENT/PUBLIC RELATIONS

333 incident checks handled ▲ **14%**

29 statements in response to media enquiries ▲ **21%**

3 broadcast interviews ▲ **50%**

49 proactive stories, against our internal target of 16 (includes 30 web stories, 15 press releases and 4 contributions to other organisations' releases).

Topics included:

- Zero-emission mental health vehicle
- Smart ambulance stations
- New trust strategy
- Special maternity training for ambulance crews

At least one piece of coverage was secured for each press release shared. The launch of Ambulance Academy saw the largest amount of regional coverage. This was achieved through junior life-saver stories, which drew the media and readers to our content and introduction of Ambulance Academy.

384 pieces of media coverage. ▲ **21%**

319 were reports of incidents, including a mention of NWAS with details provided by our press office about resources sent, number of patients and nature of injuries. This is considered neutral coverage as the story itself about an incident may be considered positive or negative, but the information about NWAS is factual and neutral in tone. ▲ **22%**

28 pieces were considered negative. These are stories which overall, reflect negatively on NWAS, but include a statement from us in response to a situation. Most pieces in this quarter were in relation to waiting times and hospital handover times. ▲ **100%**

NOTES
This is coverage available online and may not include all mentions of NWAS in local publications or on broadcast media outlets, although most broadcast outlets also publish online stories which will be captured.

EXTERNAL HIGHLIGHTS

Heatwave
The summer heatwave and the following spike in demand prompted many media inquiries in the early part of the quarter. These included questions regarding staff wellbeing in the hot weather following staff complaints about broken air conditioning in ambulances.

ITV Tonight, 999: A National Emergency?
An ITV news documentary which we participated in was broadcast in July. The TV crew were granted access to EOC and allowed to shadow an ambulance crew. They also were given access to Warrington Hospital. The programme reported on ambulance delays and how hospital capacity issues were causing problems for the ambulance service.

111 recruitment
Following social and radio advertising support throughout August, 111 saw a huge increase in applicants to its health advisor roles. Drop-out rates during the process of assessment and interview were unusually high, but this is something being seen across all trust recruitment processes.

While we await insight from the recruitment teams, we will continue to support the next 111 HA intake in January through social media and radio advertising.

Your Call – summer edition
7 article stories released on social media (6 more to be released before December 22 to boost views).

10,051 reads so far

Top stories:
- Salford Paramedic Paul on being in a serious cycling RTC.
- EOC supervisor Ryan shared the poem he wrote to boost staff morale.
- Maternity training for ambulance crews.

Wellbeing podcast – Turn off the Blues
As a pilot, we started to support a new podcast to promote wellbeing of staff. It's presented by Operations Manager Craig Davies and EOC Performance Manager Martin Thomas. They speak to members of staff about different issues in their lives, trying to encourage others to speak out and get help.

The first episode was recorded and published in this quarter. It features paramedic Deb Foster, who talks about her experience with IVF, and post-natal depression.

In the first week, it was downloaded over 230 times.

SOCIAL MEDIA - FACEBOOK, TWITTER AND INSTAGRAM

AUDIENCE

73,651 Facebook likes

64,167 Twitter followers

16,097 Instagram followers

Audience growth ▲ 1%

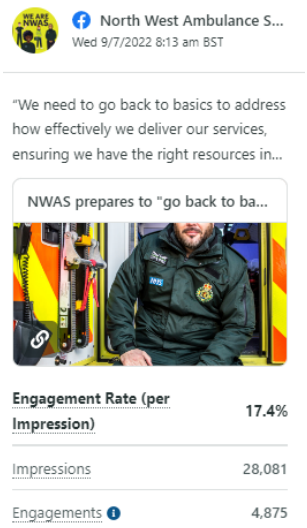
ENGAGEMENT

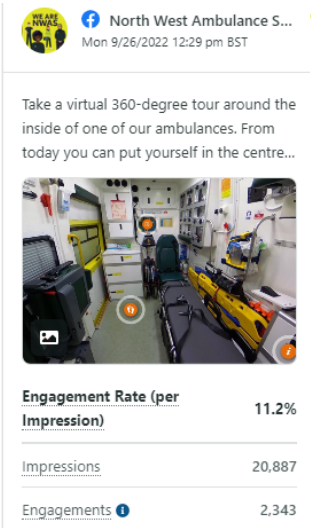
626 posts published on all channels

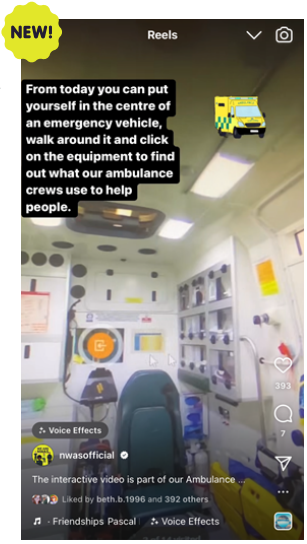
4,363,738 impressions

211,446 engagements (comments, likes, retweets, shares etc)

4.8% engagement rate ▲ 6%







Top performing reel: A virtual tour of an ambulance 12.2k views

NOTES
'Impressions' means a post has appeared on someone's social media feed. It is the number of times our content may have been seen by a member of the public.

'Engagements' is when someone engages with our content eg clicks a link, reacts to it by clicking 'like', or shares or retweets it.

'Engagement rate' shows us how many people engage, for example for every 1,000 people who see our post, 54 engage.

According to social media industry experts, the average engagement rate is less than 0.5% for Facebook, 2.5% for Twitter and 1.5% for Instagram, making our engagement very high.

'Reels' are short-form vertical videos with editing tools and audio tracks, they are 'entertaining and immersive'.

CONTENT
Our overall engagement and impression totals for the quarter have been impacted by the national mourning silence after the death of Her Majesty The Queen.

A blackout silence like this on social media, whilst respectful and the right thing to do, does impact social media engagement; not only during the time period of the blackout but the subsequent weeks to follow. Posts after the morning period performed significantly lower than prior.

Our average engagement rate for this period whilst lower than some quarters is still much higher than the industry standard.

Engagement highlights have been the Manchester Pride event live video snippet of staff, Australasian and News Zealand paramedics joining NWAS, Your Call magazine stories, and maternity training posts.

FREEDOM OF INFORMATION (FOI)

102 completed ▲ **59%**

99% within 20 working days

94% YTD 20 working days

Topics included:

- Alston Moor
- Deaths whilst waiting for an ambulance
- Sexual harassment
- Gross misconduct hearings
- Policies for students in violent situations
- Racist abuse towards staff
- Attending Covid-19 positive patients
- A&E handover times
- NHS Pension scheme

NOTES
FOIs: We have a statutory duty to reply to FOIs within 20 working days.
The national target is 90% for this and we set an internal stretch target of 95%.

STAKEHOLDER COMMUNICATIONS

12 MP letters ▶ **0%**

Subjects include: delays, estates (Preston & Grange), community defibs, call handling, stroke services

Others:

- Widespread communication to Alston residents and stakeholders about the local service.
- Parliamentary questions x2 – Mark Hendrick MP re. and Secretary of State for Health, both on Preston station.
- Pendle Borough Council – performance and activity data for the council area.
- Metro Mayor of Liverpool City Region, Steve Rotheram visit to Estuary Point.
- 1x Stakeholder News Brief Special – CQC
- 1x regular stakeholder brief

FILMS

16 completed

5 underway

(22 in the previous quarter)

- Beat the Burnout feedback
- Experience of using the Language Line pilot app – a staff story
- Our Strategy 2022-2025 (animation)
- Team Talk Live: July
- 111 Rota Review
- Adrenaline 1 in 1,000
- NWAS Summer School – 'Elsie's story'
- AGM film
- Wearing and working with body-worn cameras
- Digital shifts
- x4 Could you be a Star in a Car?
- Accessing our services through the eyes of a patient with learning disabilities – a patient story
- Team Talk Live: September

INTERNAL BULLETINS

During this quarter, we shared:

10 CEO bulletins

15 Clinical bulletins

19 Operational bulletins

Plus 34 others including weekly bulletins, coronavirus, HR, communications EOC and 111.

Topics included:

- CQC outcome
- Holiday pay
- Mask guidance
- 111 rota review

621 staff app downloads.
The app was used mostly to access rostering and ESR. The reason for the boost in downloads was due to an update which required staff to re-install the app.

INTERNAL (STAFF) ACTIVITIES

CQC inspection

- In April, we welcomed the Care Quality Commission (CQC). Following the CQC results received in July, we shared the findings with staff and updated the CQC Green Room pages with the reports.

The death of Her Majesty The Queen

- Following the passing of our late Sovereign, we sent out two weekly bulletins solely dedicated to Queen Elizabeth II's passing. Content covered Operation London Bridge, the arrangements surrounding the funeral, the period of mourning and much more.

Turn off the blues podcast

- We launched a brand-new health and wellbeing podcast. Turn off the blues is a podcast by staff for staff with the hope of reminding them that they're not alone and encouraging them to seek help if in need. Each episode features health-related stories and experiences from staff members. The podcast is recorded at UCLAN and then edited by the Communications Team and shared internally and externally.

Better health, better you

- We relaunched our health and wellbeing newsletter with a refreshed identity and purpose. The newsletter is a monthly publication that focuses on a certain topic each month. The newsletter includes content from the turn off the blues podcast, specific support staff can access via NWAS or through different charities/organisations and an expert extract that provides insight from a public figure and their journey with similar conditions.

Network support

- We supported the development of our newest network, the Women's Network. Liaising with our design agency, we created a toolkit that included digital and printed assets as well as merchandise like pens and pin badges. We also created a comms plan to support the promotion of the network and advertise the big launch event.

North West Ambulance Charity

- In July, we welcomed our new head of charity. Since then, we have promoted the hardship fund, boosting the presence of the charity, promoting fundraising events and the various schemes it can offer staff.

Strategy launch

- To introduce staff to our new strategy for 22-25, our in-house videographer created an animated film, the strategy was mentioned on all channels, including Team Talk Live. We designed posters, pens and postcards for the Strategy Team to share when they went 'on tour' to talk to staff about the trust's new aims.

111 comms

- Continuing to support the 111 rota review, we shared the reason behind the review, how it will work and asked for volunteers to get involved in the working parties.

Other internal support

- Long service awards, Blackpool Hub, NHS Pathways, new EPR implementation, ICT security updates, iPads, VPRG – violence prevention and reduction group and ESMCP – emergency service mobile communications programme.

WEBSITE AND GREEN ROOM

186,336 visits in Q2- the number of times people have visited our website ▲ 2%

391,424 page views - meaning for every visit, approx. 2 pages are viewed

MOST VIEWED

Vacancies – 91,188 views ▼ 48%
Patient Transport Service – 64,639 views ▼ 7%
Apprenticeships - 21,006 views ▼ 8%

Insight: Popular pages remain the same. Although visits to popular pages are down, they had peaked in the previous period due to EMT1 recruitment.

ROUTE IN

Search (Google etc) – 87,779 visits (68%)
Social – 17,165 visits (13%)
Direct (typing in URL) – 23,192 visits (18%)
Referral from another site – 3,014 visits (2%)
Email – 70 visits (<1%)

403,579 visits in Q2- the number of times people have visited the Green Room

1,182,397 page views - meaning every time someone visits, they view approx 3 pages

DEVICE

62,701 Desktop 
6,703 Mobile 
1,455 Tablet 

Insight: Tablet use has increased by 12% on the previous period, indicating that trust issue iPads are changing the way users access the Green Room.

Top pages: managers on duty, current vacancies, bulletins, HR Portal, Support Room.

HIGHLIGHTS

The Ambulance Academy section launched on Monday 26 September. On this day, we saw the number of daily visitors to our website double, with 11,894 views.

FOCUS ON...

Ambulance Academy

The Ambulance Academy an area of our website for children, young people, teachers and adults, where they can find out about jobs in the ambulance service, first aid, how to give CPR to save a life, and what happens when they call 999. Visitors to the site can test their skills in our quizzes and download activities to enjoy on a rainy day at home. The pages include free resources for teachers to support pre-schoolers to find out about 'people who help us', whilst our first aid tips and lesson plans for primary and secondary school pupils support learning in health education.

Promotion
We took a two-pronged approach targeting both internal and external channels. We used the 360-degree virtual video as the hook to draw people in, positioned alongside junior lifesaver stories from across the region.

Internal
We tailored our messaging to appeal to staff who are parents, grandparents, carers, guardians and those who work with children and young people. We promoted it via the CEO message, Green Room, bulletin and the staff Facebook group.

External
We teased the launch of the site in June with schools and built up a dialogue with interested teachers. We sent launch packs to over 3,800 schools and colleges in the region on launch day. This was supported by 3x press releases for junior lifesavers, social media posts, website story, PPP and community group mail shot.

Possible scope for the future
The 360-degree video was a project of our colleague Ian Mullineaux which he completed for internal staff training and e-learning. Ian adapted the video to make it appropriate and accessible for the Ambulance Academy. Ian has started a new role within NWAS but is keen to develop the 360-degree ambulance video further so autistic people can explore it in more detail. For example, see what it's like to lay on a stretcher having your blood pressure taken etc. which is something we could host on the Ambulance Academy site.

Results after one week
Page views – 8,180
Unique page views – 6,259
Schools and colleges contacted - over 3,800
Instagram Reels vid – 11.4k views
Press coverage; Liverpool Echo, Blackpool Gazette

What next?
We will use public feedback and analytics to develop the content of the site. We're also looking to create a similar section to meet the needs of users with learning disabilities.

COMING SOON

In our next report, we'll share updates on:

- Winter demand and public awareness - launching our every second counts and here for you this winter campaigns.
- Public engagement events - conversations with our communities at events hosted by NWAS.
- Launch of the Women's Network.
- Staff, stakeholder and media engagement for the Manchester Arena Inquiry - Volume 2 report.
- e-shot - the new way of sending emails and understanding what staff read.

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