NHS
North West
Ambulance Service
NHS Trust

ANNUAL REPORT
2017/18

CONTENTS

FOREWORD

Welcome to the Annual Report for North West Ambulance Service NHS Trust 2017/18. We are delighted to present to you a summary of our achievements and activities in the last year as well as our operational and financial performance.

The year has truly been a challenging one with many highlights, some of which tested our resilience and skills to the full in extreme circumstances.

In May, over 300 staff – both on the frontline and behind the scenes responded to the horrific attack on the Manchester Arena. Tragically 22 people lost their lives and it will forever be a very dark day in the city's history. The public, and later the report into the response to the incident, praised the actions of our staff and we are indeed extremely proud of what they did. The trust's major incident and triage plans were tested to the limit and worked well, undoubtedly saving the lives of many and alleviating the pressure on the wider NHS system. We are very proud of all of our staff, those who worked tirelessly that night and those who supported their colleagues. We would also like to thank the people of Greater Manchester whose generosity, support and good wishes were overwhelming.

During 2017/18, NWAS became one of the first ambulance trusts to embark on the Ambulance Response Programme (ARP) to test a new system for ambulance services to better meet the needs of patients. The underlying principle is to ensure the right resource is sent at the right time, in the right place and this was rolled out nationally in August 2017. It would be fair to say that this has taken some time to fully embed and has been a challenging learning process. We talk about this more in the report but we are pleased to say that as we move into 2018/19, with the new initiatives put in place, positive signs of improvement are being seen.

This has come with a back drop of a significant increase in activity with an emergency call volume rise of 7% against a predicted 3%. However, we are pleased to report that despite this rise, we have taken fewer patients to hospital due to a continued emphasis on hear and treat and see and treat.

The trust has always taken pride in putting patients at the heart of everything that we do and this was the fundamental basis of the launch of our transformation project. Ambulance services need to evolve to keep up with the constantly changing needs of the health service and the expectations of the public we serve. We are in a unique position in that we are present in the homes of our patients and we are often the first point of contact into the health service for many people.

We believe that we can be so much more than an emergency response service and the excellent clinical skills of our staff can be utilised to better improve the lives of patients. Transforming Patient Care is a two year programme, launched in April that will change the way we deliver services to improve care for patients. The changes we make will help us ensure we can continue to provide safe and effective services into the future.

The programme is based on using our ambulance service and 111 provider expertise, and knowledge of the wider urgent and emergency care system, to support patients as early as possible in their NHS experience. We will promote healthy living so less people need our services in the first place, and we'll have more clinical input early on in the patient journey to provide people with the right care, at the right time, in the right place. This way of working takes ambulance services into a new era and we are very pleased to be at the forefront of this development.

There has been much emphasis this year on the recruitment of frontline staff and we were delighted to welcome more than 500 people into the Paramedic Emergency, Urgent Care and Patient Transport Services, Emergency Operational Centres and the NHS 111 service. At a time when all public sector organisations are facing financial challenges, we are proud to be able to expand our patient facing roles, reducing our vacancy gap from 14.2% to 1.8%.

Supporting these new recruits and our services are the hundreds of volunteers who work tirelessly to help patients throughout the region in our Patient Transport and Emergency Service. Volunteer Car Drivers assist us in taking patients to non-emergency outpatient appointments while Community First Responders (CFRs), work in their communities responding to life-threatening calls – supporting patients until we can arrive. Their help is invaluable and we are extremely grateful for their commitment.

Another focus this year has been our health and wellbeing agenda. Any organisation is only as good as its workforce and we recognise that the frontline roles particularly, can be demanding both physically and mentally. After considering the results of the NHS National Staff Survey, the trust has embarked on a number of initiatives to help improve the welfare of staff and their working environment and we have made a firm commitment to continue this in the years to come.

The trust has much to be proud of this year and has received a number of awards in recognition of our staff initiatives. The prestigious Gold Award, as part of the Ministry of Defence's Employer's Recognition Scheme recognises our commitment to supporting the armed forces and the Princess Royal Training Award, our commitment to the training and development of staff. In addition to these, we were also extremely honoured to learn that one of our staff received the Association of Ambulance Chief Executive's Innovation and Change Award for the work undertaken to set up a medicines hub.

NWAS' continued support of staff development is key to us becoming the best ambulance service in the country and it is extremely rewarding to see our staff achieve their own goals with support from the trust. During 2017/18, we have had a number of staff undertake PhD or professional doctorate studies and advanced practitioner MSc studies. Not only do we support frontline staff in improving their clinical skills and development, but we encourage our support staff to gain professional qualifications in their chosen fields such as Finance, Human Resources and Communications.

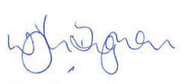
As one of the largest ambulance services in the country, NWAS receives a lot of attention from the media and stakeholders. In March we were delighted to announce to staff that we are taking part in the BBC's successful series 'Ambulance' which will be filmed in Greater Manchester. This is due to be aired in Autumn 2018 and will follow our staff on the frontline as they respond to patients throughout the county.

We continue to raise our profile and engage with communities through public events such as health fairs, fresher's weeks and open days and always welcome feedback from the communities we serve. Whatever your experience of North West Ambulance Service, we always like to hear from you.

Our vision is to be the best ambulance service in the UK via our goals to provide the right care, at the right time and in the right place. Despite challenges of increased activity and the current financial climate, we believe this is a realistic aim and certainly, with the investment in the development of our staff and our response model, we are heading in the right direction.

There are not many people in the North West who, through friends or family, have not been touched in some way by NWAS and we receive many messages of support and compliments from the public. We would like to take this opportunity to thank all of our stakeholders and the public for their support during the last 12 months; it is very much appreciated by ourselves and our staff.

If you have any comments or feedback on any of the content in this report, please do let us know.



Wyn Dignan
Chair

Derek Cartwright
Chief Executive

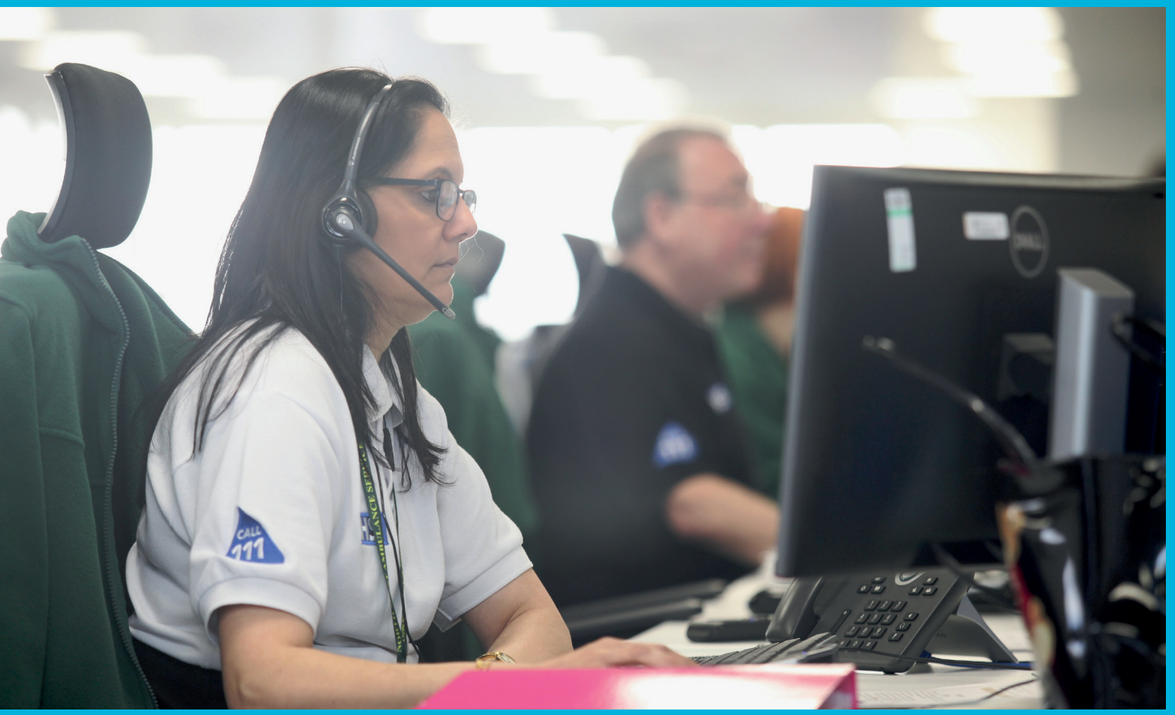
PERFORMANCE REPORT

The trust's Performance Report has been prepared under direction issued by the Department of Health Group Accounting Manual 2017/18 in accordance with Chapter 4A of Part 15 of the Companies Act 2006.

The Accountable Officer is responsible for preparing the annual report and accounts and considers taken as a whole are fair, balanced and understandable.

Derek Cartwright
Chief Executive

Date: 25 May 2018



OVERVIEW

The purpose of the overview section is to provide:

- A statement from the Chief Executive Officer providing an overview of the performance of the trust during 2017/18
- Information on the purpose and activities of the trust during 2017/18
- A statement of the purpose and activities of the trust, including a brief description of the business model and environment, organisational structure, objectives and strategies
- Details of the key issues and risks that could affect the trust in delivering its objectives
- An explanation of the adoption of the going concern basis where this might be called into doubt
- A performance summary of the trust

CHIEF EXECUTIVE STATEMENT

2017/18 has seen great changes in NWAS as we move towards becoming an all-round healthcare provider rather than an emergency response service.

We have been working with our Commissioners on our 'Transforming Patient Care' programme which is changing the way we deliver services to improve care for patients and help us support them early in their NHS experience.

The trust has made great strides with initiatives within our Patient Transport Service, targeting frail and older people and paediatric patients – this will continue in earnest in 2018/19 and we hope that these and other projects will become a base on which other ambulance services can build.

As mentioned previously, since going live with ARP, we have found the performance standards challenging to meet but a significant amount of work has been undertaken to improve our response times.

Working with the Association of Ambulance Chief Executives (AACE) we have undertaken a wide reaching review on how our Category 1 response can be improved within the North West and we are well on the way with implementing a programme of improvement actions.

The improvements introduced include a review of our vehicle mix and the replacement of rapid response vehicles with emergency ambulances, employing more emergency medical dispatchers to answer 999 calls, enhancing clinical support in our emergency operations centres with a full staffing in our clinical hub, a review of our processes for dispatching ambulances to patients who call NHS 111, the exploration of opportunities for training our staff and working with BT to benchmark our 999 call answering performance, amongst many other things.

In March 2018, I announced my retirement from the trust after nearly 32 years' service so this will be my last Annual Report. I have been honoured to work for the ambulance service in so many roles from Patient Transport Service, to being a serving Paramedic, senior manager and then Chief Executive. I'm very proud to be leaving at such an exciting time for the sector and hope my successor enjoys developing the service even further and wish them every success.

HISTORY OF THE TRUST

The North West Ambulance Service NHS Trust (NWAS) was established on 1 July 2006 following the merger of the Cumbria, Greater Manchester, Lancashire and Mersey Regional ambulance trusts. One of the

largest ambulance trusts in England, NWAS provides services to a population of around seven million people across a geographical area of approximately 5,400 square miles. During 2017/18, the trust received 1.3 million emergency calls, completed over a million journeys and 814,327 hospital attendances. Approximately, 1.4 million patient journeys are undertaken by our non-emergency service for patients travelling to hospitals and other healthcare centres for treatment.

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

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

TRUST VISION AND AIMS

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

Our approach is to ensure clinical decisions are taken early in the patient journey to ensure no patient is needlessly waiting. The five principles that support our approach are as follows:

Going forward the aims have been updated to reflect the Transformation programme and emerging priorities.

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

OUR SHARED **VALUES**

Our values form the foundation of and drive the whole organisation, ensuring we lead by example and create the right culture and conditions for patients to receive safe care every time.

OUR SERVICES

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

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

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

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

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

KEY RISKS TO DELIVERING OBJECTIVES

STRATEGIC RISKS 2017/18

The trust identified eleven strategic risks (ie. those risks identified on the Board Assurance Framework) aligned to the Strategic Goals during 2017/18. The Board Assurance Framework and Annual Planning Cycle processes have evidenced, following proactive management and continuous review, robust control measures that ensure these risks are mitigated to an acceptable level by the trust. The following list denotes the strategic risks identified in the year that either have been or are currently being mitigated:

1. The trust is not compliant with CQC Key Lines of Enquiry and does not achieve at least 'good' at the next CQC inspection
2. The trust does not deliver the financial plan for 2018/19, including identification and delivery of the Cost Improvement Programme and Transformation Savings
3. The trust does not deliver the financial plan for 2017-18
4. The trust does not meet all of its performance standards
5. Our information and communications technology infrastructure and information assets systems fail
6. The trust cannot demonstrate clear evidence of learning and improvement in the systems designed to deliver quality services which are safe, effective, efficient, timely, and equitable and patient centred.
7. The trust does not develop and deliver a digital infrastructure that will enable it to meet its future needs
8. Inability of the trust to recruit; develop and retain sufficient clinical staff to be able to deliver safe services
9. STP/Devolution may result in more complex commissioning of our services and impact on our ability to provide a timely or appropriate response

10. The trust does not transform and modernise service delivery to improve performance and efficiency within the urgent and emergency care sector
11. The trust is unable to engage appropriately/effectively with relevant partners in relation to patient pathways and prevention

FUTURE RISKS 2018/19

The key risks for the trust as it moves into the new financial year remain focused around the quality of patient care and safety; financial sustainability, including delivery of cost improvement plans; transformation of services to meet the needs of patients and operational performance. The following list denotes the risks identified for 2018/19:

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

GOING CONCERN

The Board of Directors has reviewed the trust's financial position throughout 2017/18 and has confirmed that it is appropriate that the Annual Accounts for the year are prepared on a going concern basis. Going concern is one of the fundamental underpinning accounting concepts for the preparation of financial statements where organisations are usually viewed as continuing in operation for the foreseeable future. Detailed guidance in respect of going concern is set out in International Accounting Standard (ISA1) and the interpretation for the Public Sector context is set out in the Financial Reporting Manual (FREM) and the Department of Health Group Accounting Manual (GAM) 2016/17. The trust's Letter of Representation for 2017/18 to KPMG LLP as external auditors refers to NWAS preparing its accounts on a going concern basis.

PERFORMANCE SUMMARY

During 2017/18 the trust became an early implementer of the Ambulance Response Programme (ARP) a new framework for ambulance trusts to deliver its service meeting the needs of its patients. The fundamental underpinning principle of ARP is to use the right resource at the right time in the right place, all in line with the trust's strategic aim. NWAS adopted the ARP model from the 7 August 2017 which does not enable the trust to report a full year for its performance.

The headline figures below are as from the 7 August 2017. The trust continues to transform its fleet and workforce profile to enable it to meet the ARP performance standards. While the trust has a strong track record of achieving financial targets, we were disappointed not to deliver the new national performance targets for emergency responses in 2017/18. The factors which have influenced the performance and development of the trust over the period are detailed in this section of the report.

STATUTORY & REGULATORY FINANCIAL DUTIES

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

These are:

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

In 2017/18 the trust achieved all of these duties.

In 2017/18 the trust's income was £327.7 million and was generated from the following activities:

INCOME FROM ACTIVITIES	2017/18 £000
PES Income	249.487
PTS Income	40,967
111	20,099
Other Income	17,178
Total Income	**327,731**

PERFORMANCE ANALYSIS

OPERATIONAL PERFORMANCE STANDARDS

In 2017/18 the national performance standards for emergency responses, and the trust's performance against these standards were:

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

PERFORMANCE AGAINST STANDARDS – 2017/18

PERIOD	CAT 1 MEAN	CAT 1 90TH	CAT 2 MEAN	CAT 2 90TH	CAT 3 90TH	CAT 4 90TH
Standard	7 mins	15 mins	18 mins	40 mins	120 mins	180 mins
Q1*	n/a	n/a	n/a	n/a	n/a	n/a
Q2**	00:09:57	00:16:12	00:24:45	00:56:07	01:49:21	02:37:48
Q3	00:10:16	00:16:58	00:34:08	01:18:45	02:19:36	02:54:15
Q4	00:09:08	00:15:33	00:33:50	01:17:32	03:14:45	03:18:09
YTD	00:09:43	00:16:16	00:31:59	01:13:25	02:33:33	03:00:57

*** Q1 – APRIL – JULY 2017**

During 2017/18 the trust became an early implementer of the Ambulance Response Programme (ARP) a new framework for ambulance trusts to deliver its service meeting the needs of its patients. NWAS commenced the ARP model from the 7 August 2017 which does not give the trust a position to report a full year effect for its performance and therefore, quarter 1 data is not available.

***Q2 – AUGUST & SEPTEMBER 2017**

During 2017/18, the trust experienced a significant increase in activity. The emergency call volume rose by 7% against a predicted 3% increase. Despite this challenging increase in activity, proportionately the trust has taken fewer patients to hospital. This was realised by a continued growth in Hear and Treat and See and Treat which safely directed patients away from a hospital emergency department attendance.

An increase in hospital handover times impacted on the trust's ability to achieve the national performance standards by reducing the amount of available resources. The trust has worked with NHS Improvement and NHS England to raise the awareness of the impact of extended handover delays.

PATIENT TRANSPORT SERVICE

2017/18 has seen Patient Transport Service (PTS) contribute to the trust's Transforming Patient Care Programme in three ways:

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

Health Promotion and Prevention are also at the heart of a scheme to 'Raise Concerns for Patients'. Through this scheme, our crews can access clinical support through the trust's Clinical Hub should they be concerned about a risk to the patient either in their homes, such as risk of falls, fire risk or from issues such as dementia, mental health, isolation and loneliness, with a view to providing an onward referral to an appropriate service or support which could prevent issues from developing and possible attendance at treatment centres.

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

ENGAGEMENT

PTS has further developed its engagement with key stakeholders during 2017/18. Relationships are established with all key acute hospitals and these start with good local links operationally. This sees regular contact between PTS, clinics and important departments such as bed management and clinical flow teams in acute hospitals. Our managers are responsive through shared, transparent escalation arrangements and attend regular meetings to ensure the smooth management and oversight of our contracts.

Tripartite arrangements are robust, with local commissioners and acute hospital managers meeting regularly with PTS representatives. During the year, PTS has also established itself at a number of A&E Delivery Boards across the North West, in recognition of our important role in supporting effective flow of patients through the healthcare system. Our influence through this engagement has seen numerous collaborations with these partners in support of improvement for patients and the wider health economy.

The following logo has been developed to highlight the role PTS plays in transforming patient care.

We're Transforming Patient Care by…

Supporting health **P**revention – every contact counts
Providing integrated **T**ransport for non-emergency patient journeys
Piloting access to clinical **S**upport to raise patient health concerns

VOLUNTEER CAR DRIVERS

During 2017/18, Volunteer Car Drivers undertook circa 250,000 PTS journeys. The drivers play an invaluable role in transporting patients to and from their appointments and compliments received from service users highlight that we offer a friendly and reassuring role to patients who greatly value this service.

Over the year, a number of changes have taken place in relation to the PTS volunteer car drivers. The majority of drivers now use the PTS Online system to access their work for the following day which is a more reliable and consistent method than the previous e-mail approach. The drivers also input their pick-up and drop off times directly into the PTS online system which has improved the timeliness of data capture and improved our ability to monitor and analyse performance on a daily basis.

In addition, all volunteer drivers have now completed the same mandatory training modules as PTS crews which include areas such as health and safety and safeguarding. The majority completed this via the online learning zone.

Throughout the year the PTS Assurance Team have undertaken a rolling recruitment campaign and have recruited around 75 new drivers. All drivers now apply through NHS jobs and complete the mandatory training prior to commencement. The team recently took part in a radio interview to further promote the role.

RESILIENCE

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect patient care or public health. The manifestations of this could be precipitated by

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

These duties can be summarised as;

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

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

The LHRPs also have a duty to assess the degree of preparedness in the trust through benchmarking against the NHS England Emergency Preparedness, Resilience and Response (EPRR) Core Standards. In 2017/18 NWAS was assessed as having 'full' compliance against the core sections of these standards and this has been duly reported to the NHS England National Team. Performance of the Resilience Team is also monitored internally by a nominated Non-Executive Director, Mr Peter White who as the Chair of the Trust Performance Committee also ensures that the Executive Management Team and the Accountable Emergency Officer (Director of Operations, Ged Blezard) maintain awareness and oversight of resilience measures and activities.

Some of this work extends beyond the footprint of NWAS and encourages further collaboration with neighbouring ambulance services in the North East, Yorkshire, East Midlands and the West Midlands. This network also extends to activity on a national basis through the trust input into the National Ambulance Resilience Unit (NARU) which co-ordinates the development of national procedures, plans and response support arrangements. This engagement not only adds to the combined resilience of ambulance services nationally but also fosters robust working relationships at a local level through the application of joint response models.

The trust response capabilities have been tested regularly throughout 2017/18 both in real incidents and as part of the programme of regular training and exercising all of which has covered the whole range of risks (industrial, transport, public and events) in the NWAS area. The attack on the Manchester Arena in May 2017 tested all of the NWAS response arrangements and through the detailed pre planning for such occurrences, the actions of all of our staff were guided and controlled to deliver patient care whilst ensuring the safety of our staff and the public alike. Work with partners around Mass Casualty Distribution Plans proved invaluable in ensuring patients reached the right hospital as quickly as possible. Further challenges were seen in the periods of severe winter weather and again NWAS and multi-agency plans, procedures and training allowed a continuation of our capabilities against a range of challenges. Plans and procedures are subject to regular review on an agreed cycle or following employment in the management of actual incidents when the debriefing process may suggest improvements or amendments to increase effectiveness.

The Team is also responsible for ensuring that the Trust Business Continuity Management arrangements are in line with international standards and are sufficient to ensure continuation of core business despite a range of possible challenges. Such provisions are tested regularly through exercising and real challenges to core activities and all internal NWAS departments have a duty to maintain such plans in readiness.

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

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

2018/19 will continue to challenge both the trust and the Resilience Team through planned timetables of work and programmes of development. It is certain to also bring trials in the form of unforeseen incidents and events but through robust preparedness by the trust, the impacts of these on patients, the public and responders will be reduced as far as possible.

SPECIAL OPERATIONS

Special Operations are specific tasks that are carried out by our resilience teams predominantly HART staff. The tasks have a higher risk to staff safety and therefore require specialist staff with specialist training to carry out the tasks safely.

Special Operations has had an in depth review of all its national capabilities including Hazardous Area Response Teams (HART), Chemical, Biological, Radiological or Nuclear (CBRN), Marauding Terrorist Firearms Attack (MTFA) and Mass Casualties by Subject Matter Experts drawn from NHS England (NHSE) and National Ambulance Resilience Unit (NARU). Any gaps identified have had comprehensive action plans drawn against them and work is ongoing to address those gaps. NWAS has now received the new HART fleets in line with the national programme and have re-engineered its deployment procedures to address both changes in fleet and ARP methodologies. To enhance the knowledge and skill sets within the Emergency Operation Centres (EOCs) in Cheshire and Merseyside and Greater Manchester, HART Paramedics have been based in the EOC providing support in decision making around special operations and identifying calls where HART may add value.

To further promote the clinical agenda within HART both teams have been involved in evaluating the new Controlled Drugs Management System along with a trial for the pain relief drug Penthrox. Furthermore a new Specialist Paramedic role has been created within each of the 14 HART teams whose focus will be to enhance and improve clinical effectiveness but also provide clinical leadership locally.

Comprehensive training and exercising has continued throughout the year with both HART and Special Operations Response Team (SORT) being involved in a number of large

scale multi agency events most notably mass casualty, urban search and rescue and MTFA . SORT has continued to grow having conducted seven induction courses and 17 recertifications over the last 12 months as well as developing a bespoke learning zone section for staff to test and maintain their knowledge.

The Medical Emergency Response Incident Team (MERIT) has continued to develop and embed into the trust structures with doctors participating in over 200 individual training days, 43 of which were large scale external exercises, ensuring that partner agencies understand and have access to the trust's clinical leadership model.

MERIT now employs over 20 doctors, 12 of which are actively involved in BASICS NW responding, and 11 regularly participating in enhanced prehospital care team duties in partnership with North West Air Ambulance. All MERIT doctors are now trained in three key roles. These consist of Forward Doctor, Casualty Clearing Station Medical Lead, and Medical Advisor.

Command continues to be an area of focus in anticipation of the new national command standards. A review of the current command provision is being undertaken and all commanders are expected to have recertified via the national command courses by April 2018 with a contingent of aspirational commanders also having undertaken the national courses.

NHS 111 SERVICE

The NHS 111 service has made good progress this year both in terms of headline KPI performance and service improvements. Although performance has not reached the contracted KPI requirements, a much more consistent level of service to our patients has been delivered.

This year the NHS 111 service has answered over 1.6 million calls.

Performance against KPIs has varied and has been influenced by peaks of high activity especially over the winter period and very high activity over the festive period. A performance improvement plan was implemented in February 2018 to ensure a return to the performance levels required in 2018/19.

Average time to answer calls in 2017/18 was one minute, 47 seconds. The performance KPIs are analysed in the table below.

Over 150 additional staff have been recruited within the service across all skills and continue to see improvements in sickness and attrition rates. The introduction of homeworking for our clinicians as part of our recruitment, retention and support activities for staff has received very positive feedback.

DESCRIPTION	TARGET	Q1	Q2	Q3	Q4	YTD
Calls abandoned	<5%	5.51%	3.38%	7.31%	10.80%	6.94%
Calls answered in 60 seconds	95%	81.39%	86.29%	77.22%	68.60%	78.15%
Calls warm transferred	75%	45.22%	44.54%	41.25%	29.27%	39.78%
Calls back withing 10 mintues	75%	38.73%	41.03%	40.25%	40.63%	40.15%

SERVICE IMPROVEMENT – ACUTE PATIENT ASSESSMENT SERVICE (APAS)

APAS is provided by GP Out of Hours providers in each area and is an alternative to A&E attendance for patients who call 111.

Instead of being advised to go to an emergency treatment centre (ETC), usually A&E, 111 health advisors or clinicians can now make a referral to APAS for a further clinical assessment by a GP.

The APAS scheme is now successfully deflecting +2,500 patients per month to alternative endpoints, and away from direct accident and emergency referral. The scheme was piloted in Cumbria and then rolled out across the region, area by area. In the last 12 months over 29,000 calls were passed from 111 to APAS providers.

Available data throughout the lifetime of the project shows that only around 16% of calls sent to APAS providers will end up with a hospital or 999 outcome following APAS clinical assessment.

The Five Year Forward View urgent and emergency care refresh and Integrated Urgent Care service specification describe the vision for access to urgent care and subsequent assessment, advice and treatment. Providers of urgent care are asked to deliver functionally integrated services to help address the fragmented nature of out-of-hospital care. NHS 111 is key for the NHS Integrated Urgent and Emergency Care Strategy as the main access point for urgent care, particularly out of hours. Working closely with commissioners and urgent care providers, NHS 111 has started to increase access to urgent care services and onward referral routes.

Over the last six months we have focused on the introduction of direct booking between NHS 111 and a variety of urgent care services including GP Out of Hours, GP 7 Day and Extended Access and Urgent Treatment Centres. The aim of direct booking is to make it easier for patients to access the right care to meet their needs without the need for multiple contacts with different services. Significant progress has been made across the North West and we will continue to work collaboratively with commissioners and urgent care providers to increase access to booked appointments directly through NHS 111.

The Integrated Urgent Care service specification also contained guidance to commissioners relating to the provision of a 111 online digital platform. 111 Online is a website where people can access health information or advice. Patients will be asked to answer a number of questions about their symptoms, before being directed to the most appropriate local health service or self-care advice. 111 Online is being introduced by NHS Digital to work alongside the NHS 111 telephone line and will provide an alternative route into urgent care services that can be accessed by patients independently. Merseyside was chosen as the first adopter in the North West and worked closely with NHS Digital and NHS 111 to launch 111 Online in February 2018. We will continue to work with NHS Digital to introduce 111 Online in Lancashire, Greater Manchester and Cheshire by July 2018.

FINANCIAL REVIEW

This section of the annual report outlines the financial performance of the trust for the financial year ended 31 March 2018 and the results outlined in this section relate to the full 12 month period of 1 April 2017 to 31 March 2018. A copy of the full statutory audited accounts is included in this Annual Report together with a glossary of terms to assist the reader in interpreting the accounts.

FINANCIAL DUTIES REVIEW

NHS trusts have a number of financial duties.

BREAK EVEN – TAKING ONE FINANCIAL YEAR WITH ANOTHER

NHS trusts have a statutory duty to break even taking one financial year with another and NWAS has continued to meet this duty in 2017/18. NHS trusts that merge part way through a financial year are not measured against year on year break even duty as the performance summary relates to the financial performance of predecessor bodies. For North West Ambulance Service NHS Trust measurement against the break-even duty commenced from 1 April 2007. The cumulative performance against this target for 2017/18 was a surplus of £27.479m.

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

BREAK EVEN – EACH AND EVERY YEAR

NHS trusts have a regulatory duty to break even in each and every financial year. In 2017/18 the trust returned a surplus of £5.612m (equivalent to 1.7% of turnover) and therefore achieved this regulatory duty.

EXTERNAL FINANCING LIMIT

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

Each year NHS trusts are allocated EFLs as part of NHS financial planning processes. The trust's EFL for 2017/18 was £8.768m. It should be noted that trusts are allowed to undershoot the EFL but not exceed it. NWAS achieved this duty with an under-shoot of £13.509m in 2017/18.

CAPITAL RESOURCING LIMIT

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

The trust had a CRL of £18.462m for 2017/18 and had a charge against the CRL of £17.665m - an underspending of £0.797m and therefore achievement of the duty. Trusts are allowed to underspend against CRL but not overspend.

CAPITAL COST ABSORPTION (CCA) DUTY

NHS trusts have a duty to absorb the cost of capital at a rate of 3.5%. The financial regime of NHS trusts recognises that there is a cost associated with the maintenance of the capital value of the organisation. The trust is required to absorb the cost of capital at a rate of 3.5% of average relevant net assets. The rate is calculated as the percentage that dividends paid on public dividend capital bears to the average relevant net assets of the trust. To meet this duty, the trust must achieve a rate of between 3% and 4%.

The trust's performance against this duty in 2017/18 was 3.5%. From 2009/10 the dividend payable on public dividend capital is based on the actual (rather than forecast) average relevant net assets and, therefore, the actual capital cost absorption rate is automatically 3.5%.

APPLY THE BETTER PAYMENT PRACTICE CODE

This regulatory duty requires NHS trusts to pay all supplier invoices within 30 days. The trust achieved this duty in all categories in 2017/18 and performance is summarised below:

1 APRIL 17 - 31 MARCH 18	PERFORMANCE
Non-NHS Creditors % paid within target - Numbers	97.85%
Non-NHS Creditors % paid within target - Value	96.8%
NHS Creditors % paid within target - Numbers	96.11%
NHS Creditors % paid within target - Value	98.48%

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

FINANCIAL ENVIRONMENT

Our financial outturn position for 2017/18 was a surplus of £5.196m and included £4.458m STF funding awarded to NWAS in the financial year. Without this non-recurrent STF funding the trust's underlying year end performance was a £0.738m surplus.

For 2017/18 the financial year started with the trust agreeing with NHS Improvement to accept a Control Target for the year of £2.152m planned surplus which if achieved meant the trust would receive £1.722m in Sustainability and Transformation Funding (STF). Without this STF funding the trust's underlying planned position was a £0.430m surplus position for the year.

The trust was on track to achieve the target set all year and has earned this core STF funding on a quarterly basis. During the course of the year additional STF funding was made available to the trust for achieving financial performance above the set Control Total bringing the total STF received for 2017/18 to £4.458m.

It should be noted that the STF funding received had to be used to show the equivalent financial performance in 2017/18. The benefit to NWAS is that this increases the trust's cash position which can be used to fund capital in future years. In 2017/18 and over the next couple of years this is assisting NWAS with the refurbishment of Estuary Point which will replace Elm House in Liverpool, investment in information technology and the fleet vehicle investment plans to support the introduction of the Ambulance Response Programme (ARP).

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

During 2017/18 we were required to deliver in-year efficiency savings with a total value of £9.858m which was fully delivered in year. We put in place a detailed cost improvement programme (CIP) which comprised a variety of schemes to deliver the savings target. Progress against the plan has been subject to regular review by a CIP Steering Group and is monitored throughout the year by the Finance, Investment and Planning Committee and the Board of Directors. The overall programme was successfully delivered in year. £0.260m of the total which was achieved in year only and not recurrently and so has been carried forward to 2018/19 adding to next year's target.

NWAS' cash balance remains strong and was £42.2m as at 31 March 2018. The trust holds its cash within the Government Banking Service (GBS).

Our financial focus continues to be about resilience and sustainability. At the commencement of the financial year the trust agreed a two year block contract for PES services covering 2017/18 and 2018/19 which has provided certainty and better clarity now across the PES, PTS and 111 service lines. In March 2018 there was a refresh of the 2018/19 contract value following a review of activity levels and the implications of ARP.

The 2017/18 capital programme for NWAS continued to invest significant capital resources to procure ambulance vehicles and equipment, enhance our technological infrastructure and maintain and improve the quality of our estate. Our total expenditure on capital schemes for the year was £18.591m. Within the capital programme for the year just over £10m was spent on Urgent and Emergency Care, HART and Patient Transport Services vehicles.

At the end of 2016/17, following business case approval, the trust spent capital on the purchase of a new office building, Estuary Point in Speke, Liverpool. The major estates scheme during 2017/18 has been the refurbishment of Estuary Point. This is planned to be a new corporate building in Cheshire and Merseyside to which the Emergency Operations Control at Elm House and other services currently based on that site will relocate. The building refurbishment is due to complete midway through 2018/19.

General estates schemes to maintain and improve our sites in the North West have included, Northwich, Sharston, Penrith, Middleton, Oldham, Millom, Ulverston, Lancaster, Morecambe, Rossendale, Wigan, Salford, Ashton and Sandbach. There was also work carried out to replace bunkered fuel storage at eight sites.

Our estates investment has been carried out in parallel with an estates rationalisation programme which has been further progressed during 2017/18 and will ultimately result in operations being conducted from fewer ambulance station sites. Where feasible, the trust has looked to work in partnership with other emergency service organisations and this has resulted in operations being delivered from shared facilities with Fire & Rescue services and further schemes are being developed. An example of this is the new joint site in Wigan shared with the Greater Manchester Fire & Rescue Service which became operational in the year and includes a 'Make Ready' facility. The rationalisation programme has resulted in Hazel Grove, Crompton, Wigan, Hindley, Millom and Atherton ambulance stations being sold.

COMMISSIONER RELATIONSHIPS

Our Paramedic Emergency Service (PES) continued to be commissioned on a collaborative basis by the 31 Clinical Commissioning Groups (CCG) in the North West during 2017/18. NHS Blackpool CCG acted as the coordinating Commissioner for the collaborative arrangements within a well-established and robust framework which facilitated the involvement of all 31 CCGs across the North West counties in the commissioning process. Commissioning activities were overseen by a Strategic Partnership Board comprised of both CCG and trust representatives at Chief Executive and Director level.

2017/18 was the third year of the five year NHS 111 contract and proved to be an extremely challenging one for the trust, with activity profiles significantly different to those planned. The trust has worked closely with the Commissioners over the past year as measures have been implemented to improve performance. This included reviewing the sub-contract arrangements and bringing one of these contracts in house.

At the end of June 2017 the trust reached the end of the first year of the four new five year Patient Transport Service (PTS) contracts in Greater Manchester, Cumbria, Lancashire and Merseyside. Working closely with Commissioners, the trust has introduced measures to improve performance particularly in Greater Manchester through the year and ensure that there is better resource alignment. PTS also responded to assist with system pressures over the winter period working in partnership with other services.

We have continued to work collaboratively with our Commissioners throughout 2017/18. This was evidenced during productive negotiations with our Commissioners which resulted in the agreement of a two year PES block contract covering 2017/18 and 2018/19. This provided clarity for planning in 2017/18 which was beneficial. The 2018/19 contract was refreshed in March 2018 following a review of the 2017/18 activity levels and the impact of introducing the Ambulance Response Programme. As a focus for 2018/19 the Commissioners are committed to co-ordinate system wide plans to reduce hospital handover times which have continued to increase in the year. NWAS will continue to work collaboratively with Commissioners in relation to this.

Under the Commissioning for Quality and Innovation (CQUIN) programme for 2017/18, we agreed a number of schemes with our Commissioners and received around £6.4m rewards based funding covering PES, NHS 111 and PTS services.

The schemes for 2017/18 were:

- Health Care Professional Engagement/ Reduced Conveyance – PES/NHS 111 Service
- Nursing Home Training and Support/ Reduced Conveyance – PES
- Increasing clinicians in Contact Centres/ Reduced Conveyance – PES
- PTS Every Contact Counts – PTS Service
- PTS Access to local health service information – PTS Service
- Increasing Hear and Treat and See and Treat activity – PES/NHS 111 Service
- Increasing percentage of calls to clinicians – 111 Service
- Staff Health and Well-being – PES/NHS 111/ PTS Service
- Increase of PTS transport to support PES where appropriate – PTS/PES Service
- Patient Safety and Lessons Learnt –PES/ PTS/111 Service

FORWARD PLAN

The trust's vision is to be the best ambulance service in the UK, this will be achieved via our goals to provide the "Right Care at the Right Time and in the Right Place, Every time". The individual strategies below will provide the mechanism to deliver these goals

The key strategies are:

- Quality Improvement
- Patient Care
- Finance
- Workforce

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

Right Care **–** Quality and Workforce
Right Time **–** Performance
Right Place **–** Quality

RECONFIGURATION

In 2017/18 service reconfigurations and system integration have continued apace across the three areas of the trust. The redesign of services and pathways have had a significant impact on the quality of services offered and outcomes for patients as well as making a difference on how these services are accessed. Service reconfigurations can have a significant impact on the trust and therefore it is important that we work with hospitals and commissioners to ensure the impact is

managed and mitigated with additional resource, where it is required.

The work on the Neonatal Service Review continues from last year, with the trust being central in informing and modelling the impacts of any service changes across the region. The trust is also actively involved in further changes to the acute stroke pathway across the North West.

In Greater Manchester we are working closely with the Health and Social Care Partnership in improving the delivery of services to the people of Greater Manchester. Both Healthier Together and The Manchester Single Hospital Service Review have continued throughout 2017/18 with the development of a Local Care Organisation (LCO) and the transfer of some hospital based care to community settings.

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

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

These include:

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

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

EMERGENCY SERVICES COLLABORATION

CONSENSUS STATEMENT BETWEEN AACE AND CFAO, MARCH 2017:

"This consensus statement describes our intent to work together nationally to encourage local joint strategies for evidence-led partnership working to improve patient outcomes from out of hospital cardiac arrests; other responses related to medical conditions and longer-term health and wellbeing".

POLICE AND CRIME ACT 2017:

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

Chapter 1 of the Act introduces new duties on the ambulance service, police and fire and Rescue to keep opportunities to collaborate under review and further, to enter into collaboration where it is in the interests of the efficiency and effectiveness of the service.

CO-LOCATING SITES:

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

EMERGENCY RESPONDING TO CARDIAC ARREST CALLS:

Since September 2015 NWAS began working with our colleagues in the fire and rescue service (FRS), the Fire Brigade's Union (FBU) and NWAS staff side to look at ways to complement the NWAS response to cardiac arrest calls to enhance survival rates from sudden out of hospital cardiac arrests.

These pilots have ceased operationally since November 2016, we are liaising closely with our partner agencies whilst ongoing discussions take place.

FORCED ENTRY:

Continuing austerity measures and governmental influences continue to drive the search for greater efficiencies and improved management of call demand and volume across the emergency services sector.

The Memorandum of Understanding (MOU) relates to calls for support from NWAS where there is a concern for the welfare of a patient inside a premise and they cannot gain access. Forced entry will be made by fire and rescue service, either after liaison with NWAS on scene or if in sole attendance after identification that a patient requires immediate care. Presently we have Cheshire FRS and Lancashire FRS signed up to the MoU and we are working closely with Mersey FRS, Greater Manchester FRS and Cumbria FRS to introduce this collaborative working across the North West.

Cheshire FRS have attended 631 incidents (average 53 per month), in over 80% of all cases after forced entry there was no requirement for boarding up.

JOINT CONTROL CENTRE:

Ambulance services traditionally respond to police requests for an ambulance with a physical response.

Discussions between a number of UK ambulance services and local police forces have highlighted a mutual willingness to:

- Reduce inappropriate requests for ambulance responses by allowing police access to Emergency Operations Centre (EOC) based clinical services, including secondary telephone triage and clinical support functions.
- Provide Police Officers with critical clinical support at potentially serious incidents through similar channels within individual UK ambulance service trusts.
- Within the North West area, there is evidence to demonstrate that up to 45% of Police requests to the trust for an ambulance are not conveyed to hospital or another care facility following assessment at the scene.

The Urgent Care Desk (UCD) clinicians continue to target suitable police incidents for triage in order to reduce demand placed on service delivery, ensuring that the patient receive the right care, at the right time, in the right place.

Data from the two largest police forces in the North West shows that 47% of police requests for ambulance attendance do not result in a conveyance to hospital.

The top three reasons for non-conveyance are:

- Patient refusal of treatment or transportation
- No injury
- Police dealing (eg. crew stood down on arrival, cancelled before arrival)

On specified dates over the festive period, the trust worked alongside our police colleagues to ensure that we had a collaborative approach between our emergency call centres. NWAS UCD Clinicians worked within the Merseyside Joint Control Centre providing triage and support on targeted police incidents.

The trust has agreed and signed the MoU with Greater Manchester Police allowing Police access to NWAS Clinical Advice Services. Both organisations have signed the MoU and we are now in the process to agree a go live date.

MISSING PERSONS:

A Missing Persons MoU has been agreed between Merseyside Police, Merseyside FRS and NWAS. The MoU targets vulnerable high risk missing persons and allows the FRS to support police in searches. NWAS will help support this MoU through communications of missing persons being cascaded to local ambulance crews and local ambulance stations.

REGIONAL PLANNING TEAM

The Regional Planning team based at Parkway has been working on a number of projects. NWAS' Optima Predict software (now part of Intermedix) has been in operation throughout 2017/18 to support decision-making on a range of operational options, including:

- Currently updating the model to reflect the changes required from the Ambulance Response Programme in regards to operating model and reporting measures
- Identifying predictive patient flow pathways for hospital service reconfigurations including accident and emergency, orthopaedic trauma and stroke services
- Continued modelling of the trust's estates options across the trust to support development of a hub and spoke model and individual station changes
- EOC staffing requirements for call taking, key performance indicators, not ready reasons etc
- Developed Hospital System Data/Collection/ reports for Greater Manchester Urgent and Emergency Care (GMUEC)
- Continue to develop reporting structures for meal breaks, resource unavailability reasons, late finish and activations
- Modelling Urgent Care Services (UCS) and Urgent Care Desk (UCD) requirements
- MIAA review completed on Optima Predict model
- Hosted and attended conferences and visits on NWAS use of Optima Predict software

The Regional Operational Coordinating Centre (ROCC) and Regional Health Control Desk (RHCD) have continued to experience significant demand over the last 12 months and have supported colleagues within EOCs and Operations, working closely with our team of ambulance liaison officers established across the trust. The ROCC has now extended its operational hours to cover 24/7 in order to provide continued and robust regional coordination. Working collaboratively with Greater Manchester Health and Social Care Partnership (GM HSCP) the GM UEC (Urgent & Emergency Care) Hub function has been developed within the ROCC and operates on a 24/7 basis; providing a dedicated response and coordination function to health systems across the Greater Manchester area. The ROCC continue to provide detailed activity and narrative reports to national, regional and area level. The volume, type and duration of ambulance diverts and deflections away from hospitals continue to be recorded and collated centrally for reporting purposes through to commissioners. The teams update, manage and coordinate activities daily with on-call teams from provider and commissioning organisations to avoid, minimise and mitigate the risks associated with the delayed transfers of care from NWAS to acute trust clinician.

The Emergency Operations Control Business Support Unit has continued to progress on the current Medical Priority Dispatch System (MPDS) standards. The audit team continues to provide MPDS audit support and the trend of conformance to standards continues to improve. The team work closely with the EOC sector managers and EOC Education team to help improve standards, identify trends and issues and devise solutions. The team also audit requested calls that are required by the trust, for example, complaints on response times. The processing of 999 calls has low variance across the trust. New flow charts were produced for staff to facilitate understanding of procedures and reduce procedure content to deliver more user friendly version for staff. Systems are now in place to provide governance on the changes/ production of procedures. Any procedural changes that require clinical input are reviewed by the EOC Deputy Sector Managers and fed into the EOC Governance Group for final sign off.

The Gazetteer Team continually make improvements into categorising and removing various warnings within the command and control system.

The Gazetteer Team has completed the following:

- Markers added or updated – 19,439,
- Markers removed – 15,119
- Streets and Properties added – 24,064
- AEDs and CPADs added – 1,030

The Roster Support Unit has overseen the upgrade of GRS and GRS Web to the latest version and provides refresher training to all users. The suite of reports has increased and has led to an improvement in accuracy of the data held within GRS. The team is continually working on improving the data and user experience of GRS and is looking in to new features and functions, such as a link to C3 CAD, a mobile App for GRS, the possibility of automating some annual leave requests and shift swap requests.

COMMUNITY SPECIALIST PARAMEDICS

There are 12 Community Specialist Paramedic (CSP) roles across the region. Their locations vary from rural areas, as in Glossop and Cumbria to urban areas such as Wythenshawe. Their unique role is to be pro-active in the community as well as reactive by working collaboratively with the community, health care economy and third sector.

Their aims are to:

- Reduce 999 demand and unplanned hospital admissions in their locality.
- Increase Safe Care Closer to Home for those patients that do call 999.
- Improve Health and experience for the residents in their areas.

Each role varies slightly to meet the individual needs of their community, but main themes do run through them. **These are:**

- Working with care homes and providing training in the use of the NaRT, a triage tool that assists carers in correctly accessing the right healthcare provision should their resident have an acute episode
- Training local schools, clubs and societies in first aid and CPR
- Care planning for patients with long term conditions and those patients that are receiving palliative care
- Responding to 999 calls and where appropriate with the knowledge of residents and community services, maintaining them at home

This year has seen the CSPs be short listed for a National award by the HSJ, as well as articles published by NHS England on their unique role, as an example of working differently to support individual communities.

COMMUNITY FIRST RESPONDERS (CFRS)

The trust has one of the largest and longest established CFR schemes in England with some 1,000 active CFRs operating in 150 teams across the North West, providing an effective complementary service in their local communities. This type of resource is particularly valuable in the more rural areas of our region and we are very grateful for the assistance these volunteers provide, but in all areas CFRs are a vital part in the care we offer our patients.

October 2017, European Restart a Heart day saw NWAS engage with 66 sites (which ranged from schools/workplaces/etc.), which culminated in us training 32,563 people in Basic Life Support (BLS) and Automated External Defibrillation (AED) awareness. The Community Resuscitation department worked across all five counties and enlisted the support of our volunteers to go in to schools to deliver the training along with other NHS professional and fire and rescue services. The current bystander CPR rate within the North West is approximately 66%, which is evidence of people wanting to help others in their time of need.

The CFR team continues to work proactively with partners from a variety of sectors and our awareness campaigns have resulted in the placement of 1,038 AEDs in settings ranging from community centres to local shops and larger commercial business settings. In addition, NWAS help support communities in placing 486 Community Public Access Defibrillators (CPADs), these are units that are placed in locked, coded, heated cabinets and available 24 hours a day, 365 days a year, and to which members of the public can be directed by our emergency control centres in the times of an emergency. We have 1,685 CPADs registered in our system within the

North West area and a total of 7,536 AEDs at businesses, shops, buildings etc.

Good SAM (Good Smartphone Activated Medics), alert trained volunteers to Cardiac Arrests and Integrates with NWAS CAD. On 4 December 2017, the trust implemented and went live with the Good SAM responder application (app) within its emergency operation centres. The Good SAM application is a publically available mobile phone app that allows emergency services to alert appropriately trained members of the public to medical emergencies in the community.

Since being implemented we have had over 400 members of operational PES staff and Community First Responders (CFRs) sign up. This has equated to 3,847 cardiac arrest activations and 7.4% notifications within a 500 metre radius of the incident.

Over the next 12 months the plan will be to introduce the Good SAM application across the trust, the wider NHS, police and FRS.

The trust is looking at future mobile phones applications for CFRs and started a trial (March 2018) to enable a different mobilisation platform for our CFR/eCFRs throughout the North West.

In February 2018 the trust piloted CFRs attending mandatory training days alongside NWAS staff, the feedback so far from both CFRs and staff has been extremely positive and we will be offering all CFRs the opportunity to attend NWAS mandatory training sessions.

NWAS Cardiac Smart awards held in June 2017 saw over 35 lifesaver awards and 40 Cardiac Smart awards given out to members of the community for their outstanding efforts in placing AEDs, training in BLS and saving lives.

Burnley Football Club and NWAS have teamed up for the second year to show match goers how easy it is to save the life of someone in cardiac arrest.

Football fans attending the Burnley v Chelsea match on Sunday 12 February 2018 at Burnley Football Club were given demonstrations of CPR by NWAS and had the opportunity to carry out CPR.

Following the success of last year's Saving Lives event, the Club Doctor at Burnley Football Club, Simon Morris has overseen its return. He explained: "We've seen many high-profile cases of cardiac arrest in football, including Bolton Wanderers' Fabrice Muamba (who collapsed during a match with Tottenham Hotspur in 2012), which prove that this potentially tragic experience can happen to anyone."

WORKFORCE

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

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

WORKFORCE STRATEGY

The trust's Workforce Strategy underpins the trust's transformational goal of 'developing, supporting and empowering our staff'. The strategy was first launched in 2015 and was refreshed in March 2017 to ensure it remains in line with the continual changing healthcare system. It is an enabling strategy and provides a framework to support the modernisation and transformation of the workforce to support the delivery of the trust's Strategic Objectives.

The strategy is reviewed each year to ensure that it reflects the emerging changes across the health economy. The trust's Transformation Programme, launched in April 2017, is having a direct impact on the trust's workforce priorities, with a focus on how the workforce needs to align to new models of care, taking account of the future context of healthcare delivery. This has impacted on role definition, requiring new approaches to recruitment, training and ongoing development and contributing to retention through greater variety and challenge for clinicians.

Within the strategy there is a focus on the importance of leadership as the key to delivering the trust's ambition and vision, with a recognition of the need to invest in the development of effective people management.

The strategy incorporates all workforce related strategies and these are reflected in the six workforce goals:

- Resourcing
- Health and Wellbeing
- Equality & Diversity
- Education & Learning
- Leadership and Management
- OD Service Developments

Whilst Equality and Diversity features as a separate goal, the principles of compliance with statutory requirements, fairness and non-discriminatory practice and the need to develop the potential and value of a diverse workforce must underpin all of the above goals in order to embed practice and deliver the trust's values.

The workforce goals reflect the importance of developing, supporting and empowering our staff and the direct correlation to providing excellent patient care. Each of the six workforce goals set out the objectives and how these will be measured to ensure transparency. Regular updates on progress against these goals are provided to the trust's Workforce Committee.

RESOURCING

The trust takes an integrated approach to workforce planning, working hard to ensure that workforce plans meet the requirements of operational and strategic plans and take account of wider developments in the healthcare system. As a trust we continue to experience challenges around workforce supply, particularly the recruitment of trained clinicians such as nurses and our plans have had to take innovative approaches to ensuring that we have sufficient staff to deliver our services safely and to a high quality.

In 2017/18, the trust successfully delivered its workforce plans, resulting in the service being fully established for its frontline emergency service operational posts by the end of the year.

The following table summarises the numbers of frontline staff recruited during 2017/18:

STAFF GROUP	NUMBERS RECRUITED
UCS/EMT1/Apprentice EMT1	
• External	130
• Internal progression	42
Paramedics	
• External	165
• Internal progression	75
PTS	
• Permanent	67
• Bank	3
EOC	114
111	
• Permanent	101
• TUPe transfer in of staff	41
• Bank	2

In terms of recruitment, there has been a challenge in relation to paramedic recruitment as there is a limited market for suitably qualified staff and we are competing with ambulance trusts and other private and public sector healthcare providers nationally to attract candidates from this pool. The year has seen significant improvements in the vacancy position relating to paramedics despite these continuing challenges. The paramedic vacancy position has reduced from 14.2% two years ago to 1.7% at the end of 2017/18. This has been achieved through working closely with partner universities to improve supply, improving our attraction and retention and through the targeted use of international recruitment to support areas such as North Cumbria where it is hard to attract graduate recruitment.

Paramedic recruitment for 2018/19 continues to be positive, due to changes being made to the operational model, which will have an impact on the numbers of paramedics to be

recruited for 2018/19 and the work done with our four partner universities to improve supply.

The trust has worked closely with Higher Education and Health Education England to improve the local supply of paramedics and this means that during 2017/18 we had 185 internal staff on a development route to become a paramedic with 80 of them qualifying as paramedics during this year. This brings the total number of staff we have supported internally to become paramedics to 655 over the last seven years. In addition to developing our internal staff there are a further 250 students in local universities with whom we are working closely to provide placements and support.

We have also worked hard to ensure that this internal supply route is maintained so we have been investing in the development of our EMT1 workforce to ensure that they have the baseline education to enable them to access paramedic development in the future. 22% of this group of staff have completed or are in the process of completing a bridging course to enable them to achieve the Assistant Ambulance Practitioner qualification, with eight staff already using this as a springboard to the Paramedic Diploma.

The trust continues to face challenges in recruiting clinicians to support our 111 and Urgent Care Desk (UCD) meaning that regularly monitoring takes place to review our recruitment process, our approaches to flexible training, rotational opportunities and the implementation of home working (111) to try to increase our competitiveness in a difficult recruitment market. The trust has been particularly successful in improving recruitment and retention in the UCD with the vacancy gap reducing to 2.4% by the end of the year. The focus in 2018/19 will be to review the lessons from this success with the aim of translating them into the 111 environment.

It has been a demanding year for EOC across all areas, with the main factors being the operational pressures, with retention and recruitment challenges rising over the last 12 months. In 2017 the trust introduced a new online assessment tool focused on assessing situational judgement and technical skills of candidates, whilst also assessing their values. These tests have resulted in an improvement in attendances at interviews and the efficiency of Assessment Centres. We are continuing to face challenges with EOC recruitment and are working to implement some changes to improve attraction and speed up the 'Time to Hire', including increased use of social media and online advertising.

In November 2017 the trust also managed the TUPE transfer of 41 111 staff from UC24 into NWAS. This transfer was managed without issues and provided a smooth transition for the staff.

The quality of the staff being recruited is also critical. The trust has worked hard to ensure that our recruitment processes reflect our values and ensure that the staff we recruit understand the passion and drive to improve this through our staff's delivery of care. To support this we have taken an approach to recruitment of first line supervisors in our emergency services, EOC, 111 call takers and PTS Care Assistants, using assessments tools to help provide an objective assessment of skills and behaviours linked directly with their roles.

In February 2018, the trust implemented 'TRAC' online software that helps to facilitate the recruitment process and improve efficiency, through the automation of some elements of the process. TRAC allows managers, candidates and referees to have full visibility of their recruitment and allows all parties to administrate within TRAC and this then provides a full audit trail of the recruitment activity. The implementation went smoothly which allowed us to move the process of DBS revalidation in to TRAC from March 2018.

The trust has also taken the decision to implement a programme of rechecking the DBS status of all staff involved in direct patient care. This is a five year project which commenced in October 2017 and has seen the trust commence the revalidation process for 492 staff, both rechecking and signing up to the DBS update service which ensures that the trust continues to have oversight of the status of these staff.

The NHS continues to face challenging targets to reduce its agency spend and NWAS has worked hard to maintain the improvements made in this area. The trust has continued to spend below its agency ceiling target across the year, with agency use being targeted only at short term projects and supporting key areas of workforce shortage such as 111 clinical staff.

HEALTH & WELLBEING

The trust continues to make progress on the health and wellbeing offer for staff and ensuring that there is effective staff engagement. The trust launched 'Invest in Yourself' in August 2017, a new approach to improve the health and wellbeing of staff both in and out of the workplace. A dedicated microsite was created and launched for staff to share stories, tips and ideas, to help staff to be happy, healthy and fit. There is also a 'Your Support' page which provides information and guidance if staff need to access support contact information. Also on the site are details of upcoming events, training and a discount page with money saving offers.

The annual NHS Staff Survey results are used to ensure that actions developed around health and wellbeing are in direct response to staff feedback and the particular issues pertaining to ambulance services. The trust also continues to provide support to staff through an occupational health provider to support in managing health in the workplace.

There is a national focus for the NHS to improve the health and wellbeing of its staff. The Health and Wellbeing CQUIN for 2017/18 has supported the trust in developing the health and wellbeing provision for our staff, as more initiatives and specific programmes have been delivered. This work formed part of the OD Directorate's objectives for 2017/18 – to ensure that staff are healthy, well and at work.

Health and wellbeing continued to form part of the workforce strategic goals for 2017/18. To maximise engagement across the trust, health and wellbeing initiatives have been considered under three tiers:-

- Tier one – all staff
- Tier two – targeted initiatives
- Tier three – specialist initiatives

In particular there has been focus on the following initiatives during 2017/18:

MUSCULOSKELETAL

The trust already supports staff with musculoskeletal issues and an existing part of the Occupational Health Service contract provides early access to physiotherapy services to avoid periods of sickness absence or expedite a return to work. The trust is also piloting a trial to evaluate the effectiveness of remote access to physiotherapy support as an alternative to face to face treatment and to empower staff to self-manage their condition via telephone support and online exercise videos.

PHYSICAL ACTIVITY

To support staff in increasing their physical activity levels the trust took part in the Global Challenge which was a 100 day event where employees around the world compete in teams of seven. Staff tracked their daily activity and worked towards a daily target of 10,000 steps, with their step entries unlocking new locations along the way. Over 300 employees from NWAS took part and the programme was fully signed up to in less than a week. Advice was also given on nutrition, sleep and general wellbeing. The feedback from the programme was overwhelmingly positive with participants reporting improved physical activity, sleep and mood.

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

MENTAL HEALTH INITIATIVES

The trust continues to support the MIND Blue Light Champion campaign and is in the final stages of embedding this programme in-house to promote good mental health and help signpost services to staff. The trust continues to support the rollout of the PTS Peer Support Network and has worked closely with the PTS Lead in the development of a Welcome Pack

for PTS Peer Supporters at NWAS. The trust is working with the 111 service to implement a similar 111 Peer Support Network to provide a listening ear and signposting to staff.

TRAUMA RISK MANAGEMENT (TRIM)

This aims to support staff who have been affected by traumatic events experienced within work. The pilot commenced in Cumbria and Lancashire in October 2015 and has now expanded across the three regions. The TRiM model is fully operational in Cumbria and Lancashire and partially operational in Greater Manchester and Cheshire and Mersey. The roll out will continue into 2018/19.

The trust also deployed TRiM in the aftermath of the Manchester Arena incident in 2017, using this as part of a suite of support for staff including specialist trauma counselling, group debriefing, guidance on the signs of mental health impact and signposting to external support services including the Resilience Hub set up specially in the aftermath of the event.

111 HEALTH AND WELLBEING GROUP & INVEST IN YOURSELF PROGRAMME WITH EDGE HILL

A Health and Wellbeing Group was created within 111 to discuss new ways to promote health and wellbeing and to further embed the Invest in Yourself Programme primarily at 111. The Health and Wellbeing Group focuses on what can be done to assist in employees' personal wellbeing and offer of support. The 111 Invest in Yourself Programme aimed to develop and provide personalised support plans for a number of staff to improve health outcomes, to help reduce sickness absenteeism and improve individual health and wellbeing. The components of the programme were:-

- Happy – personalised coping strategies
- Healthy – personalised dietary and nutritional advice
- Fit – personalised activity plans.

Each of the programme components were managed by a specialist from Edge Hill University. Personal plans were developed by the specialist for the participant, based on one to one consultations and personal data collation.

EOC RESILIENCE, NUTRITION & FITNESS PROGRAMME

The trust worked in partnership with Manchester Stress Institute to offer EOC staff a range of wellbeing interventions to improve stress resilience amongst staff and raise awareness of the roles nutrition, sleep and fitness play in supporting long term mental and physical resilience. The Programme included a range of innovative interventions including webinars, wellness zones, desk stretch and de-stress sessions and a book club. The Programme also consisted of one to one and mini-group consultations for staff participating on the Programme from each EOC. Engagement and initial feedback from the Programme has been positive.

BULLYING AND HARASSMENT

The trust continues to work with the National Ambulance Health and Wellbeing Programme to discuss and share best practice and issues with other ambulance trusts. The learning from this Programme is being embedded into NWAS' Bullying and Harassment Action Plan.

STAFF BENEFITS

The trust has continued to increase the range of benefits available to staff in addition to the discounts offered generally to NHS staff. In addition to the offer of childcare vouchers and cycle to work schemes, the trust offers a lease car salary sacrifice scheme and also launched a home electronics salary sacrifice scheme.

FLU

The flu campaign ran from September 2017 until 28 February 2018. The total number of staff vaccinated within this campaign were 3,494 frontline staff and 446 non-frontline. As the primary objective was to increase the vaccination uptake for frontline workers, this year proved the most successful to date with 67.2% of frontline staff receiving the flu vaccination. This is a significant increase from the previous year at 52%. There were a few changes made to the campaign which had a positive impact in increasing the percentage uptake. There was more emphasis placed on reporting and monitoring progression, cross referencing data to allow the balance of consents and refusal to dictate staff to be targeted and actions were taken to incentivise staff. The flu team wanted to be in a better position to vaccinate earlier than previous years. This was facilitated by better co-ordination of portable fridge distribution, pre-order of inoculations from regional leads to pro-actively manage distribution, early calibration of fridges to avoid unnecessary delays and improvements to training using online and webinar resources.

WORKFORCE ENGAGEMENT

The trust has a well-established internal communication function which supports communication with staff using a variety of means. These include; a weekly regional bulletin, a quarterly magazine, staff forums and monthly Board briefings. Nevertheless, the trust has recently piloted a staff app with a view to improving engagement opportunities fit for the modern lifestyle. Social media and video messaging will become increasingly popular mode of communicating with staff over the coming years and the trust hopes to platform case studies and give recognition to our dedicated workforce visually and recognise instantaneously through social media platforms. Staff engagement is also a core objective running through the health and wellbeing strategy and the bespoke 'Invest in Yourself' microsite.

Over the past 12 months the trust has proactively sought to gain an understanding of the views of staff and their experience at work.

ENGAGEMENT ACTIVITY	NUMBER OF STAFF RESPONSES
Annual Staff Survey	2,441
Staff Friends and Family Test	1,190
Staff face to face listening exercise	133
Total	3,764

STAFF FRIENDS AND FAMILY TEST

NHS England introduced the Staff Friends and Family Test (FFT) in all NHS trusts providing acute, community, ambulance and mental health services in England. The FFT allows staff the opportunity to feedback their views on NWAS at least once per year. During 2017/18 a total of 1,190 NWAS staff chose to participate in the Staff FFT survey.

STAFF SURVEY RESULT 2017

The Staff Survey 2017 was carried out by Picker. The survey is an annual survey and is required by NHS England for all NHS trusts in England. The NHS Staff Survey is circulated to all staff every year in order to obtain feedback on numerous key topics such as their job, health, wellbeing and safety, management, personal development and the organisation.

The overall response rate was 41.6% (2,441 respondents from an eligible sample of 5,863 staff). This figure has increased considerably over the past three years.

YEAR	OVERALL RESPONSE RATE
2017 (2,441 employees)	41.6%
2016 (2,121employees)	37%
2015 (1,041 employees)	20%

This figure recognises the engagement efforts to facilitate a response from staff throughout the campaign. The responses have been analysed and used to form the basis of regional workforce objectives. This will allow management to formulate plans based on their priorities highlighted in the survey and will be used in conjunction with wider HR metrics and feedback.

The table below highlights the five key findings for which North West Ambulance Service compared most favourably with other ambulance trusts in England.

TOP 5 SCORES 2017 COMPARED TO AMBULANCE TRUSTS		
	NWAS	AVERAGE
Percentage of staff appraised in the last 12 months.	86%	81%
Staff recommendation of the organisation as a place to work or receive treatment	3.54	3.44
Staff satisfaction with the quality of work and care they are able to deliver	3.89	3.81
Staff satisfaction with resourcing and support	3.18	3.16
Percentage of staff satisfied with the opportunities for flexible working patterns	35%	34%

The table below highlights the five key findings for which North West Ambulance Service compared least favourably with other ambulance trusts in England.

BOTTOM 5 SCORES 2016 COMPARED TO AMBULANCE TRUSTS		
	NWAS	AVERAGE
Percentage of staff reporting errors, near misses or incidents witnessed in the last month	79%	82%
Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	39%	33%
Percentage of staff attending work in the last three months despite feeling unwell because they felt pressure from their manager, colleagues or themselves	64%	62%
Quality of non-mandatory training, learning and development	3.82	3.9
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	51%	48%

STAFF SURVEY EXPLORATION

The purpose of the staff listening exercise was to explore the themes taken from the 2016 staff survey in order to extract further clarification on the key findings presented. The findings from the 2016 survey were reviewed by senior managers and the Organisational Development team to promote emerging themes upon which the trust can focus appropriate actions and development work.

The two broad areas identified for the organisational coaches to explore in more detail face to face with staff were relationships with managers and health, wellbeing and safety at work. In addition, participants were asked to draw upon their perception or personal experience of what makes people stay or leave NWAS. This was to help to understand some of the key issues that matter to staff and also help to inform regional workforce plans and support the trust's strategy around retention.

EQUALITY, DIVERSITY & INCLUSION

The trust uses a national framework, the Equality Delivery System (EDS2) to measure progress against reducing health inequalities and improve staff experience. The framework covers all nine protected characteristics and disadvantaged groups across the North West against four overarching themes. Work has taken place across the footprint to improve outcomes for staff and patients. The work is varied and includes both short-term and long-term pieces of work. Examples of work undertaken includes: staff within Patient Transport Services becoming Dementia Friends; staff attending a range of events to promote NWAS as an employer of choice; changes to the recruitment and selection processes to support inclusion. An internal equality event was also hosted at Ladybridge Hall in September 2017 to raise awareness of and discuss some of the activity in place to improve staff experience for all. Trade union colleagues were invited and attended the event.

As a team, we continue to work with NHS colleagues across the North West and with other ambulance sector colleagues nationally. Other activity over the last 12 months was as follows:

- NWAS was accepted onto the NHS Employers Diversity Partners Programme for 2017, starting May 2017 and has participated in a series of workshops to support the work in embedding inclusion across all parts of the organisation.
- The trust participated in NHS Equality and Diversity Week in May 2017. Once again, International Day against Homophobia, Transphobia and Biphobia was recognised by the rainbow flag being raised at larger trust sites.
- The trust was shortlisted for the 'Representative Workforce' award in summer 2017 by enei, a leading organisation in promoting best practice in diversity and inclusion. This was an excellent achievement, considering the awards were open to private and public bodies. NWAS was also awarded silver status in a benchmarking exercise about diversity practice and processes too.
- NWAS published the relevant metrics against the Workforce Race Equality Standard during summer 2017. There was again an increase in the representation of Black and Minority Ethnic (BME) staff within the workforce. Areas of work in the action plan included continued community engagement and further consideration of the training opportunities available to staff. Quarterly meetings have taken place to review the action plan. A member of staff has also been invited to take part in the national WRES Experts Programme starting March 2018.
- The Equality and Diversity policy was revised and came into effect autumn 2017; the updated name of the Equality, Diversity and Inclusion Policy reflects the direction of travel for the trust.
- NWAS was invited to present a workshop alongside NHS Employers about the practical aspects of bringing about inclusion at the Welsh Ambulance Service Black History Month event in Cardiff in October 2017.
- November 2017 saw training provided for staff within the HR Hub and HR Business Partner Teams following the introduction of the trust policy to support transgender staff. The training session was arranged with the support and approval of the NWAS LGBT Network and delivered by an expert in trans matters. The training was well received by attendees.
- In December 2017, NWAS was accepted as a Disability Confident Committed Employer and work is underway to continue to improve the experience of disabled applicants and staff.
- March 2018 saw NWAS host another Insight Day for forces veterans, following the first successful event held April 2017. Partner organisations, including JPR Solutions and the College of Military Veterans attended again and there were

presentations on staff experience of working here as a reservist and on the recruitment processes. In line with the focus on female progression, over 20 schools across the trust footprint were visited by staff to celebrate International Women's Day with a good social media presence supporting the activity.

- The trust also published its gender pay gap report by the due date and has developed an action plan to improve its position.

PARAMEDIC PRE-DEGREE EXPERIENCE

For a second year, NWAS was supported by Health Education England to offer a paramedic pre-degree experience programme. The programme, supported by three partner universities, offers candidates employment and exposure to the sector, increasing their chances of being successfully appointed onto paramedic courses. All six candidates from the first cohort who attended their university interviews in spring 2017 were offered places at university starting September 2017. Candidates from the second cohort were appointed as Urgent Care Assistants and are awaiting the outcome of their university interviews to start studying September 2018.

Recruitment to the programme shifted from larger events hosted by councils and job fairs to a series of NWAS hosted and promoted events in smaller local venues. There was a greater social media presence than previously too. This resulted in a much more diverse range of applications from candidates for the programme. Bespoke support was offered to candidates, such as discussions about criteria in advance of an application being submitted and individual interview skills sessions. Trust presence at events was not limited to recruitment for the pilot programme though; NWAS recruited staff to corporate and other roles as a result of listening to attendees and offering bespoke advice and guidance about applications. NWAS has been successfully awarded funding from Health Education England to run a similar programme for a third year.

MILITARY COLLABORATION

NWAS received the prestigious Gold award as part of the Ministry of Defence's Employers Recognition Scheme this year. This award was given to celebrate the fantastic work the trust has demonstrated (and continues to do so) towards the Armed Forces community. The trust is proud of its strong relationship with the military and we continue to support veterans and active service personnel where possible. This is achieved by offering honorary contracts to service personnel to support the upkeep of clinical skills through NWAS assignments. The trust has hosted insight days for service leavers and veterans to showcase potential careers within NWAS and inform and support those from the Armed Forces community in seeking employment. This is reinforced by our involvement with the NHS 'Step into Health' Programme - a first access pathway programme to facilitate career transition from the military into civilian employment. NWAS employs a number of Reservists and continues to support leave and training commitments. The trust also recognised existing reservists by hosting a bespoke reserve day in conjunction with a local military hospital.

PARTNERSHIP WORKING

NWAS continues to work in partnership with four recognised trade unions, which are GMB, Unison, Unite and RCN. The trust meets every month with staff side representatives through the Trust Policy Group to discuss the development and revision of workforce policies and procedures. In 2017, the group jointly agreed positive amendments to a range of policies and procedures, including the Armed Forces Community policy, equality, diversity and inclusion, transgender, sickness absence, special leave and improvements made to the Social Media policy. Trade Unions also attend the health and wellbeing meetings to discuss latest workforce improvements and are heavily involved in health and safety developments.

The trust continues to engage positively with trade union colleagues to support the management of major change and the implementation of national agreements, particularly around the paramedic agreement, ensuring effective oversight of the Newly Qualified Paramedic programme, the development of a national job description and plans to upskill paramedics over the next two years.

LEADERSHIP AND MANAGEMENT

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

Our status as a Chartered Management Institute accredited centre provides a training framework, and development is also driven bottom up through leaders' individual PDPs. Through CMI we offer a range of leadership, management and coaching programmes. This underpins the focus on leaders and managers as coaches, whilst enabling us to establish an internal coaching network. During 2017/18 56 managers completed an accredited course through the CMI route.

Since 2016/17 we have evolved our approach to developing leaders and nurturing talent recognising the need to build on strong foundations to drive culture change, respond to staff survey feedback and to enable our leaders to lead the service of the future.

LEADERSHIP MODEL AND DEVELOPMENT

The trust launched its 'BeThinkDo' (BTD) Leadership Model at its leadership conference in March 2017 and the focus over the last year has been on developing supporting tools and training to embed the model more fully in the trust.

Developed through extensive consultation it places staff and patients at the centre and recognises the need for personal resilience in leaders. It focusses on three areas:

Be – visible, authentic, curious, compassionate and inspirational

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

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

The trust is one year into its journey to transform its approach and continues to embed the framework into all aspects of the leadership journey. The following is a summary of the progress made through 2017/18:

Recruiting Leaders	Developed and tested the use of values based assessment centres and professional discussions
Inducting leaders	Developed and delivered a BTD induction for new leaders
Appraising Leaders	Developed key leadership performance indicators and included reflection on BTD qualities and values
Talent Management	Designed and developed a talent conversation tool to be used as part of appraisals and development conversations
Self-Assessment	Developed a BTD self-assessment tool
Leadership CPD	Developed and commenced delivery of a BTD programme for existing leaders

The two day leadership programme focused on self-awareness, role modelling, personal resilience and developing unpinning leadership skills in line with the model has been piloted and rolled out to over 150 managers and will form the basis of future inductions for staff new in role.

CONTINUING PROFESSIONAL DEVELOPMENT

The trust also offers a programme of CPD and masterclasses to continue to enhance their knowledge and experience as leaders. The following gives a flavour of the types of training supported:

CPD: NWAS CPD Sessions	51 attended
HR Master Class - Managing Grievances	7 attended
HR Master Class - Recruitment & Selection	5 attended
HR Master Class - Disciplinaries in the Workplace	11 attended
Appraisal Workshop	91 attended
Risk Master Class: Datix Training	32 attended
Mentally Healthy Workplace	15 attended

The trust also supports leaders in attending external programmes and qualifications, such as Leading Through Change Experienced Professionals Programme, FSD Future Leadership Course. We had 15 leaders supported through external programmes in 2017/18.

The trust has also utilised Continuing Professional Development as a positive action tool to support Women into Leadership, recognising that women are underrepresented in leadership positions, particularly in operational roles. The development network provides those women attending with useful CPD to build their confidence and skill set but also provides a network of shared support and experience. The trust was pleased to be recognised for its work in this area in 2017 when it was awarded the Princess Royal Training Award.

EDUCATION AND LEARNING

SUPPORTING STAFF PROGRESSION

NWAS continues to recognise the value of investing in the development of its staff, so it was pleasing to see the fruition of a new approach to developing our existing EMT1 workforce on routes which will enable them to qualify as our paramedics of the future. 59 of the 90 NWAS staff commencing on the Paramedic Diploma in September 2017 were EMT1s who have been supported to gain qualifications to enable progression to paramedic education.

There are 126 EMT1s who are currently in the process of gaining a level 4 qualification which will enable progression onto paramedic education programmes and this forms an ongoing commitment to support a continuing development route for EMT1 staff.

WIDENING PARTICIPATION AND APPRENTICESHIPS

The Widening Participation agenda seeks to support equality of access to employment opportunities for disengaged/disadvantaged groups.

During 2017/18 NWAS has actively supported the following schemes:

- Placements for Healthcare Cadets across Greater Manchester, Cheshire and Mersey and Cumbria and Lancashire totalling 21 cadets receiving placement opportunities from January-June
- Bespoke work experience opportunities for learners within the Communications team and corporate team
- Apprenticeships both for new to role staff and development of existing employees
- Careers, employment and community events across the NW
- Pre-paramedic degree programme
- Forces Champion Network

The trust was also successful in receiving the Fair Train Gold award. Fair Train's Work Experience Quality Standard is not just a highly respected accreditation, it is also a rigorously tested and widely proven step-by-step guide to making the specific work experience valuable, fulfilling, rewarding and the best possible uses of resources. The Work Experience Quality Standard is a national accreditation which recognises those organisations offering high quality work experience opportunities to their learners, and managing risk effectively. It also acts as a framework for development to help organisations to plan, run and evaluate high quality work experience programmes.

NWAS is committed to the development of apprentices as part of its future workforce model and has successfully registered with the Education Skills Funding Agency as an apprenticeship employer-provider.

2017/18 has seen the trust's Education and Training teams now delivering a new qualification for EMT1 staff. This qualification forms part of an Apprenticeship Standard, which has been developed in partnership across all the ambulance services in England, Scotland, Wales and Northern Ireland. Currently there are 125 EMT1 apprentices undertaking their apprenticeship within the trust. The trust is also working with national groups to develop qualifications and apprenticeship standards for other roles across the ambulance services.

NWAS has taken the opportunity to use existing Apprenticeship Frameworks, with the following employed as apprentices:

- One Mechanic Apprentice; that has now progressed from a level 2 and started Level 3
- Two ICT Level 4 Apprentices; commenced September 2016

Existing employees are also undertaking Apprenticeship programmes:

- 28 EOC staff undertaking level 3 apprenticeship programmes in customer service, team leading, management, business administration and learning and development
- One EOC staff undertaking level 4 apprenticeship in business administration
- One Finance staff completed the level 3 AAT apprenticeship qualification successfully.
- Two HR staff undertaking level 3 apprenticeships in business administration and management

- Two HR training staff undertaking level 5 apprenticeship management qualifications
- Ten Fleet staff undertaking levels 2 and 3 in Diploma in Business Administration, Diploma in Team leading, Diploma in Management, Vehicle Maintenance, Advanced Apprenticeship in Management.

The trust has also played an important part nationally in supporting the ambulance sector to develop apprenticeships which will enhance the education and development of our staff as well as supporting the trust to meet the public sector apprenticeship targets in 2017/18.

The trust is also working with national groups to develop qualifications and apprenticeship standards for other roles across the ambulance services, which should be available through 2018/19 and include:

- Paramedic Degree Apprenticeship
- Level 3 Ambulance Care Support Worker
- Level 3 Emergency Services Contact Handler Apprenticeship

E-LEARNING

E-learning continues to form an increasingly important part of our training and development delivery. Nationally developed e-learning programmes were introduced to meet the mandatory training requirements of EOC, 111, corporate and operational support staff. An e-book has also been developed for PES staff, which complements the face to face mandatory training.

A range of online learning to support continuing professional development is also available to facilitate staff's continued learning.

CLINICAL STAFF DEVELOPMENT

The trust's Continued Professional Development (CPD) programme has continued to support the development of clinical staff with emphasis during 2017/18 to support the Senior Paramedic Team Leaders (SPTL) with 55 staff being supported through degree study.

- The trust has supported the qualification of its first Doctor of Philosophy (PhD).
- Four Senior Clinical Managers undertaking PhD or Professional Doctorate study
- Eight advanced paramedics undertaking Advanced Practitioner MSc study programmes

The trust has undertaken a paramedic training needs analysis (TNA) to determine the educational needs of paramedics moving forward in line with the new band 6 developments over the last year. The trust has worked with staff side representatives to support the delivery of the newly qualified Paramedic (NQP) consolidation of learning portfolio the nationally recognised partnership agreement and to implement fast track arrangements for those qualifying with prior experience and competence.

During 17/18 the trust has sought to strengthen the knowledge and skills of its staff around the Mental Capacity Act with 3,000 staff completing additional training in this important area.

LIBRARY AND KNOWLEDGE SERVICE (LKS)

This service grows from strength to strength and members of staff continue to have access to electronic journals and books, and can assist staff with information to support their CPD. Our LKS was benchmarked against other NHS library services and scored 95%, maintaining the previous year's result and matching the NW NHS average.

COMMUNICATION AND ENGAGEMENT

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

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

A number of regular channels are used to engage with staff and stakeholders such as the intranet and web site, social media sites, a weekly staff bulletin, a monthly Team Talk bulletin which highlights key points from the trust Board meeting, a quarterly stakeholder bulletin and a magazine.

One element of the team's core business is media handling and the team responds to approximately 50 media enquiries each month. These can range from information regarding small scale incidents like road traffic collisions to the more complex, such as responding to a complaint a patient has made via the media. In this year, the team identified key newspapers and visited their offices to discuss possible news features and to explain how the team can assist in their work. This will continue in 2018/19.

Early in the year, the team's major incident handling skills were tested during the devastating attack on concert goers at the Manchester Arena. Despite taking place outside of corporate working hours, the team's on call arrangements ensured that the warning and informing messages to the public, briefings to NHS colleagues and stakeholders and media handling were effective, accurate and prompt and were positively commented on by NHS England. The handling of the incident continued in the weeks after the event with the trust facing intense media scrutiny and the team worked closely with executive and senior management and staff who were on the frontline so the media could remain informed and staff could share their experiences of the event.

Aware that this incident would have a deep and longlasting impact on staff, the team assisted in the organisation of a large scale event of approximately 300 people who worked in various capacities that night – including those from emergency control, 111, emergency planning, frontline and corporate teams. The event gave people the opportunity to talk through what they did and how the incident affected them, as well as promoting health and wellbeing information.

A number of public health and information campaigns were developed and implemented by the Communications team throughout the year – some to support a wider NHS message like 'Stay Well this Winter' and others which were NWAS' own initiatives.

The 'Hero Next Door' campaign launched in August with the objective of recruiting 25 new Community First Responders in East Lancashire by turning a Burnley street into the safest in the region and training all its residents in basic life-saving skills. Alongside this, the campaign also encouraged others to volunteer to become Community First Responders so that they too could make their communities safer. Working with the trust's community resuscitation team, the launch of the campaign saw over 50 residents trained in three hours and had an over whelming response from the public with 558 potential volunteers contacting the service.

The campaign, like most of the trust's public messaging was predominately based on NWAS' social media sites – Facebook and Twitter. These have now become invaluable in providing a single point where the trust can engage with staff, stakeholders, the media and the public.

The trust now has 30,311 'friends' on Facebook, an increase of 51 per cent from last year and 34,040 followers on Twitter, an increase of 36 per cent. In March, a third social media account, this time on Instagram, was launched with the publishing of posts handed over to a different staff member each week to highlight the 300 different careers within the organisation. The trust now has 99 'official tweeters' – staff who have been trained by the Communications team to tweet on behalf of NWAS.

During this year, the team appointed a Digital Manager to oversee the project which will result in a new state of the art web and intranet site for the trust. Work has begun with the 'cleansing' of the current sites and next year will see the launch of our new online offer.

The team have been involved in a number of large scale events, most of which are funded through the team's efforts to secure sponsorship, for example, the annual staff awards ceremony. The event in 17/18 was the largest, most successful yet with 15 staff and teams receiving awards following nominations from their peers. The event was entirely funded via sponsorship.

To coincide with the trust's AGM and launch of the Annual Report, the trust stages an open day which is open to the public and is always a great success. More than 500 people attended this year's event which took place at Leigh Sports Village in Greater Manchester. To reach as many stakeholders as possible, the event takes place in a different county each year. The open days include a range of interactive information stands from the different services we provide to our emergency service and NHS partners as well as other health organisations. Visitors can also view our vehicle display, find out about recruitment and job vacancies and can take part in various demonstrations such as CPR.

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

Every year, the trust joins up with Greater Manchester Fire and Rescue Service and Greater Manchester Police to host a 999 Emergency Services Day at the Trafford Centre shopping complex in Greater Manchester. The event gets bigger each year and is a great day out for the family with different vehicles from all organisations, large scale incident demonstrations and health and recruitment information. This years' event took place in August and was attended by 18,000 people.

The Trafford Centre was also one of our venues for the team's 'Make the Right Call' event. This campaign was launched in the run up to the winter period to try and educate the public into considering other healthcare options during what is the service's busiest time. Frontline staff joined members of the Communications team to give healthcare advice to shoppers and in an amazing twist of fate, one of the paramedics manning the stand was greeted by a member of the public she had treated at the scene of the Manchester Arena attack. The lady had gone shopping after a hospital appointment for her injuries and had recognised the paramedic and wanted to say thank you. The 'Make the Right Call' engagement event also took place in the Botany Bay attraction in Chorley, Lancashire.

2017/18 also saw the production and distribution of health information to patients via our patient transport crews. This was a pilot initiative which received a positive response from the public and enabled us to partner with communications colleagues across the region to identify the most relevant information to be shared in each locality.

The Communications team plays a lead role with the engagement of political stakeholders such as MPs and councils and is the point of contact for all 'non- incident' related enquiries and briefs to the Department of Health for Ministers. The team is also responsible for the management of Freedom of Information requests on behalf of the trust and in the last year handled 414 (an increase of 11.5% on last year) with a 92.9% return within the 90% target rate.

In 2017/18, the team responded to 11 enquiries from MPs and facilitated NWAS attendance at more than 12 Health Scrutiny Committee meetings within local councils. Where the team feels there is an initiative or service change which could cause stakeholders concern, the team proactively writes to them to offer a meeting, further information and the opportunity to feedback their views.

Alongside media handling, staff engagement is a complex and challenging responsibility for the team, made more so due to two thirds of the work force being mobile, answering patient calls or not having direct access to their email accounts. The team has to regularly devise more creative ways to reach their colleagues.

The use of video technology is something the team has explored, having completed three sub titled videos for use in the emergency operational centres (control rooms). These are played on a loop so staff can view them from their work stations. Next year, the ability to do this will be rolled out to all of the 111 call taking suites in the region.

One of the largest staff engagement projects for the team this year, has been in supporting the transforming patient care strategy with the launch of the Trust's Strategy, Vision and Values to staff. This involved producing visuals in a format which could be easily understood and to facilitate a series of presentations throughout the region hosted by the Chief Executive in April to June. This work will continue in the forthcoming year.

Communications is a vital element of the objectives of other directorates and the team is proud to assist their colleagues in projects such as the flu campaign, promotion of the NHS staff survey, sepsis screening; trust learning, hospital handover, electronic patient report forms; the new Merseyside and Cheshire Emergency Control and Corporate Centre at Estuary Point and the National Ambulance Response Programme. A significant amount of work has also been undertaken to support our HR colleagues in the delivery of a number of work streams to increase the health and wellbeing of our staff.

In early 2018/19, the new Communications and Engagement Strategy will be launched. Its key role will be to support the trust's overall strategy with a particular emphasis on public health, our patient care priorities as part of the transformation project and stakeholder and patient engagement.

PATIENT EXPERIENCE AND PUBLIC ENGAGEMENT

The Government has continued to promote the message that patient experience remains a fundamental measure of quality healthcare provision. It is only through active listening, recording feedback and acting on patients' insight that the trust can respond and implement change to reflect patient needs. Our Patient Experience team engage with and obtain feedback from our patients using a variety of methods and approaches. The trust is recognised as an innovator and leader in this field for ambulance trusts.

An extensive patient experience programme was successfully completed during 2017/18. We use a number of methods to elicit feedback including postal surveys, community engagement activities, focus groups and Friends and Family Test (FFT) comments cards on ambulances. We also offer the opportunity for our patients to provide FFT feedback comments using SMS text messaging and integrated voice recognition via landline.

A variety of methods for eliciting patient feedback have been used across all service areas, including our Paramedic Emergency Service (PES), Patient Transport Service (PTS), the NHS 111 Service and our Urgent Care Facility. More than 17,800 patients have provided feedback this year using a range of methods (Figure 1).

Figure 1 - Survey Methods Table

2017/2018 PE PROGRAMME SURVEY METHODS TABLE (1 APRIL 2017 - 31 MARCH 2018)	COMPLETED RETURNS	% OF TOTAL
Patient Transport Service (Postal/Telephone)	4,111	23.1%
Patient Transport Service - Health Services (Postal)	197	1.1%
Patient Transport Service - Patient & Public Survey (Postal)	195	1.1%
Paramedic Emergency Service (Postal/Telephone)	2,720	15.3%
Clinical Assessment Service (Postal)	2,826	15.9%
Urgent Care Desk Service (Postal)	626	3.5%
NHS 111 Service (Postal)	1,052	5.9%
PTS FFT (SMS Text)	2,926	16.4%
PTS FFT (Post cards)	83	0.5%
PTS FFT (Postal Surveys)	2,753	15.5%
PES FFT - See and Treat (SMS Text)	87	0.5%
PES FFT - See and Treat (Post cards)	90	0.5%
PES FFT - See and Treat (IVR)	147	0.8%
Total	**17,813**	

**** Please Note: All data as at 31 March 2018***

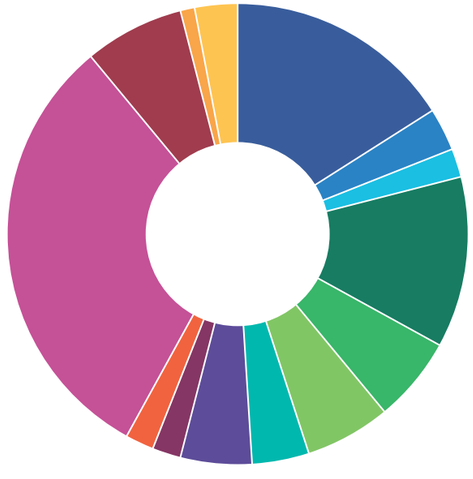
Figure 2 shows, postal survey results are overall very positive with satisfaction being high across all service areas.

Figure 2 - Summaries of Survey Response Feedback including FFT by Quarter

PATIENT EXPERIENCE PROGRAMME SURVEYS (1 APRIL 2017 - 31 MARCH 2018)		PATIENT TRANSPORT SERVICE	PARAMEDIC EMERGENCY SERVICE	URGENT CARE DESK SERVICE	NHS 111 SERVICE
Cared for appropriately with Dignity, Compassion and Respect (Strongly Agree / Agree)	Q1	95.43%	100%	87.50%	n/a
	Q2	94.86%	97.50%	90.94%	n/a
	Q3	94.33%	97.33%	90.00%	n/a
	Q4	95.23%	97.22%	93.72%	n/a
	YTD	**94.99%**	**97.37%**	**91.73%**	**n/a**
Overall Service Received (Very Good / Fairly Good)	Q1	96.05%	100%	62.50%	89.19%
	Q2	96.00%	97.67%	82.29%	86.81%
	Q3	95.01%	98.22%	80.00%	No Data
	Q4	95.72%	97.12%	84.52%	90.50%
	YTD	**95.72%**	**97.60%**	**82.37%**	**89.26%**
Recommend Ambulance Service to Friends and Family (Extremely Likely / Likely)	Q1	94.39%	88.90%	75.00%	90.04%
	Q2	94.86%	95.52%	86.61%	83.51%
	Q3	93.20%	95.73%	87.14%	No Data
	Q4	93.83%	94.66%	88.71%	90.50%
	YTD	**94.09%**	**95.22%**	**87.36%**	**89.83%**

As well as undertaking quantitative patient surveys, we provide focus on capturing more qualitative data at equality and diversity community events and focus groups.

Chart 1 opposite shows the equality and diversity protected groups we have engaged with at community events and focus groups during 2017/18.



Race	16%
All	3%
Learning Disability	2%
Youth	12%
Mental Health	6%
Religion	6%
Sensory Disability	4%
Physical Disability	5%
Socio Economic	2%
Traveller	2%
LGBT	31%
Older	7%
Maternity	1%
Dementia	3%

Pie chart 1 - Protected Characteristics Engage during 2017/18

The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. These are cited as: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity.

Friends and Family Test (FFT) results are shared monthly in animation form in the trust's weekly staff regional bulletin and via one of our internal social media options, Yammer. Recommendations for service improvements are introduced, as appropriate, via 111, PES and PTS learning processes respectively.

Patient stories continue to be a powerful tool to describe patients' experiences and the learning that has resulted. These are presented to the Board of Directors, Quality Committee, to staff as part of their mandatory training, and are part of education and awareness campaigns. The Patient Experience team has now received training which has enhanced the team's filming and editing skills to allow for the production of in-house patient stories.

An analysis of the feedback received from patients provided us with themes for learning and to make service improvements.

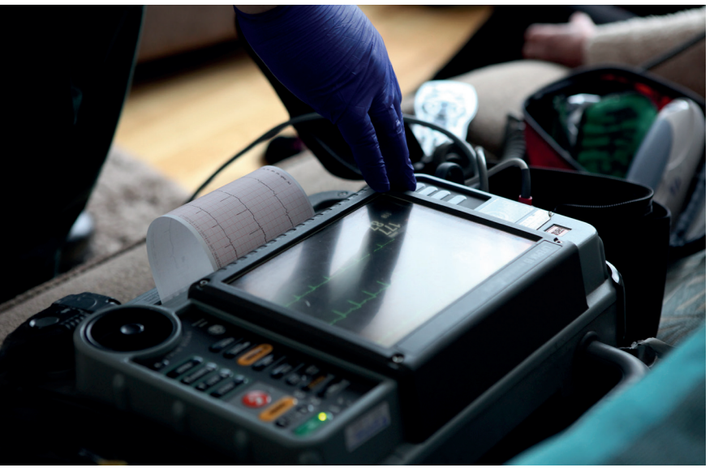
Some examples during 2017/18 are;

- CQUIN public health support for PTS service; through the development of patient experience surveys on what health information PTS patients require.
- Introduction of patient identifiable blue smiley face stickers on all PTS vehicles with the key benefit to increase the visibility of dementia patients who have travelled in a Patient Transport vehicle. Staff can easily identify and approach those patients who may have been waiting for a considerable length of time.
- Introduction of patient pagers in chosen hospitals to support PTS long waits initiatives with the return journey.
- PTS information leaflets updated to provide patients with more information on who to contact if they have any concerns, or if they need to cancel their appointment.
- Co–design with community groups of 'easy read inclusive' patient comment cards to be distributed in 2018/19 on all ambulance vehicles. This gives real time' opportunities for all our PES and PTS patients with completing the FFT survey and to provide a compliment or complaint.

- Easy read review of changes as a result of patient experience feedback posters.
- Targeted information and awareness raising using our nationally acclaimed board game engagement with 'vulnerable' community groups and "There's more to your ambulance service than you think".
- Mandatory E–Learning modules ensure operational staff learning with PES laryngectomy patient assessments.
- Improving patient and health care professionals' understanding of patient experience themes in relation to the PES transformation for change NWAS patient care priorities: sepsis, frailty, maternity, children and young persons, mental health and end of life.

COMPLAINTS

Complaints remain a means by which the trust receives feedback from the public thus providing an opportunity to examine what happened at an individual level in order to understand, where possible, if lessons need to be learnt. There are circumstances when, despite our best intentions, the experience of patients does not meet their, or our, expectation. The trust welcomes this feedback so that the incident can be investigated, with timely and appropriately feedback provided.



Investigations are undertaken by the Patient Experience team working with Service Delivery to find a resolution, agree outcome and where necessary recommend and implement change. Actions arising from complaints are monitored through local managers. Any issues identified through the complaint investigation are addressed by managers with the relevant staff in order to provide an opportunity to reflect on the concerns raised and prevent reoccurrence.

There are occasions where the outcome is confined to personal practice which is remedied through reflective practice and/or training in most cases. There are times however when cases result in disciplinary action. For broader outcomes, consideration will be given to a change in mandatory training and/or the issue of a bulletin.

Complaint reporting is evidenced through a number of different routes. The Executive Management Team, along with the senior management teams for PTS and PES, receive monthly complaint reports. 111 service complaints are reported through the local Clinical Governance reporting procedures.

The Clinical Governance Management Group receives regular reports on complaints and the Incident Learning Forums monitors actions arising from complaints via associated action plans.

The Quality Committee provides assurance to the Board of Directors on the complaints process and that complaints are being appropriately managed and learnt from. A quarterly Integrated Patient Experience report is produced.

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

During 2017/18 the trust received 2,393 complaints, in comparison to 2,599 for 2016/17.

A total of 1,666 compliments were also received.

The table below summarises the key themes of complaints received during 2017/18:

COMPLAINT THEMES 1 APRIL 2017 TO 31 MARCH 2018					
	PES	**PTS**	**111**	**Other**	**Total**
PTS Transport	2	920	-	-	922
Emergency Response	448	-	2	-	450
Care and Treatment	192	32	179	-	403
Staff Conduct	221	54	58	-	333
Communication and Information	68	8	59	1	136
Driving Standards	82	27	-	-	109
Damage or loss to property	27	4	-	-	31
End Of Life Care	1	-	-	-	1
Navigation	5	-	-	-	5
Safeguarding	2	-	1	-	3
TOTALS :	**1,048**	**1,045**	**299**	**1**	**2,393**

Complaints and compliments include all aspects of trust activity, including the 111 service and a comparison, by service line to 2016/17 can be seem below;

SERVICE LINE	2016/17	2017/18	VARIANCE
Emergency Services	1,100	1,048	-52
Patient Transport Services	1,034	1,045	+11
111 Services	465	299	-166
COMPLIMENTS	**1,852**	**1,666**	**-186**

During this year, the Parliamentary and Health Service Ombudsman completed investigations into six cases from a variety of reporting years. One case was upheld. Five were not upheld with no further action. Four cases are still under investigation.

All complaints are centrally recorded and monitored by the Patient Experience team, made up of investigation officers, investigation support officers and case workers. 111 complaints are managed by the 111 Clinical Governance team.

Complaints provide us with an opportunity to review what has happened during the patient's interaction with us in order for us to learn lessons and reduce the likelihood of the same issue happening again. For the year ending March 2018, a variety of actions were undertaken in order to learn lessons and these included reflective practice for individual staff on individual cases across the emergency and 111 service. Staff, supported by their leaders, also completed incident learning reviews covering topics including patient assessment, document completion and standards, communication and using the support networks available. For the 111 service, there was a particular issue for diabetic patients, this was referred to NHS Pathways (the telephone triage tool) so that we can better support patients with different types of diabetes. Within the Emergency Operations Centre, the procedure covering the use of resources was re-issued to all staff which is being supported by an electronic tool for recording decisions made. For individual patients, location markers were added to mapping systems making it easier for crews to respond. Bulletins have been issued for a wide variety of purposes and specifically a reminder was sent out regarding the management of deceased patients. Examples of general learning including the ongoing recruitment plans for both the Paramedic Emergency Service and NHS 111 as well as changes to our website for easier navigation to logging complaints, particularly for 111 patients.

QUALITY

During 2017/18 the following areas were identified for improvement;

- Improve performance against the Category A response requirements
- Improve response time delays to all 999 calls
- Recognise and effectively treat patients with sepsis as early in their pathway as possible
- Establish an effective out of hospital screening tool for falls and frailty
- Establish the effectiveness of the acute visiting schemes in supporting safe home care for patients, especially the frail elderly
- Through a responsive triage system, ensure those experiencing an acute exacerbation of a diagnosed mental health episode can access the right care at the right time
- Through effective staff engagement reduce sharps incidents and promote good IPC practice
- Improve the consistency, timeliness and effectiveness of serious incident investigation and implementation of subsequent learning

Further details of the progress made in these areas can be found in the trust's 2017/18 Quality Account.

The Board affirmed its commitment to the delivery of quality services by approving a Patient Care Strategy for 2017/2022 to support the trust's aim to deliver a high quality service to patients by ensuring we deliver the Right Care at the Right Time and in the Right Place. We believe that this is the best way for the North West Ambulance Service to deliver safe, effective care and a positive patient experience.

The Patient Care Strategy is supported by a Safety Improvement Plan which has been developed as part of the trust's commitment to the national 'Sign up to Safety' Campaign. The trust is committed to fully reviewing its Safety Improvement Plan during 2018.

National clinical outcome measures are derived from the audit of ambulance patient report forms, and from information provided by receiving hospitals. The outcomes are four months in arrears to allow for full data collection. For some measures the numbers of relevant cases are relatively small and there is significant variation between months. To give an overall picture, a summary of the November 2017 performance against November 2016 performance is shown in the table on the previous page:

ACQI PUBLISHED DATA	NWAS NOVEMBER 2016 PERFORMANCE	NWAS NOVEMBER 2017 PERFORMANCE	NATIONAL AVERAGE NOVEMBER 2017 PERFORMANCE
Outcomes from Cardiac Arrest - ROSC at Hospital (overall)	35.4%	35.0%	28.5%
Outcomes from Cardiac Arrest - ROSC at Hospital (Utstein - those in VF/VT)	47.6%	57.1%	47.4%
Outcomes from Cardiac Arrest - Survival to Discharge (overall)	6.6%	11.3%	8.3%
Outcomes from Cardiac Arrest - Survival to Discharge (Utstein - those in VF/VT)	22.0%	30.2%	27.3%
Outcomes from Acute ST-elevation Myocardial Infarction - PPCI CTB 150 minutes	73.2%	Mean average time = 2hrs 29 mins*	Mean average time = 2hrs 12 mins
Outcomes from Acute ST-elevation Myocardial Infarction - Care Bundle	83.2%	70.9%	76.0%
Outcomes from Stroke - FAST positive CTD 60 minutes	50.5%	Mean average time = 1hr 18 mins*	Mean average time = 1hr 13 mins
Outcomes from Stroke - Care Bundle	99.0%	98.9%	97.0%

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

Local clinical performance measures (care bundles) are used to ensure that staff comply with best practice in clinical care. In 2017/18 the measures were revised to be consistent with those that are measured on a national basis. These include measures for clinical documentation and mental health; self-harm.

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

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

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

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

The trust recorded, via its web based tool, 10,981 incidents that occurred during 2017/18. Of these, 5,052 were clinical and patient safety incidents and near misses, representing a decrease on the previous year (5,126).

A total number of 840 patient safety incidents were reported to the NPSA, which continues to reflect the trust's risk profile for increased patient contact, particularly through the use of the NHS 111 service.

Throughout this reporting year, 75 serious incidents were reported to Commissioners via the Strategic Executive information System (StEIS) an increase of 31 on the previous year (44).

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

A proportion of NWAS NHS Trust income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between the trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework (CQUIN).

A more detailed review of overall performance in relation to Quality is provided in our 2017/18 Quality Account which is available on the trust's website at www.nwas.nhs.uk

CQC INSPECTION

During 2017/18 a CQC action plan was implemented to address the issues highlighted following the trust's CQC Inspection in May 2016 and receipt of the final report in January 2017. Oversight by the Executive Management Team and regular progress reports to the Board, Commissioners and NHS Improvement were provided throughout the year.

DIRECTORATE OBJECTIVES 2017/18

The Board of Directors identified 61 directorate objectives for 2017/18, each of which was aligned to the trust's goals as set out in the Strategic Plan. Progress against these goals was reviewed on a quarterly basis by the Executive Management Team and the Finance, Investment and Planning Committee. 24 of the actions were on track at the end of the year, with 17 completed by the relevant target completion dates, 17 objectives were behind the original planned timeframe and three were not completed. The Board will drive progress with objectives and key actions identified for 2018/19. The objectives will cover a year two of a two year period in line with the PES contracts. Planning will also incorporate high level plans for 2020 and beyond ensuring the trust continues with a five year forward view.

SUSTAINABILITY REPORT

INTRODUCTION

North West Ambulance Service as an NHS organisation, and as a spender of public funds, appreciates that it has an obligation to work in a way that has a positive effect on the patients and communities it serves. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets, we can improve health both in the immediate and longer term even in the context of rising cost of natural resources. Demonstrating that we consider the social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met.

The trust personally has found that by actively measuring and monitoring its emissions it is able to identify ways in which it can do things differently that saves money as well as carbon emissions, therefore enabling better management of its carbon risks and opportunities. This has directly benefited the trust from lower energy and resource costs, a better understanding of their exposure to the risks of climate change and a demonstration of active leadership which will help strengthen their green credentials in an increasingly environmentally conscious society.

In order to fulfil our responsibilities for the sustainability role we play, NWAS has created a sustainable development management plan (SDMP). Our plan is currently under review and will be updated to include recent changes in NHS and general sustainability goals, visions, standards, and best practice guidance.

Our current sustainability mission statement is: The aim of the trust's Sustainable Development Management Plan is to identify measures that can meet its target and also formalise good environmental management practice throughout the trust's activities.

As a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020.

POLICIES

In order to embed sustainability within our business it is important to explain where in our process and procedures sustainability features.

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

As part of our current SDMP update we will be taking into consideration the impacts made by our contracts and suppliers. This will be measured and monitored via appropriate PQQ pre tender questionnaires, tender return responses and the interview process.

Climate change brings new challenges to our business both in the effects to the healthcare estates and also to patient health directly. Examples of recent years include the effects of heat waves, extreme temperatures and prolonged periods of cold, floods, droughts etc. Our board approved plans address the potential need to adapt the delivery of the organisation's activities and infrastructure to climate change and adverse weather events.

We are currently in the transitional period from using the old Good Corporate Citizenship model (GCC) sustainability measurement tool to its replacement model, the Sustainable Development Assessment Tool (SDAT) and

future reports will include our performance and improvement measured against this model. Although we have not completed the SDAT we have read through the questions and are confident that we are contributing to most if not all of the 17 Sustainable Development Goals (SDGs) depicted below.

We continue to run awareness campaigns promoting sustainability and will shortly be hosting our second annual Sustainability Champions Seminar day following on from last year's successful event.

For every project, we undertake an assessment of the likely social and environmental impacts before commissioning. Our statement on modern slavery is built into and backed up by our procurement Policy and Procedures.

North West Ambulance Service NHS Trust has a fundamental duty to respond to changing demographics and to be an organisation of choice for people from all diverse backgrounds.

Equality in service delivery is not about treating everyone the same. Everyone's needs and concerns differ. It is about ensuring all patients receive comparable treatment or an equal service.

If we are to ensure that our services are appropriately responsive to the needs of the whole community, they need to be planned and specified with effective involvement from the different communities and groups within our region.

Engaging the public in the definition of services is essential. Everybody matters equally and everyone should have the opportunity to access our services and an equal chance to influence the way we deliver services.

To do this NWAS will continue to improve on existing employment and service delivery skills and expertise. These will be extended so that wherever possible we make sure all groups and individuals are welcomed by North West Ambulance Service NHS Trust.

PARTNERSHIPS

The NHS policy framework already sets the scene for commissioners and providers to operate in a sustainable manner. Crucially for us as a provider, evidence of this commitment will need to be provided in part through contracting mechanisms.

We have established many strategic partnerships to date with commissioned services throughout the North West of England region and also nationally with other partners and organisations.

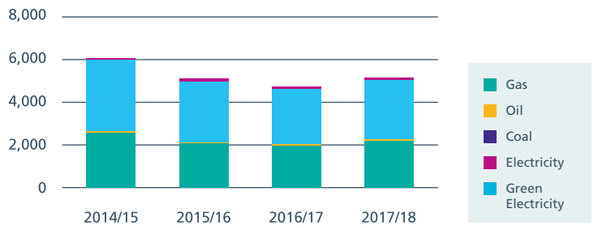
ORGANISATIONAL PERFORMANCE

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

CONTEXT INFO	14/15	15/16	16/17	17/18
Floor Space (m2)	66,698	66,973	66,081	72,830
Number of Staff	4,839	5,133	5,574	5,758

The above table shows that this year the trust's staffing levels and portfolio size has grown. This is mainly due to the acquisition of a new regional HQ at Estuary Point in Merseyside and new accommodation in the Greater Manchester area which was necessary to accommodate the Patient Transport Service (PTS) in this region following a successful service delivery contract bid in 2016. As we are still in a transitional period in respect of property transactions linked with estates rationalisation it is forecast that the portfolio footprint will reduce again once surplus stock is able to be released.

The 2014-2020 Sustainable Development Strategy outlined an ambition to reduce the carbon footprint of the NHS by 28% (from a 2013 baseline) by 2020. We have supported this ambition as follows:



The consumption levels populating the carbon emissions in the above graph are tabulated at the bottom of the page.

There has been a rise in total energy usage this year due to the increase in portfolio size by 6,749 m² equating to an additional 10.2% of internal footprint since last year. However, our overall energy cost per m² has actually reduced from £15.17 to £14.07.

Approximately 3.3% of our electricity use comes from renewable sources.

	MODE	2014/15	2015/16	2016/17	2017/18
Gas	Use (kWh)	12,093,103	9,828,073	9,609,154	10,479,157
	tCO_2e	2,565	2,057	2,008	2,190
Oil	Use (kWh)	6,945	14,339	12,593	29,808
	tCO_2e	2	5	4	8
Coal	Use (kWh)	0	0	0	0
	tCO_2e	0	0	0	0
Electricity	Use (kWh)	5,401,202	5,011,299	4,934,379	7,026,309
	tCO_2e	3,345	2,884	2,564	2,769
Green Electricity	Use (kWh)	0	0	177,825	233,089
	tCO_2e	0	0	49	96
Total Energy CO_2e		**5,913**	**4,945**	**4,625**	**5,063**
Total Energy Spend		**£1,355,681**	**£1,086,891**	**£998,887**	**£1,025,049**

PAPER

The movement to a paperless NHS can be supported by staff reducing the use of paper at all levels, this reduces the environmental impact of paper, reducing cost of paper to the NHS and can help improve information security.

In 2017/2018 the trust spent £20,320.88 on paper which equated to a consumption of 6.043 tonnes.

This is the first year that the trust has recorded paper usage and for future reports progress will be tabulated, monitored and commented on in terms of performance.

TRAVEL

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

Every action counts and we are a lean organisation trying to realise efficiencies across the board for cost and carbon (CO2e) reductions. We support a culture for active travel to improve staff wellbeing and reduce sickness. Air pollution, accidents and noise all cause health problems for our local population, patients, staff and visitors and are caused by cars, as well as other forms of transport.

We have recently had a Grey Fleet review undertaken by the Energy Saving Trust and will now be formulating an action plan in order to benefit from recommended improvements.

TRAVEL UNDERTAKEN

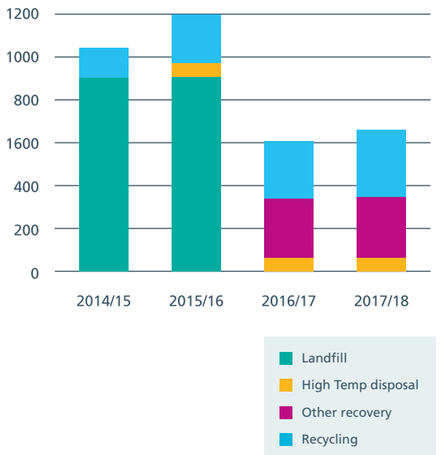
Due to improvements in recording of data around travel this year and the inclusion of additional modes of transport usage we are unable to do a like for like comparison with previous years but going forward from this year our data set will be more accurate and complete. This will enable us to target high usage and set realistic reduction targets as part of our forthcoming Grey Fleet action plan.

Our travel statistics for 2017/18 are:

	MILES	tCO2e
Organisation Owned Fleet/Pool Road Travel	4,671,635	1,928
Business Mileage - Road	737,964	
Patient Transport Services	862,043	307
Rail	179,750	16
Air - Domestic	10,453	7
Air - Short Haul International Flights	5,820	
TOTAL MILES	**6,467,665**	**2,258**

WASTE

Waste produced



WASTE		2014/15	2015/16	2016/17	2017/18
Recycling	(tonnes)	136.00	228.00	261.00	312.00
	tCO_2e	2.86	4.79	5.22	6.55
Other recovery	(tonnes)	0.00	0.00	274.00	285.00
	tCO_2e	0.00	0.00	5.48	5.99
High Temp disposal	(tonnes)	0.00	66.00	68.00	69.00
	tCO_2e	0.00	14.52	14.89	15.18
Landfill	(tonnes)	912.00	913.00	0.00	0.00
	tCO_2e	222.91	223.15	0.00	0.00
Total Waste (tonnes)		**1048.00**	**1207.00**	**603.00**	**666.00**
% Recycled or Re-used		**13%**	**19%**	**43%**	**47%**
Total Waste tCO_2e		**225.76**	**242.46**	**25.59**	**27.72**

The trust in 2017/18 has had a strong focus on improving data collation, education and internal communications. This shows as an increase in waste volumes but it is actually due to a more central management system for all waste streams and enabling the collection of data for more of our recyclables. We've reused furniture internally and continued to explore options to facilitate more reuse which will also enable data capture.

Education on sustainable waste management has been introduced into the induction and mandatory annual training for clinical staff and a technical waste manual and staff handbook will be available to all staff shortly via the intranet.

Our continued use of Recycling Lives Skip Hire Network for workshop metals and bulky waste has directly contributed to supporting some of the most vulnerable in society through the provision of 53 healthy meals via FareShare. We are proud to have improved on our 2016/17 contribution and actively support our local communities struggling through food poverty across Lancashire and Cumbria.

Water usage and spend has increased for 2017/18 and again this is mainly due to an increase in the property portfolio. This has resulted in a rise by 7,691 m^3 from last year equating to an additional 17.65%. However based on floor area consumption has actually reduced from 1.52m^3/m^2 to 1.42m^3/m^2. It is envisaged that usage will fall further again following the completion of the current estates rationalisation process.

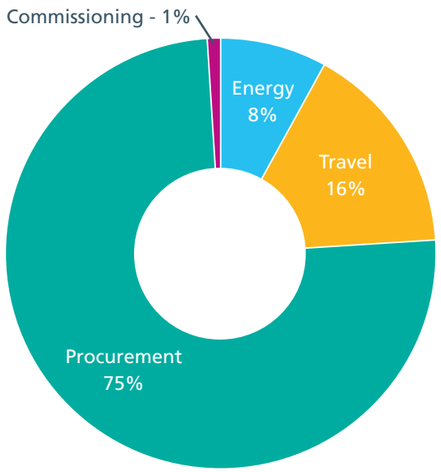
MODELLED CARBON FOOTPRINT

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

More information available here: http://www.sduhealth.org.uk/policy-strategy/reporting/nhs-carbon-footprint.aspx

FINITE RESOURCE USE – WATER

	MODE	2014/15	2015/16	2016/17	2017/18
Mains	m^3	40,574	38,161	43,580	51,271
	tCO_2e	37	35	40	47
Total Energy Spend		**£310,240**	**£312,687**	**£288,281**	**£408,465**



The values in the table above are percentages resulting in an estimated total carbon footprint of 70,452 tonnes of carbon dioxide equivalent emissions (tCO_2e). Our carbon intensity per pound is 258 grams of carbon dioxide equivalent emissions per pound of operating expenditure (gCO2e/£). Average emissions for an ambulance services is 260 grams per pound.

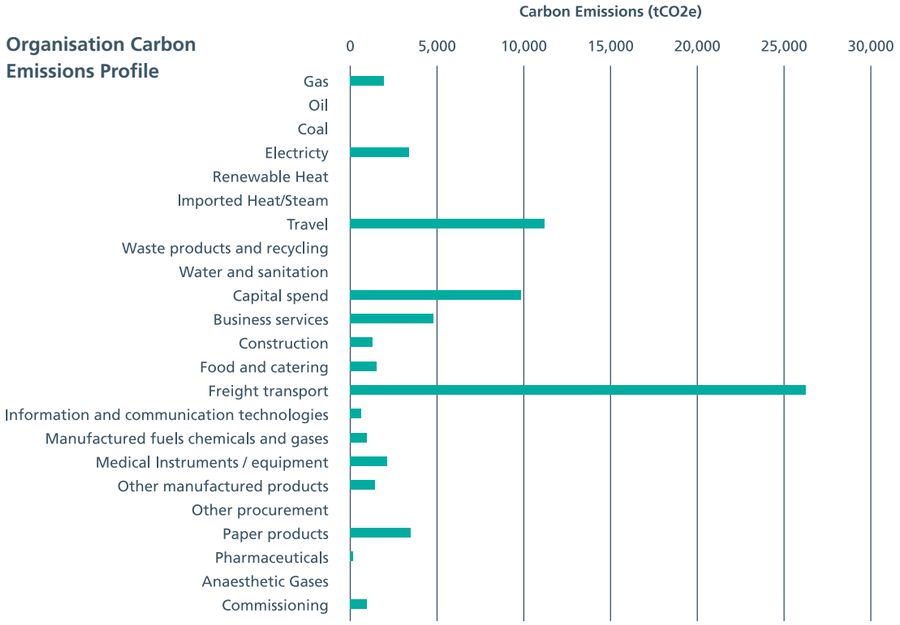
ADAPTATION

Events such as heatwaves, cold snaps and flooding are expected to increase as a result of climate change. To ensure that our services continue to meet the needs of our local population during such events we are currently reviewing and updating our SDMP which includes our Climate Change Risk Assessment and Adaption Plan. We have already developed and continue to develop a number of policies, protocols and relationships in partnership with other local and national agencies which include other NHS and blue light emergency organisations, various local authorities, the Environment Agency, the Meteorological Office and other private contractor/consultant and providing partners.

BIODIVERSITY ACTION PLAN

We have not currently issued a statement on policy or initiatives related to improving biodiversity and maximising the value of access to green space. However, we do recognise and promote the importance and benefits to wellbeing and to the environment. This topic area will be written into our SDMP as part of the current review.

Organisation Carbon Emissions Profile



ACCOUNTABILITY REPORT

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

Derek Cartwright
Chief Executive

Date: 25 May 2018

CORPORATE GOVERNANCE REPORT

DIRECTORS REPORT

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

Wyn Dignan
Chairmain

Peter White
Non-Executive Director &
Vice Chairman

Michael O'Connor
Non-Executive Director &
Senior Independent Director

Zahid Chauhan
Non-Executive Director
(Resigned 31 December 2017)

Richard Groome
Non-Executive Director

Mark Tattersall
Non-Executive Director

Angela Wetton
Director of Corporate Affairs

Maxine Power
Director of Quality, Innovation &
Improvement
(Commenced 16 October 2017)

Derek Cartwright
Chief Executive

David Ratcliffe
Medical Director

Sarah Faulkner
Director of Quality
(Retired 16 June 2017)

Ged Blezard
Director of Operations

Tracy Ellery
Director of Finance

Michael Forrest
Director of Organisational
Development & Deputy Chief
Executive

Salman Desai
Director of Strategy and Planning

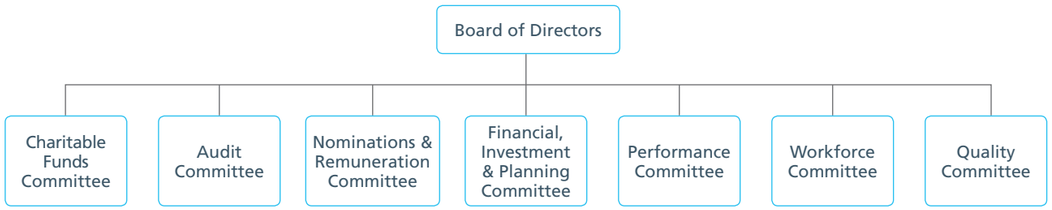
Dr Maria Ahmed
Non-Executive Director
(Commenced 1 April 2018)

ATTENDANCE OF BOARD OF DIRECTORS MEETINGS AND COMMITTEES DURING 2016/17

BOARD MEMBER	TERM OF APPOINTMENT	BOARD OF DIRECTORS	PERFORMANCE COMMITTEE	AUDIT COMMITTEE	NOMINATIONS & REMUNERATION COMMITTEE	CHARITABLE FUNDS COMMITTEE	FINANCE, INVESTMENT & PLANNING COMMITTEE	QUALITY COMMITTEE	WORKFORCE COMMITTEE
		Attendance (actual/max)							
Non-Executive Directors									
Wyn Dignan (Chairman)	01/02/15 – 31/01/17 Reappointed 01/02/2017 – 31/01/2019	10/10	-	-	8/8	-	-	-	-
Peter White	01/05/16 – 30/04/18	10/10	4/6	2/5	7/8	-	-	7/8	3/4
Michael O'Connor	01/04/16 – 31/03/18	9/10	-	-	3/8	-	6/6	-	-
Zahid Chauhan	01/04/15 – 31/03/17 Resigned 31/12/17	5/7	3/4	-	4/6	-	-	5/5	3/4
Richard Groome	06/08/15 – 05/08/17	7/10	5/6	5/5	4/8	1/1	-	6/8	3/4
Mark Tattersall	10/12/15 – 09/12/16 Reappointed 10/12/2016 – 09/12/2018	10/10	-	5/5	8/8	1/1	6/6	-	-
Executive Directors									
Derek Cartwright (CEO)		10/10	-	-	-	-	-	-	-
Sarah Faulkner	Retired 16/06/2017	2/2	-	-	-	-	-	1/1	-
Michael Forrest		9/10	4/6	-	-	-	3/6	-	4/4
Tracy Ellery		9/10	5/6	-	-	1/1	5/6	4/8	4/4
David Ratcliffe		10/10	-	-	-	-	-	8/8	-
Ged Blezard		9/10	5/6	-	-	1/1	4/6	6/8	4/4
Salman Desai		10/10	-	-	-	-	0/6	-	-
Angela Wetton		9/10	-	-	-	-	-	-	-
Maxine Power	Starter date 16/10/2017	5/5	-	-	-	-	-	3/4	-

COMMITTEES

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



The Terms of Reference for the Audit Committee are based on the model terms of reference incorporated in the NHS Audit Committee Handbook. The Committee completed its annual self-assessment on 20 April 2018, which was based on a series of 'must do', 'should do' and 'could do' criteria. Members of the Audit Committee are Mark Tattersall (Chair), Peter White and Richard Groome. The Chair of the Committee has relevant financial qualifications. The Chair of the Audit Committee presented the Annual Report of the Audit Committee to the Board of Directors on 25 April 2018 to provide a summary of the activities undertaken by the Committee and how the Terms of Reference and key priorities were met during 2017/18. The trust's External Audit service is provided by KPMG LLP (UK) and the cost for audit of the 2017/18 financial statements was £62,500. KPMG did not provide the trust with any non-audit services during the reporting period however does provide the ISAE 3402 Type I review for NEP SSG on the Oracle system for 35 trusts and the fee equates to £843 for the trust.

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

REGISTER OF INTERESTS

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

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

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

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

FIT AND PROPER PERSONS REQUIREMENTS: DIRECTORS AND NON-EXECUTIVE DIRECTORS

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

In July 2017, the Board of Directors received the Chairman's Annual Declaration that all Executive and Non-Executive Directors met the requirements of Fit & Proper Persons Test which was informed by:

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

DATE	NAME	DECLARATION
1 April 2018	**Wyn Dignan** Chairman	Following interest declared: • Non-Executive Director – Onward Housing Group
1 April 2018	**Derek Cartwright** Chief Executive Officer	Following interests declared: • Service Brother of St John Ambulance – Honorary title only • Member of the Labour Party • Beekeeping business: Horwich Honey • Horwich Youth Support – not for profit organisation
1 April 2018	**Tracy Ellery** Director of Finance	No interests declared.
1 April 2018	**Dr David Ratcliffe** Medical Director	Following interests declared: • Partner in a General Practice (Chorlton Family Practice) • GPWSI Emergency Department, Salford Royal NHS Foundation Trust • Working Group Chair of SAFE Advanced Life Support Group (Charity)
1 April 2018	**Ged Blezard** Director of Operations	No interests declared.
1 April 2018	**Michael Forrest** Director of Organisational Development	No interests declared.
1 April 2018	**Salman Desai** Director of Strategy & Planning	No interests declared.
1 April 2018	**Angela Wetton** Director of Corporate Affairs	Husband is Operations Director of The Senator Group who supply the NHS, amongst many others, with office and hospital furniture.

16 October 2018	**Maxine Power** Director of Quality, Innovation & Improvement	No interests declared.
1 April 2018	**Michael O'Connor** Non-Executive Director	Following interests declared: • Partner in Addleshaw Goddard LLP • Director Trustee of Festival Medical Services Limited (Charity) • Director Trustee of Central Manchester Concert Hall Ltd (Bridgewater Hall) (Charity) • Director Trustee of Factory Youth Zone (Harpurhey) Ltd • Secretary Bridge Podiatry Practice Ltd • Secretary 38 Montpelier Grove Limited
1 April 2018	**Peter White** Non-Executive Director	Following interests declared: • Director – Bradley Court Thornley Ltd • Non-Executive Director – Riverside Housing • Non-Executive Director – Miocare Group
1 April 2018	**Richard Groome** Non-Executive Director	Following interests declared: • Director, Solskin Ltd, Solar Investments • Director, Leeds Schools PFI • Director, Peterborough Schools PFI • Westbury Management Services (WMS) Ltd. Occasionally provide management consultancy to the NHS. • Non-Executive Director, Your Housing Group
1 April 2018	**Mark Tattersall** Non-Executive Director	Following interests declared: • Chair – Your Housing Group • Chair – Morris Hargreaves McIntyre Ltd
1 April 2018	**Dr Maria Ahmed** Non-Executive Director	Following interests declared: • Director – MA Clinical Consulting Ltd • Principal GP – Manchester Medical • CQC Specialist Advisor – Primary Care • GP Research Champion – NIHR Clinical Research Network, Greater Manchester

INFORMATION GOVERNANCE

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

It allows organisations and individuals to ensure that personal information is dealt with legally, securely, efficiently and effectively in order to deliver the best possible care.

The programme of work associated with IG in 2017/18 has been progressed through the trust's Information Governance Management Group that comprises of representation from trust directorates together with an external IG expert providing specialist independent advice. The Information Governance Management Group membership includes the Senior Information Risk Owner (SIRO) for the trust and/or more recently the Deputy Director of Quality, who, when required, acts as the Deputy to the SIRO. The SIRO is supported by the Medical Director, as the Caldicott Guardian. The Information Governance Management Group review IG related risks from Service Line/Directorate risk registers to ensure that appropriate controls are in place.

As required, the trust continued to maintain the requirements of the Information Governance Toolkit during 2017/18 and has achieved full Level 2 compliance against all 34 applicable elements. In addition, an assessment of significant assurance was provided by the trust's internal auditor following a review of the evidence provided through the information governance toolkit submission process. The trust achieved an overall score through the toolkit of 72%.

The trust continues to act upon the Health and Social Care Information Centre mandatory requirements and utilises a Serious Untoward Incident reporting process for data security. There were 15 suspected breaches of data security reported through this process during 2017/18, which related to themes of misplaced/ lost PRFs and breaches of confidentiality. Following assessment, ten were reported on the information Governance Serious Incident reporting tool and, although further questions were asked, in some cases, no action was taken by the Information Commissioner's Office (ICO).

MODERN SLAVERY ACT 2015 – TRANSPARENCY IN SUPPLY CHAINS

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

A person commits an offence if

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

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

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

This will only apply to suppliers defined as a "commercial organisation" in accordance with the Act:

- supplies goods and services
- has a turnover of not less than £36m

During 2017/18 the trust has undertaken a number of actions to mitigate the risks of modern slavery and human trafficking in our business and supply chain:

- All current trust suppliers have been contacted to provide evidence of compliance with the Act and have been issued with the "Supplier Code of Conduct". In addition, suppliers have been made aware of how to inform the trust if they become aware of any breaches to the act within their own supply chain. The same process has been adopted for new suppliers.
- The "Supplier Code of Conduct" is published and available on the trust website.
- The trust complies with the latest guidance for Public Contract Regulations 2015 and uses the latest standard tender templates which include a section of "Grounds for Mandatory Exclusion". This section includes a number of pass/ fails eligibility exclusion questions which ensure that potential suppliers are compliant with the latest regulatory requirement, including the "Modern Slavery Act 2015". Failure to comply and submit the self-declaration form will result in the organisations automatic exclusion from the tender process.

- Where the trust procures off framework agreements this includes pre-vetted suppliers who have confirmed compliance with the latest legislative requirements.
- The latest NHS Terms and Conditions have been adopted which make compliance with the act an explicit requirement.
- The trust routinely uses NHS Supply Chain, where possible, which gives further assurance that all suppliers are compliant with the Modern Slavery Act 2015.
- The senior Procurement team are all members of the Chartered Institute of Purchasing and Supply and are committed to the professional codes of conduct.
- All staff, including procurement staff, complete annual mandatory training which includes the Modern Slavery Act 2015.

The trust has written and published on the trust website both a Modern Slavery Act 2015 – Statutory Statement and a NWAS Supplier Code of Conduct.

EXTERNAL COMPLIANCE

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

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

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

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

These include ensuring that:

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

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

Derek Cartwright
Chief Executive

Date: 25 May 2018

STATEMENT OF DIRECTORS' RESPONSIBLITIES IN RESPECT OF THE ACCOUNTS

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

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts;
- assess the trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and
- use the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the trust without the transfer of its services to another public sector entity.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

By order of the Board

Derek Cartwright
Chief Executive

Date: 25 May 2018

Tracy Ellery
Director of Finance

Date: 25 May 2018

ANNUAL GOVERNANCE STATEMENT 2017/18

SCOPE OF RESPONSIBILITY

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

THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of North West Ambulance Service NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in North West Ambulance Service NHS Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

CAPACITY TO HANDLE RISK

The Chief Executive Officer has overall accountability for risk management within the trust. Operationally, the Chief Executive has delegated responsibility for implementation of risk management to the Director of Corporate Affairs.

The Director of Corporate Affairs supported by the Executive Management Team, is responsible for the Risk Management process within the trust and as such ensures:

- The review of risk and risk registers is maintained in accordance with trust policy
- All staff have the ability to identify risks and propose they are assessed and entered onto the relevant risk register
- A refreshed Board Assurance Framework (BAF) is in place. The BAF has been the subject of an external review as part of the Director of Audit Opinion process. It has been designed to provide Board members with the assurance they require that any risk to achievement of trust objectives is managed, highlighting any gaps in controls, any mitigating action, and providing an ongoing record of assurance work undertaken by the Board and its committees. The BAF is presented to the Board of Directors at least four times a year and updates are provided using only information which has already been presented as assurance at an appropriate forum or committee as follows:
  - Quality Committee
  - Finance, Investment & Planning Committee
  - Performance Committee
  - Workforce Committee

Each committee reviews relevant strategic risks and associated corporate risks and reports to the Board of Directors on assurance and any material changes.

Directors, individually and collectively have responsibility for providing assurance to the Board of Directors on the controls in place to mitigate risks to achieving the trust's Strategic Goals or Objectives that include continued compliance with any regulatory requirements.

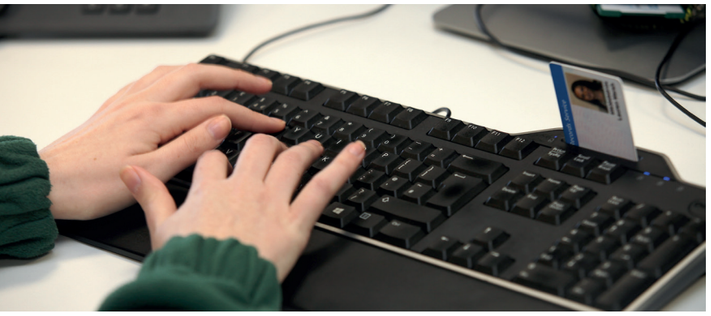
The Committees of the Board of Directors in turn have responsibility for providing assurance to the Board in respect of the effectiveness of those controls. A system of 'Chair's Key Issues Reports' to the Board of Directors is in place to highlight any risks to compliance. The effectiveness of the trust's governance structures continues to be tested via internal and external audit throughout the year.

The trust's committee structure supports delegated risk management systems within the trust. The Terms of Reference of each committee and management group are reviewed at least on an annual basis.

The Committee structure is supported by the Board Assurance Framework (BAF). The Board of Directors gains assurance through the BAF that risks are being appropriately managed throughout the organisation.

The trust is committed to delivering 'Right Care, Right Time, Right Place' in a safe, effective manner and this is facilitated through the Medical and Quality Directorate, led by the trust's Medical Director and Director of Quality, Innovation & Improvement.

The trust's Clinical and Quality team support all directorates in the provision of assurance of high quality patient care and that learning from experience is understood and acted on accordingly.



Key to the delivery is engagement with clinicians, patients and the public to ensure learning from experience informs changes that are required to meet changing health needs, giving patients optimum access to satisfactory, timely, high quality care that also offers value for money.

The Quality Directorate has established monitoring arrangements to ensure that, in addition to learning lessons from adverse events, a proactive approach is also taken to learning from examples of good practice. A programme of internal audits provides a form of assurance and support for department managers on key areas including health and safety, infection prevention and control and information governance.

All members of staff have an important role to play in identifying, assessing and managing risk. Staff are able to raise risks directly with all managers, through incident reporting, whistleblowing, senior team meetings (via staff side representatives), partnership forums and with Directors (Executive and Non-Executive) during their visits to trust premises.

This supports a culture of openness and willingness to admit mistakes. All staff are encouraged through education and training (on induction and through mandatory training), attendance at partnership meetings and area based or Corporate Learning Forums to report any situation where things have, or could have gone wrong. The trust Risk Management Policy includes guidance on the responsibility for the management of risks and the authority for treatment of risks. All staff have an important role to play in identifying, assessing and managing risk.

To support staff, the trust provides a fair, open and consistent environment and as such both the trust's risk register and incident reporting mechanisms are hosted on a staff facing intranet site.

Directors, managers and staff have, where applicable, been provided with appropriate training, awareness and/or instruction with regard to risk management in the context of their roles and responsibilities. The trust's programme of development includes risk areas and development of our Knowledge and Skills Framework (KSF). Risk management forms part of the trust's core competencies for front line staff and managers, and is part of the mandatory training programme.

In the interest of openness and the process of learning from mistakes, formal disciplinary action will not usually be taken as a result of a risk management investigation. However, a serious breach of health and safety regulations and serious negligence causing loss or injury are examples of gross misconduct in the trust's Disciplinary Policy and will need to be addressed.

STRATEGIC RISKS 2017/18

The trust identified eleven strategic risks (ie. those risks identified on the Board Assurance Framework) aligned to the Strategic Goals during 2017/18. The Board Assurance Framework and Annual planning cycle processes have recorded, following proactive management and continuous review, robust control measures that ensure these risks are mitigated to an acceptable level by the trust. The following list denotes the strategic risks identified in the year that either have been or are currently being mitigated:

1. The trust is not compliant with CQC Key Lines of Enquiry and does not achieve at least 'good' at the next CQC inspection
2. The trust does not deliver the financial plan for 2018/19, including identification and delivery of the Cost Improvement Programme and Transformation Savings
3. The trust does not deliver the financial plan for 2017-18
4. The trust does not meet all of its performance standards
5. Our information and communications technology infrastructure and information assets systems fail
6. The trust cannot demonstrate clear evidence of learning and improvement in the systems designed to deliver quality services which are safe, effective, efficient, timely, and equitable and patient centred.
7. The trust does not develop and deliver a digital infrastructure that will enable it to meet its future needs
8. Inability of the trust to recruit; develop and retain sufficient clinical staff to be able to deliver safe services
9. STP/Devolution may result in more complex commissioning of our services and impact on our ability to provide a timely or appropriate response.
10. The trust does not transform and modernise service delivery to improve performance and efficiency within the urgent and emergency care sector
11. The trust is unable to engage appropriately/effectively with relevant partners in relation to patient pathways and prevention.

FUTURE RISKS 2018/19

The key risks for the trust as it moves into the new financial year remain focused around the quality of patient care and safety; financial sustainability, including delivery of cost improvement plans; transformation of services to meet the needs of patients and operational performance. The following list denotes the risks identified for 2018/19:

1. If the trust does not maintain effective governance arrangements it will not deliver the highest standards of care leading to non-compliance with required quality standards and poor patient experience
2. If the trust does not deliver the Financial Plan for 2018/19 then it will fail to meet its financial duties and may be unable to deliver its strategic objectives leading to regulatory intervention
3. If the trust does not achieve operational performance targets it will not deliver satisfactory patient outcomes or achieve compliance with the requirements of the single oversight framework
4. If demand on acute services continues to increase the trust's ability to meet performance targets will be compromised leading to poor patient outcomes and increased regulatory scrutiny

5. If methods of cybercrime continue to evolve then the trust could receive a cyber-attack that disrupts normal business functions and service delivery
6. If the trust fails to recruit, develop and retain sufficient clinical staff it will be unable to deliver safe and effective services
7. If STP/Devolution results in different or more complex commissioning of our services it may result in an unintended adverse impact on our ability to deliver the trust's objective of, right care, right time, right place, every time
8. If the trust does not deliver the objectives of the Transformation Programme it may be unable to provide a sustainable service delivery model, leading to pressure on costs, performance and quality of care

THE RISK AND CONTROL FRAMEWORK

The Board of Directors recognises that risk management is an integral part of good management practice and fundamental to sound governance and in order to be most effective, should become part of the trust's culture. The Board of Directors is therefore, committed to the identification, evaluation and treatment of risk as part of a continuous process aimed at identifying threats and driving change. Risk management is a fundamental part of both the operational and strategic thinking of every part of the trust's business including clinical, non-clinical, corporate, business and financial risk. The management of risk underpins the achievement of the trust's objectives and is a key component of the trust Strategic Framework. The trust also acknowledges that the provision of appropriate training is central to the achievement of this aim.

During Q3 and Q4 of 2017-18, the Board reviewed its whole approach to risk management and a variety of workshops/ development sessions have been held to support this process.

The areas for consideration included:

- Broader context of Risk Management and the levels for escalation
- Risk appetite
- Design of Board Assurance Framework and Review Protocol including identification of strategic risks
- Controls v Assurance

RISK MANAGEMENT ESCALATION FRAMEWORK

The Board of Directors agreed the following risk management/escalation framework during Q3 of 2017/18:

The trust is committed to a positive risk culture where unsafe clinical, staff or management practice is not tolerated and where every member of staff feels committed and empowered to identify and correct or escalate system weaknesses.

All actions contain inherent risks. Risk management is central to the effective running of any organisation. At its simplest, risk management is good management practice.

It should not be seen as an end in itself, but as part of an overall management approach. The trust's Board of Directors will ensure that decisions made on behalf of the organisation are taken with consideration to the effective management of risks.

An understanding of the risks that face the trust is crucial to the delivery of emergency healthcare services moving forward.
The business of emergency healthcare is by its nature, a high-risk activity and the process of risk management is an essential control mechanism. Effective risk management processes are central to providing the Board of Directors with assurance on the framework for clinical quality and corporate governance.

The trust Strategic Goals/Objectives, as set out below, require the effective management of risks attached to their delivery and success.

1. Develop our role in health promotion.
2. Make every patient contact count by developing a clinically and patient focussed delivery model by being a mobile health provider with a multitude of roles.
3. To develop, support and empower our staff and support staff health and wellbeing.
4. Play a key, active and central role in the wider health and social care system reform using technology advances to enhance pre-hospital care provision and interoperability.

THE GOVERNANCE FRAMEWORK OF THE ORGANISATION

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

The Board sets the strategic aims for the organisation and ensures that resources are in place to meet its objectives. It receives reports at each public meeting on the principal risks and associated actions as detailed in the trust's Board Assurance Framework, through a combination of risk management reports and reports from the Board sub-committees.

The trust Board meets on a monthly basis and currently consists of:

- The Chairman and five other Non-Executive Directors, including a Senior Independent Director
- The Chief Executive Officer and 4 other voting Executive Directors
- Three non-voting Directors

During the reporting period in October 2017, a new Director of Quality, Innovation & Improvement was appointed.

The Board of Directors has three key roles:

1. Formulating strategy for the organisation.
2. Ensuring accountability by: holding the organisation to account for the delivery of the strategy; by being accountable for ensuring the organisation operates effectively and with openness, transparency and candour and by seeking assurance that systems of control are robust and reliable.
3. Shaping a healthy culture for the board and the organisation

Quality is a central element of all Board meetings. The Integrated Performance Report, which has been refined and aligned to the Single Oversight Framework during 2017/18, focuses on key quality indicators.

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

The Board and Quality Committee regularly review Serious Incidents which includes near misses, complaints and concerns, serious case reviews, claims and coroners' inquests and the learning is disseminated via the trust learning forums which are held both locally in areas and also at a corporate level for both clinical and non-clinical issues. During the year no nationally defined 'Never Events' have occurred as a result of trust care or services.

The work of the trust Board has been underpinned throughout 2017/18 by five key committees who keep the Board informed of their work and any matters for escalation by way of a Key Issues Report, delivered at the following Board Meeting:

- The Audit Committee
- The Finance, Investment & Planning Committee
- The Quality Committee
- The Performance Committee
- The Workforce Committee

In addition, the Nominations and Remuneration Committee is a decision-making committee that has oversight of appointment, remuneration, terms of service, contractual arrangements and performance evaluation for the Chief Executive and other Directors. The Charitable Funds Committee also supports the Board in discharging its responsibilities as corporate trustee of the trust charitable funds.

The Audit Committee consists of three Non-Executive Directors, however all Non-Executive Directors are able to attend, with the exception of the Chairman. Representatives of Internal and External Audit services along with the Director of Finance and the Director of Corporate Affairs are in attendance at all meetings, with other Directors attending through the year as part of the Committee work programme. The Committee independently monitors, reviews and reports to the trust Board on the system of internal controls and, where appropriate, facilitates and supports through its independence, the attainment of effective processes. The Audit Committee concludes upon the adequacy and effective operation of the organisation's overall internal control system.

The Audit Committee reviews all risk and control related disclosure statements and memoranda, together with any accompanying Director of Audit Opinion, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.

The Audit Committee primarily utilises the work of internal audit, external audit and other assurance functions, but is not limited to these. It also seeks reports and assurances from other Board Committees, directors and managers as appropriate, concentrating on the over-arching systems of governance, risk management and internal control, together with indicators of their effectiveness. The Committee produces an annual report for the Board of Directors.

The Finance, Investment & Planning Committee is a formal committee of the trust Board and is chaired by a Non-Executive Director. The Committee includes two Non-Executive Directors; the Director of Finance; the Director of Operations; the Director of Organisational Development and the Director of Strategy & Planning. The Committee undertakes objective scrutiny of the trust's financial plans, investment policy and major investment decisions, and as such plays a pivotal role in financial risk management. It reviews proposals for major business cases and also scrutinises the content and delivery of the trust cost improvement programme.

The Quality Committee is a formal committee of the trust Board and is chaired by a Non-Executive Director. The Committee includes two Non-Executive Directors; the Director of Quality; the Medical Director; the Director of Operations and the Director of Finance. The Committee undertakes objective scrutiny of the trust's clinical governance and quality plans, compliance with external quality regulations and standards and key functions associated with this, including processes to ensure effective learning from adverse events and infection prevention and control. A key element of this work is scrutiny of the quality impact assessment of cost improvement plans and other service developments. The Committee also supports the Board in scrutinising and gaining assurance on health and safety and information governance issues.

The Performance Committee is a formal committee of the trust Board and is chaired by a Non-Executive Director. The Committee includes three Non-Executive Directors; the Director of Operations; the Director of Organisational Development and the Director of Finance. The Committee undertakes objective scrutiny of the management of the service delivery and performance and the associated organisational risk within the service lines.

The Workforce Committee is a formal committee of the trust Board and is chaired by a Non-Executive Director. The Committee includes two Non-Executive Directors; the Director of Organisational Development; the Director of Finance and the Director of Operations. The Committee undertakes objective scrutiny of the delivery of the workforce strategy and performance and the associated organisational risk.

At the end of 2017/18 the Board Committees completed reviews of their effectiveness and the exercises concluded that whilst the Board Committees are fulfilling their duties, there are areas for development which will require change to terms of reference or working practices which will be implemented during 2018/19 to further strengthen the Board and Committee functions.

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

To support the management of key transformation programmes and projects aligned to the two year plan, a Transformational Programme Board has been established. This Board has Executive leadership and meets on a monthly basis to maintain oversight of the key programmes and will report to the wider Board on a quarterly basis.

Arrangements are in place through Board and committee review to confirm that the trust discharges its statutory functions. The trust is satisfied that it has been compliant with these functions during 2017/18.

Attendance levels at Board and Committee meetings throughout 2017/18 are detailed on pages 57 of the Annual Report.

Whilst NHS trusts are exempt from the requirement to apply for and hold the licence, directions from the Secretary of State require NHSI to ensure that NHS trusts comply with conditions equivalent to the licence as it deems appropriate. This includes giving directions to an NHS trust where necessary to ensure compliance. In accordance with this the trust is required to submit to NHSI a Corporate Governance Statement by and on behalf of the Board of Directors confirming compliance with FT4 (8) Condition of the Provider Licence as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this Condition in the next financial year and any actions it proposes to take to manage such risks. The Statement was drafted and approved by the Board of Directors at its meeting on 28 June 2017 and submitted to the Regulator within the prescribed timescales. The Regulator received the statement and did not require a statement from its auditors either:

- Confirming that, in their view, after making reasonable enquiries, the Licensee has taken all the actions set out in its corporate governance statement applicable to the past financial year
- Setting out the areas where, in their view, after making reasonable enquiries, the Licensee has failed to take the actions set out in its corporate governance statement applicable to the past financial year.

The trust is fully compliant with the registration requirements of the Care Quality Commission.

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

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

The trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

REVIEW OF ECONOMY, EFFICIENCY AND EFFECTIVENESS OF THE USE OF RESOURCES

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

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

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

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

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

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

Our commitment to value for money has been strengthened in the year by the effective and focused use of the trust's internal audit service and the Internal Audit Plan set in 2017/18. Through this process the trust has gained an independent and objective assurance to Audit Committee and the Board that the trust's risk management, governance and internal control processes are operating effectively.

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

NHS Improvement's Single Oversight Framework provides a framework for overseeing providers and one of the aspects is Finance and Use of Resources. There are five aspects and scoring is measured from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall finance and use of resources score. During the period the trust achieved the highest attainable score of '1'.

2017/18

AREA	METRIC	2017/18 SCORE
Financial sustainability	Capital Service Capacity	1
	Liquidity	1
Financial efficiency	I & E Margin	1
Financial controls	Distance from financial plan	1
	Agency Expenditure	1
OVERALL SCORING		**1**

INFORMATION GOVERNANCE

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

It allows organisations and individuals to ensure that personal information is dealt with legally, securely, efficiently and effectively in order to deliver the best possible care. The programme of work associated with IG in 2017/18 has been progressed through the trust's Information Governance Management Group that comprises of representation from trust directorates together with an external IG expert providing specialist independent advice.

The Information Governance Management Group membership includes the Senior Information Risk Owner (SIRO) for the trust and/or more recently the Deputy Director of Quality, who, when required, acts as the Deputy to the SIRO. The SIRO is supported by the Medical Director, as the Caldicott Guardian. The Information Governance Management Group review IG related risks from Service Line/Directorate risk registers to ensure that appropriate controls are in place. As required, the trust continued to maintain the requirements of the Information Governance Toolkit during 2017/18 and has achieved full Level 2 compliance against all 34 applicable elements. In addition, an assessment of significant assurance was provided by the trust's internal auditor following a review of the evidence provided through the information governance toolkit submission process. The trust achieved an overall score through the toolkit of 72%

The trust continues to act upon the Health and Social Care Information Centre mandatory requirements and utilises a Serious Untoward Incident reporting process for data security. There were 15 suspected breaches of data security reported through this process during 2017/18, which related to themes of misplaced/lost Patient Report Forms and breaches of confidentiality. Following assessment, ten were reported on the information Governance Serious Incident reporting tool and, although further questions were asked, in some cases, no action was taken by the Information Commissioner's Office (ICO).

The trust established a General Data Protection Regulation (GDPR) Compliance Project in May 2017 with executive sponsorship from the Director of Quality, Innovation and Improvement. The Project Board meets

monthly and monitors progress against actions designed to achieve GDPR compliance. The actions were identified through gap analysis by the Information Governance Team using the Information Commissioner's Office Data Protection Self-Assessment Toolkit. The Project Board has identified, recorded and worked to mitigate risks to the trust related to GDPR and has recommended procedural changes to the Executive Management Team for approval and implementation. The trust has appointed a Data Protection Officer to monitor compliance with the GDPR after project closure, who will be in post from 21 May 2018. The project will close at the end of June 2018 at which point the Information Governance Manager will assume responsibility for implementation of the measures identified by the project.

ANNUAL QUALITY ACCOUNT

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

The trust is required under NHS regulations to prepare a Quality Account for each financial year. The Trust Quality Account for 2017/18 reports on key indicators of quality relating to patient safety, clinical effectiveness and patient experience which is reviewed by the Executive Management Team and the Quality Committee before presentation to the Board of Directors.

The trust has an agreed plan in place to progress the Quality Account for 2017/18 to ensure that appropriate stakeholder engagement takes place, it presents a balanced view and that checks and balances are in place to ensure data accuracy.

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

REVIEW OF EFFECTIVENESS

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

My review is informed in a number of ways:

- The Director of Audit provides me with an opinion on the overall arrangements for gaining assurance through the Board Assurance Framework and on the controls reviewed as part of the internal audit work.
- Executive Directors and senior managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance.
- The Board Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the key risks to the organisation achieving its strategic objectives have been reviewed.

My review is also informed by:

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

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

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

The follow-up of audit recommendations are regularly monitored by the Executive Management Team, Internal Audit and the Audit Committee. The trust has a comprehensive risk-based internal audit programme in place and this programme was delivered in full during 2017/18. The outcomes of the 2017/18 internal audit programme, reported via the Director of Audit Opinion, which overall gave the trust substantial assurance. During the year the following audit assurance outcomes were reported:

- 8 audits were assessed as High Assurance
- 8 audits were assessed as Significant Assurance
- 6 audits were assessed as Limited Assurance, and;
- 0 audits were assessed as No Assurance

The trust's internal auditors have also supported the organisation in strengthening arrangements in respect of risk management and internal control. The 2017/18 Internal Audit programme of audit work has provided assurance across the organisation's critical business systems, namely Financial Systems, IM&T, Performance, Quality, Workforce, Governance and Risk and Legality. Recommendations made have resulted in actions taken to further strengthen systems and control in year.

There has been effective utilisation of internal audit in respect of advice and guidance relating to the trust's system and processes. There have also been flexibility and changes to the audit plan to reflect emerging risks and issues in 2017/18 where required which has added value. The provision of briefings, involvement through Mersey Internal Audit Agency learning events and information provided related to benchmarking and outcome reporting have also supported the organisation in strengthening arrangements.

During 2017/18, the Trust Clinical Audit department participated in 100% of national clinical audits (as a provider of information only) and these are as follows:

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

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

CONCLUSION

I confirm that the statements made in this report are correct for the period 1 April 2017 through to 31 March 2018 and that there have been no significant internal control or governance issues and I confirm that there were sound systems of internal control in place to support the delivery of the trust's aims and objectives.

Derek Cartwright
Chief Executive

Date: 25 May 2018

REMUNERATION REPORT

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

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

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

POLICY ON REMUNERATION

The determination of salaries for senior managers for 2017/18 onwards is informed by national guidelines regarding Very Senior Managers pay which cover the Chief Executive and Executive Director posts. Other director positons are determining using national job evaluation processes and Agenda for Change terms and conditions of employment.

CONTRACTS OF EMPLOYMENT

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

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

PERFORMANCE RELATED PAY

The remuneration paid to senior managers during 2017/18 would include performance related pay for 2016/17, although no such awards were made in relation to 2016/17 performance. The broad arrangements for annual salary uplifts and the performance bonus scheme are specified in The Pay Framework for Very Senior Managers in Strategic and Special Health Authorities, Primary care trusts and Ambulance Trusts (June 2013) and in the subsequent Guidance on pay for Very Senior Managers in NHS Trusts and Foundation Trusts (February 2017).

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

The nationally agreed salary uplift was applied to the salaries of Directors in 2017/18 subject to the qualifying criteria which included the length of time in post and the performance rating achieved. The award was a consolidated 1% pay increase.

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

SALARIES AND ALLOWANCES 2017/18 (SUBJECT TO AUDIT)

NAME AND TITLE	SALARY (BANDS OF £5,000)	EXPENSE PAYMENTS (TAXABLE) TO NEAREST £100	PERFORMANCE PAY AND BONUSES (BANDS OF £5,000)	LONG TERM PERFORMANCE PAY AND BONUSES (BANDS OF £5,000)	ALL PENSION-RELATED BENEFITS (BANDS OF £2,500)	TOTAL (BANDS OF £5,000)
	£000	£00	£000	£000	£000	£000
Wyn Dignan Chair	35 - 40	-	-	-	-	35 - 40
Executive Directors						
Sarah Faulkner Director of Quality (retired on 16 June 2017)	20 - 25	1,100	-	-	0	0
Derek Cartwright Chief Executive	140 - 145	8,900	-	-	0	145 - 150
Michael Forrest Director of Organisational Development (Deputy Chief Executive from 1 June 2017)	100 - 105	9,400	-	-	0 – 2.5	110 - 115
Tracy Ellery Director of Finance	105 - 110	9,400	-	-	15 - 17.5	135 - 140
David Radcliffe Medical Director	95 - 100	5,900	-	-	105 - 107.5	205 - 210
Ged Blezard Director of Operations	105 - 110	4,400	-	-	112.5 - 115	220 - 225
Maxine Power Director of Quality, Innovation and Improvement (started 16 October 2017)	50 - 55	3,100	-	-	15 - 17.5	65 - 70
Angela Wetton Director of Corporate Affairs (started 26 September 2016)	85 - 90	500	-	-	0	85 - 90
Salman Desai Director of Strategy and Planning (from 1 July 2016)	100 - 105	4,300	-	-	97.5 - 100	200 - 205
Non-Executive Directors						
Peter White Non-Executive Director	5 - 10	-	-	-	-	5 - 10
Michael O'Connor Non-Executive Director	5 - 10	-	-	-	-	5 - 10
Mark Tattersall Non-Executive Director	5 - 10	-	-	-	-	0 - 5
Zahid Chauhan Non-Executive Director	0 - 5	-	-	-	-	0 - 5
Richard Groome Non-Executive Director	5 - 10	-	-	-	-	5 - 10

For any member of staff whose remuneration is above £142k the trust has undertaken satisfactory steps to ensure that remuneration is reasonable.

SALARIES AND ALLOWANCES 2016/17 (SUBJECT TO AUDIT)

NAME AND TITLE	SALARY (BANDS OF £5,000)	EXPENSE PAYMENTS (TAXABLE) TO NEAREST £100	PERFORMANCE PAY AND BONUSES (BANDS OF £5,000)	LONG TERM PERFORMANCE PAY AND BONUSES (BANDS OF £5,000)	ALL PENSION-RELATED BENEFITS (BANDS OF £2,500)	TOTAL (BANDS OF £5,000)
	£000	£00	£000	£000	£000	£000
Wyn Dignan Chair	35 - 40	-	-	-	-	35 - 40
Executive Directors						
Sarah Faulkner Director of Quality (retired on 16 June 2017)	95 - 100	58	-	-	27.5 - 30	125 - 130
Derek Cartwright Chief Executive	145 - 150	66	-	-	362.5 - 365	515 - 520
Michael Forrest Director of Organisational Development (Deputy Chief Executive from 1 June 2017)	90 - 95	87	-	-	0 – 2.5	100 - 105
Tracy Ellery Director of Finance	105 - 110	85	-	-	57.5 - 60	175 - 180
David Radcliffe Medical Director	95 - 100	48	-	-	12.5 - 15	115 - 120
Ged Blezard Director of Operations	105 - 110	49	-	-	167.5 - 170	275 - 280
Maxine Power Director of Quality, Innovation and Improvement (started 16 October 2017)	-	-	-	-	-	-
Angela Wetton Director of Corporate Affairs (started 26 September 2016)	-	-	-	-	-	-
Salman Desai Director of Strategy and Planning (from 1 July 2016)	-	-	-	-	-	-
Non-Executive Directors						
Peter White Non-Executive Director	5 - 10	-	-	-	-	5 - 10
Michael O'Connor Non-Executive Director	5 - 10	-	-	-	-	5 - 10
Mark Tattersall Non-Executive Director	5 - 10	-	-	-	-	5 - 10
Zahid Chauhan Non-Executive Director	5 - 10	-	-	-	-	5 - 10
Richard Groome Non-Executive Director	5 - 10	-	-	-	-	5 - 10

PENSION BENEFITS (SUBJECT TO AUDIT)

NAME OF SENIOR MANAGER AND TITLE	REAL INCREASE IN PENSION AT AGE 60 (BANDS OF £2,500)	REAL INCREASE IN PENSION LUMP SUM AT AGE 60 (BANDS OF £2,500)	TOTAL ACCRUED PENSION AT AGE 60 AT 31 MARCH 2015 (BANDS OF £5,000)	LUMP SUM AT AGE 60 RELATED TO ACCRUED PENSION AT 31 MARCH 2015 (BANDS OF £5,000)	CASH EQUIVALENT TRANSFER VALUE AT 1 APRIL 2015	REAL INCREASE/ (DECREASE) IN CASH EQUIVALENT TRANSFER VALUE	CASH EQUIVALENT TRANSFER VALUE AT 31 MARCH 2014	EMPLOYERS CONTRIBUTION TO STAKEHOLDER PENSION
	£000	£000	£000	£000	£000	£000	£000	£000
Derek Cartwright Chief Executive	0 - 2.5	0 - 2.5	50,001 - 55,000	160,001 - 165,000	1,164	66	1,087	21
Sarah Faulkner Director of Quality (retired 16 June 2017)	-2.5 - 0	-2.5 - 0	40,001 - 45,000	135,001 - 140,000	0	-192	912	3
Tracy Ellery Director of Finance	0 - 2.5	2.5 - 5	45,001 - 50,000	145,001 - 150,000	1,142	82	1,050	16
David Ratcliffe Medical Director	5 - 7.5	-2.5 - 0	20,001 - 25,000	50,001 - 55,000	392	39	349	14
Ged Blezard Director of Operations	5 - 7.5	2.5 - 5	40,001 - 45,000	110,001 - 115,000	768	83	678	15
Maxine Power Director of Quality, Improvement and Innovation (started from 16 October 2017)	0 - 2.5	-2.5 - 0	25,001 - 30,000	65,001 - 70,000	491	8	468	7
Salman Desai Director of Strategy and Planning (from 1 July 2017)	5 - 7.5	2.5 - 5	20,001 - 25,000	55,001 - 60,000	335	35	297	12

NOTES TO ACCOMPANY REMUNERATION TABLES:

AUDITABLE CONTENT

Salaries and Allowances 2017/18
Pension Benefits
Staff Numbers and Costs
Exit Packages

PAY MULTIPLES (SUBJECT TO AUDIT)

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

The banded remuneration of the trust's highest paid director in North West Ambulance NHS Trust in the financial year 2017/18 was £146k (2016/17 £146k). This was 4.84 times (2016/17 – 4.98 times) the median remuneration of the workforce which was £29.7 (2016/17 – £29.4).

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

CASH EQUIVALENT TRANSFER VALUES

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

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

COMPENSATION FOR LOSS OF OFFICE

There were no such payments made during 2017/18.

PAYMENTS TO PAST DIRECTORS

There were no such payments made during 2017/18.

STAFF REPORT

EXECUTIVE DIRECTORS

During the year the trust employed six senior managers on VSM salaries. One of these Directors was permanently appointed during 2017/18. The Medical Director increased his part time hours in November 2016.

For further details please see the Remuneration Report table.

NON-EXECUTIVE DIRECTORS

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

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

Whilst Non-Executive Directors and the trust Board Chairman are senior Managers of the organisation, they are not trust staff and their terms and conditions are determined by NHS Improvement. Three Non-Executive Directors had their terms of office renewed during 2017/18. Two of these Non-Executive Directors terms expired in April 2018 however the trust sought early approval to renew their terms of office from NHS Improvement to ensure continuation of office.

For further details please see the Remuneration Report table.

SENIOR MANAGER BY BAND

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

STAFF NUMBERS AND COSTS (SUBJECT TO AUDIT)

The breakdown of staff at 31 March 2018 is as follows:

	2017-18			2016-17
AVERAGE STAFF NUMBERS	TOTAL NUMBER	PERMANENTLY EMPLOYED NUMBER	OTHER NUMBER	TOTAL NUMBER
Medical and dental	1	1	0	1
Ambulance staff	5,036	5,036	0	4,838
Administration and estates	484	462	22	599
Healthcare assistants and other support staff	90	85	5	79
Nursing, midwifery and health visiting staff	68	47	21	89
Other	11	11	0	10
TOTAL	**5,690**	**5,642**	**48**	**5,616**

	2017-18			2016-17
	PERMANENT £000s	OTHER £000s	TOTAL £000s	TOTAL £000s
Salaries and wages	184,380	246	184,626	173,863
Social security costs	17,930	-	17,930	17,976
Apprenticeship levy	918	-	918	-
Employer Contributions to NHS pensions	22,573	-	22,573	21,538
Termination benefits	1,994	-	1,994	134
Temporary staff	-	2,076	2,076	4,633
Total gross staff costs	**227,795**	**2,322**	**230,117**	**218,144**
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	**227,795**	**2,322**	**230,117**	**218,144**

STAFF COMPOSITION AND STAFF POLICIES

The trust published its third Workforce Race Equality Standard (WRES) assessment in 2017.

The trust continues to aim to have a workforce which is representative of the communities we serve. Continued progress has been made in improving representation from non-white BME communities from 3.5% at December 2016 to 4.5% at December 2017, which represents a rise from 209 to 274 staff. Representation of disability in the workforce which is a challenging area for the trust given the physical nature of many of our frontline roles, has remained stable over the period. In December 2017 NWAS was accepted as a Disability Confident Committed Employer and work is underway to continue to improve the experience of disabled applicants and staff.

The percentage of female staff at the trust has increased by almost 1% over 2017 from 45.6% 46.5%. The trust has taken a number of steps to improve gender representation in operational management roles, including changes to recruitment processes.

The trust continues to closely monitor its recruitment processes and has identified a number of key areas for focus including continuing to improve BME representation in the workforce and improving female recruitment and progression in our emergency services. Gender recruitment in other areas of the trust remains well balanced.

The trust published its Gender Pay Gap report in March 2018 showing an average pay gap of 7.1% and a median pay gap of 6.3%. The main determining factor is the lower representation of women in the upper quartile of pay and the trust's continuing focus on improving gender progression forms the core of our action plan to narrow the gap.

GENDER - DIRECTORS (EXEC & NON EXEC) AT 31ST MARCH 2018

72.73% MALE 27.27% FEMALE

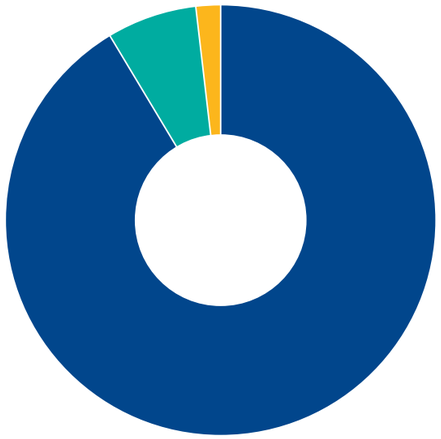
GENDER - SENIOR MANAGERS AT 31ST MARCH 2018

65.42% MALE 34.58% FEMALE

GENDER - EMPLOYEES AT 31ST MARCH 2018

52.75% MALE 47.25% FEMALE

BME AT 31ST MARCH 2018 - % OF STAFF



A - White - British	90.71%
B - S - See List	7.64%
Z - Not Stated	1.65%

Ethnicity Breakdown

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

SICKNESS ABSENCE DATA

STAFF SICKNESS ABSENCE	2017-18	2016-17
Total Days Lost	71,873	73,176
Total Staff Years	5,587	5,357
Average working days lost	13	14

EXPENDITURE ON CONSULTANCY

The expenditure on consultancy costs during 2017/18 was £160k in year.

ILL HEALTH RETIREMENTS

During 2017/18 there were 15 early retirements from the trust agreed on the grounds of ill-health (11 in the year ended 31 March 2017). The estimated additional pension liabilities of these ill-health retirements is £714k (£794k in 2016/17).

There are no off-payroll engagements to disclose during 2017/18.

Table 1: Off-Payroll Engagements longer than 6 months

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

Table 2: New Off-Payroll Engagements

	NUMBER
Number of new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018	0
Of which..	
No assessed as caught by IR35	0
No assessed as not caught by IR35	0
No engaged directly (via PSC contracted to department) and are on the departmental payroll	0
No of engagements reassessed for consistency/assurance during the year	0
No of engagements that saw a change to IR35 following the consistency review	0

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

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018

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

EXIT PACKAGES

(SUBJECT TO AUDIT)

The trust operated a Mutually Agreed Resignation Scheme (MARS) in 2017/18 and there were 3 redundancies as a result of organisational change:

EXIT PACKAGE COST BAND	NUMBER OF COMPULSORY REDUNDANCIES
<£10,000	6
£10,001 - £25,000	19
£25,001 - 50,000	36
£50,001 - £100,000	7
Total number of exit packages by type	68
TOTAL RESOURCE COST (£)	**£1,928,000**

Redundancy and other departure costs were paid in accordance with the provisions of the NHS Agenda for Change. The MARS scheme was approved by NHS Improvement as required by the national arrangements and all payments were made in line with the agreed scheme. Exit costs are accounted for in full in the year of departure. Where the trust has agreed early retirements, the additional costs are met by the trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

This disclosure reports the number and value of exit packages agreed during 2017/18. Note: The expense associated with these departures may have been recognised in part or in full in a previous period.

All departures are on mutually agreed resignation scheme (MARS).

AUDIT REPORT

INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF DIRECTORS OF NORTH WEST AMBULANCE SERVICE NHS TRUST.

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS.

Opinion

We have audited the financial statements of North West Ambulance Service NHS Trust ("the trust") for the year ended 31 March 2018 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the trust's affairs as at 31 March 2018 and of its income and expenditure for the year then ended; and

- have been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as being relevant to NHS Trusts in England and included in the Department of Health Group Accounting Manual 2017/18.

Basis for opinion

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

Going concern

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least twelve months from the date of approval of the financial statements. We have nothing to report in these respects.

Other information in the Annual Report

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

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

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health Group Accounting Manual 2017/18. We have nothing to report in this respect.

Remuneration and Staff Report

In our opinion the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Department of Health Group Accounting Manual 2017/18.

Directors' and Accountable Officer's responsibilities

As explained more fully in the statement set out on page 64, the directors are responsible for: the preparation of financial statements that give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the trust without the transfer of its services to another public sector entity . As explained more fully in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the trust, on Page 63 the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

Auditor's responsibilities

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

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

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

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

We have nothing to report in this respect.

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

As explained in the statement set out on page 64, the Chief Executive, as the Accountable Officer, is responsible for ensuring that value for money is achieved from the resources available to the trust. We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit and Accountability Act 2014 to be satisfied that the trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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

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

Statutory reporting matters

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

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

We have nothing to report in these respects.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

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

CERTIFICATE OF COMPLETION OF THE AUDIT

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

Amanda Latham

Amanda Latham
for and on behalf of KPMG LLP,
Statutory Auditor Chartered Accountants

1 St Peter's Square
Manchester
M2 3AE

25 May 2018

FINANCIAL STATEMENTS

STATEMENT OF COMPREHENSIVE INCOME FOR YEAR ENDED 31 MARCH 2018

		2017-18	2016-17
	NOTE	£000s	£000s
Operating income from patient care activities	3	316,851	304,478
Other operating income	4	10,880	11,944
Operating expenses	5	(321,954)	(307,927)
Operating surplus/(deficit) from continuing operations		**5,777**	**8,495**
Finance income	12	105	76
Finance expenses	13	(18)	(199)
PDC dividends payable		(943)	(974)
Net finance costs		**(856)**	**(1,097)**
Other gains / (losses)		275	286
Surplus / (deficit) for the year		**5,196**	**7,684**

Other Comprehensive Income		2016-17	2016-17
Will not be reclassified to income and expenditure:		£000s	£000s
Impairments	7	136	97
Revaluations		353	254
Total comprehensive income / (expense) for the period		**5,685**	**8,035**

Financial performance for the year		
Retained surplus/(deficit) for the year	5,196	7,684
Impairments (excluding IFRIC 12 impairments)	814	(740)
Adjustments in respect of donated asset reserve elimination	21	21
Remove impact 16/17 STF post accounts reallocation	(419)	0
Adjusted retained surplus/(deficit)	**5,612**	**6,965**

A Trust's Reported NHS financial performance position is derived from its Retained surplus/ (deficit), but adjusted for the following:-

a) Impairments to Fixed Assets: the impairment charge is not considered to be part of the organisation's operating position. In 2017-18 this adjustment came to £814k (2016-17 it was -£740k).

b) Due to the elimination of donated assets reserve in 2011-12 the cost of donated assets depreciation and income is considered technical in nature and is not considered part of the organisation's operating position. In 2017-18 this technical adjustment amounts to £21k (2016-17 £21k).

PDC dividend: balance receivable/ (payable) at 31 March 2018	151
PDC dividend: balance receivable/ (payable) at 1 April 2017	109

The notes on pages 94 to 121 form part of this account.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2018

		31 MARCH 2017	31 MARCH 2017
	NOTE	£000s	£000s
Non-current assets:			
Intangible assets	15	1,401	1,092
Property, plant and equipment	16	80,475	72,992
Trade and other receivables	21	1,405	1,422
Total non-current assets		**83,281**	**75,506**
Current assets:			
Inventories	20	764	892
Trade and other receivables	21	12,945	12,216
Non-current assets held for sale / assets in disposal groups	24	209	400
Cash and cash equivalents	25	42,207	37,284
Total current assets		**56,125**	**50,792**
Current liabilities			
Trade and other payables	27	(33,847)	(25,646)
Provisions	34	(5,134)	(6,013)
Other liabilities	29	(752)	(928)
Total current liabilities		**(39,733)**	**(32,587)**
Total assets less current liabilities		**99,673**	**93,711**
Non-current liabilities			
Borrowings	30	(79)	(79)
Provisions	34	(18,322)	(18,227)
Total non-current liabilities		**(18,401)**	**(18,306)**
Total assets employed		**81,272**	**75,405**
Financed by:			
Public dividend capital		92,720	92,538
Revaluation reserve		2,945	2,713
Income and expenditure reserve		(14,393)	(19,846)
Total taxpayers' equity		**81,272**	**75,405**

The notes on pages 94 - 121 form part of this account.

The financial statements on pages 89 - 92 were approved by the Board on 31st May 2018 and signed on its behalf by

Chief Executive

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 MARCH 2018

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

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 MARCH 2017

	PUBLIC DIVIDEND CAPITAL	REVALUATION RESERVE	INCOME AND EXPENDITURE RESERVE	TOTAL
	£000s	£000s	£000s	£000s
Taxpayers' equity at 1 April 2016 - brought forward	**92,538**	**2,519**	**(27,687)**	**67,370**
Surplus/(deficit) for the year	-	-	7,684	7,684
Other transfers between reserves	-	(153)	153	-
Impairments	-	97	-	97
Revaluations	-	254	-	254
Transfer to retained earnings on disposal of assets	-	(4)	4	-
Taxpayers' equity at 31 March 2017	92,538	2,713	(19,846)	75,405
Taxpayers' equity at 31 March 2018	**92,720**	**2,945**	**(14,393)**	**81,272**

Information on reserves

Public dividend capital

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

Revaluation Reserve

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

Income and expenditure reserve

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

STATEMENT OF CASH FLOW FOR THE YEAR ENDING 31 MARCH 2018

		2017-18	2016-17
	NOTE	£000s	£000s
Cash Flows from Operating Activities			
Operating surplus / (deficit)		5,777	8,495
Non-cash income and expense:			
Depreciation and amortisation	5	9,739	9,242
Net impairments	7	814	(740)
(Increase) / decrease in receivables and other assets		(670)	(3,179)
(Increase) / decrease in inventories		128	(136)
Increase / (decrease) in payables and other liabilties		748	(979)
Increase / (decrease) in provisions		(792)	(18)
Net cash generated from / (used in) operating activities		**15,744**	**12,685**
Cash flows from investing activities			
Interest received		105	76
Purchase of intangible assets		(452)	(186)
Purchase of property, plant, equipment and investment property		(10,862)	(11,969)
Sales of property, plant, equipment and investment property		1,201	602
Net cash generated from / (used in) investing activities		**(10,008)**	**(11,477)**
Cash flows from financing activities			
Public dividend capital received		182	-
Interest paid on finance lease liabilities		(10)	(12)
Other interest paid		-	(3)
PDC dividend (paid) / refunded		(985)	(949)
Net cash generated from / (used in) financing activities		**(813)**	**(964)**
Net Cash Inform / (outflow) from Financing Activities		(964)	(964)
Increase / (decrease) in cash and cash equivalents		**4,923**	**244**
Cash and cash equivalents at 1 April - brought forward		37,284	37,040
Prior period adjustments			-
Cash and cash equivalents at 1 April 2017 - restated		**37,284**	**37,040**
Cash and cash equivalents at 31 March 2018	**25**	**42,207**	**37,284**

NOTE TO THE ACCOUNTS

1. ACCOUNTING POLICIES AND OTHER INFORMATION

1.1 BASIS OF PREPARATION

The Department of Health and Social Care has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017/18 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts.

1.1.1 ACCOUNTING CONVENTION

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

1.1.2 GOING CONCERN

The trust has prepared its Annual Accounts for 2017/18 on a Going Concern basis on the basis that the NWAS services are expected to continue in the future as evidenced by the inclusion of financial provision for the services in the published accounts. Contracts are in place for NWAS to continue to provide PES, 111 and PTS services until at least 2019/20, 2020/21 and 2021/22 respectively.

1.2 CRITICAL JUDGEMENTS IN APPLYING ACCOUNTING POLICIES

The following are the critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the NHS Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Operating Lease Commitments
The trust leases a number of its vehicles. As management has determined that the trust has not obtained substantially all the risks and rewards of ownership the leases have been classified as operating leases and accounted for accordingly

Segmental Reporting
Management has determined that it operates only in one segment, that of healthcare.

1.2.1 SOURCES OF ESTIMATION UNCERTAINTY

Revaluation of Property, Plant and Equipment
The trust had a desktop, independent estate valuation undertaken as at 30th November 2017 by Deloitte LLP. The trust is confident that, given the proximity of this exercise to the 31st March 2018, this valuation is an accurate reflection of asset value. Deloitte LLP have a detailed understanding of the trust estate and all material estates works undertaken between evaluations were taken into account.

Provisions
The trust has taken a prudent view on estimating potential risk associated with various staff related costs i.e. tribunals, injury benefits, Permanent Injury Benefits (PIB) and others. These are based upon most current information available from various bodies such as NHS Resolution (formaly Litigation Authority (NHSLA)), national census information, legal professionals etc.

1.3 INTERESTS IN OTHER ENTITIES

The trust does not hold interests in other entities.

NOTE 1.4 INCOME

"Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the trust is contracts with commissioners in respect of health care services. At the year end, the trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

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

The NHS Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid e.g. by an insurer. The NHS Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit that the individual has lodged a compensation claim. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts.

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

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

1.5 EXPENDITURE ON EMPLOYEE BENEFITS

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

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

Employer's pension cost contributions are charged to operating expenses as and when they become due.

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

1.6 EXPENDITURE ON OTHER GOODS AND SERVICES

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

1.7 PROPERTY, PLANT AND EQUIPMENT

1.7.1 RECOGNITION

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

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

NOTE 1.7.2 MEASUREMENT

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

All assets are measured subsequently at valuation.

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

• Land and non-specialised buildings – market value for existing use.

• Specialised buildings – depreciated replacement cost, modern equivalent asset basis.

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowing costs. Assets are revalued and depreciation commences when they are brought into use.

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

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Subsequent expenditure
Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

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

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

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

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

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

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

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

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

1.7.3 DERECOGNITION

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

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

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

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

1.8 DONATED AND GRANT FUNDED ASSETS

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

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

1.9 INTANGIBLE ASSETS

1.9.1 RECOGNITION

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

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

Expenditure on research is not capitalised. Expenditure on development is capitalised only where all of the following can be demonstrated:

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

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

1.9.2 MEASUREMENT

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

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

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

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

1.9.3 USEFUL ECONOMIC LIVES OF INTANGIBLE ASSETS

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

	MIN LIFE	MAX LIFE
	YEARS	YEARS
Software Licenses	1	6

1.10 INVENTORIES

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

1.11 CASH AND CASH EQUIVALENTS

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

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

1.12 FINANCIAL INSTRUMENTS AND FINANCIAL LIABILITIES

1.12.1 RECOGNITION

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

1.12.2 DE-RECOGNITION

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the trust has transferred substantially all of the risks and rewards of ownership.

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

1.12.3 CLASSIFICATION AND MEASUREMENT

Financial assets are categorised as "fair value through income and expenditure", loans and receivables.

Financial liabilities are classified as "fair value through income and expenditure" or as "other financial liabilities".

The classification depends on the nature purpose of finanical aseet or liability and is determined at the time of initial recognition.

1.12.4 FINANCIAL ASSETS AND FINANCIAL LIABILITIES AT "FAIR VALUE THROUGH INCOME AND EXPENDITURE"

The trust does not hold any financial assets through income and expenditure.

Loans and receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market.

The trust's loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and "other receivables".

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Determination of fair value
For financial assets and financial liabilities carried at fair value, the carrying amounts is book value.

Impairment of financial assets
At the Statement of Financial Position date, the trust assesses whether any financial assets, other than those held at "fair value through income and expenditure" are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

1.13 LEASES

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

1.13.1 THE TRUST AS LESSEE

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

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

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

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

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

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

1.13.2 THE TRUST AS LESSOR

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

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

1.14 PROVISIONS

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

Clinical negligence costs
NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the trust. The total value of clinical negligence provisions carried by NHS resolution on behalf of the trust is

disclosed at note 35 but is not recognised in the trust's accounts.

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

1.15 CONTINGENCIES

Contingent liabilities and assets are not recognised, but are disclosed in note 36, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.16 PUBLIC DIVIDEND CAPITAL

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

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for

(i) donated assets (including lottery funded assets),

(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and

(iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.17 VALUE ADDED TAX

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.18 THIRD PARTY ASSETS

The trust does not hold any third party assets

1.19 LOSSES AND SPECIAL PAYMENTS

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.20 GIFTS

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.21 EARLY ADOPTION OF STANDARDS, AMENDMENTS AND INTERPRETATIONS

No new accounting standards or revisions to existing standards have been early adopted in 2017/18.

1.22 STANDARDS, AMENDMENTS AND INTERPRETATIONS IN ISSUE BUT NOT YET EFFECTIVE OR ADOPTED

The HM Treasury FReM does not require the following Standards and Interpretations to be applied in 2017-18. These standards are still subject to HM Treasury FReM interpretation, with IFRS 9 and IFRS 15 being for implementation in 2018-19, and the government implementation date for IFRS 16 still subject to HM Treasury consideration.

• IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted

• IFRS 15 Revenue from Contracts with Customers - Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted

• IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

2. OPERATING SEGMENTS

The trust has judged that it only operates as one business segment, that of healthcare.

98% (£322m) of the trust's income in 2017-18 (2016-17 £311m 98%) is received from NHS organisations such as Commissioners for NHS patient care services.

3. OPERATING INCOME FROM PATIENT CARE ACTIVITIES

3.1 INCOME FROM PATIENT CARE ACTIVITIES (BY NATURE)

	2017-18	2016-17
	£000s	£000s
A & E income	249,487	242,052
Patient transport services income	40,968	37,418
Other income	26,396	25,008
Total income from activities	**316,851**	**304,478**

3.2 INCOME FROM PATIENT CARE ACTIVITIES (BY SOURCE)

Income from patient care activities received from:

	2017-18	2016-17
	£000s	£000s
NHS England	102	459
Clinical commissioning groups	314,919	302,068
Department of Health and Social Care	-	29
Other NHS providers	285	495
Local authorities	8	7
NHS injury scheme	1,203	1,087
Non NHS: other	334	333
Total income from activities	**316,851**	**304,478**
Of which:		
Related to continuing operations	316,851	304,478
Related to discontinued operations	-	-

4. OTHER OPERATING INCOME

	2017-18	2016-17
	£000s	£000s
Education and training	1,914	1,793
Charitable and other contributions to expenditure	593	336
Non-patient care services to other bodies	936	1,171
Sustainability and transformation fund income	4,877	6,082
Other income	2,560	2,562
Total other operating income	**10,880**	**11,944**
Of which:		
Related to continuing operations	10,880	11,944
Related to discontinued operations	-	-

*Note: Sustainability and Transformation Fund (STF) is a non-recurrent core, incentive and bonus income linked to the achievement of financial control totals.

5. OPERATING EXPENSES

	2017-18	2016-17
	£000s	£000s
Purchase of healthcare from non-NHS and non-DHSC bodies	2,736	3,091
Staff and executive directors costs	230,117	218,144
Remuneration of non-executive directors	68	70
Supplies and services - clinical (excluding drugs costs)	4,213	4,004
Supplies and services - general	2,469	2,432
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,784	1,818
Consultancy costs	160	35
Establishment	4,933	4,930
Premises	11,424	11,273
Transport (including patient travel)	39,967	39,785
Depreciation on property, plant and equipment	9,277	8,780
Amortisation on intangible assets	462	462
Net impairments	814	(740)
Increase/(decrease) in provision for impairment of receivables	53	53
Change in provisions discount rate(s)	268	2,235
Audit fees payable to the external auditor		
audit services- statutory audit	75	78
Internal audit costs	98	99
Clinical negligence	2,994	2,226
Legal fees	288	33
Insurance	1	4
Education and training	2,451	2,461
Rentals under operating leases	6,410	5,923
Hospitality	17	22
Losses, ex gratia & special payments	774	413
Other	101	296
Total	**321,954**	**307,927**
Of which:		
Related to continuing operations	321,954	307,927
Related to discontinued operations	-	-

6. LIMITATION ON AUDITOR'S LIABILITY

There is no limitation on auditor's liability for external audit work carried out for the financial years 2017/18 or 2016/17.

7. IMPAIRMENT OF ASSETS

	2017-18	2016-17
	£000s	£000s
Net impairments charged to operating surplus / deficit resulting from:		
Unforeseen obsolescence	341	172
Changes in market price	473	(912)
Total net impairments charged to operating surplus / deficit	**814**	**(740)**
Impairments charged to the revaluation reserve	(136)	(97)
Total net impairments	**678**	**(837)**

"2009/10 was the first year of adoption for IFRS standards. From 2010/11 the new major adaption of IAS36 is that if an impairment arises from a clear consumption of economic value, this must be taken in full to the SOCE/revenue account, whatever the revaluation reserve on that asset.

The Standard's requirement to take impairments in all cases to reserves in the first instance does not apply.

Where impairments are posted to the revenue account and a revaluation reserve balance does exist, a transfer is to be made from Revaluation Reserve to the General Fund/I&E Reserve. That transfer will be the lower of the total impairment or the balance available on the Revaluation Reserve. In 2017/18 two types of assets that suffered an impairment are estates and vehicles. The 2017/18 impairment on estates is attributable to the revaluation of estates. The revaluation impairment is due to the price variation and not consumption of economic value.

In order to establish correct value of its estates the trust had its assets revalued as at 30th November 2017. Assets were revalued at £36.7m which is £214k more value than the carrying value on the Balance Sheet. This created an increase in revaluation reserve of £511k and an impairment of £297k charged to operating expenses.

A number of vehicles were part impaired due to major parts problems. The total value of the impairment incurred was £341k and is shown as impairment due to unforeseen obsolescence.

8. EMPLOYEE BENEFITS

	2017-18	2016-17
	TOTAL £000s	TOTAL £000s
Salaries and wages	184,566	173,863
Social security costs	17,930	17,976
Apprenticeship levy	918	-
Employer's contributions to NHS pensions	22,573	21,538
Termination benefits	1,994	134
Temporary staff (including agency)	2,136	4,633
Total gross staff costs	**230,117**	**218,144**
Total staff costs	**230,117**	**218,144**

9. RETIREMENTS DUE TO ILL-HEALTH

During 2017/18 there were 15 early retirements from the trust agreed on the grounds of ill-health (11 in the year ended 31 March 2017). The estimated additional pension liabilities of these ill-health retirements is £714k (£794k in 2016/17).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

10. PENSION COSTS

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.
The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

c) National Employment Savings Scheme (NEST)
In line with the Government's auto-enrolment pension roll out, from 1st April 2013 the trust also offered the National Employment Savings Scheme (NEST) pension scheme to employees who may not be eligible to join the NHS Pension Scheme. The NEST pension scheme is a defined contribution scheme.

11. OPERATING LEASES

11.1 NORTH WEST AMBULANCE SERVICE NHS TRUST AS A LESSOR

The trust does not act as lessor for any leases.

11.2 NORTH WEST AMBULANCE SERVICE NHS TRUST AS A LESSEE

	2017-18			2016-17
	BUILDINGS	OTHER	TOTAL	
	£000s	£000s	£000s	£000s
Operating lease expense				
Minimum lease payments			6,410	5,923
Total			**6,410**	**5,923**
Future minimum lease payments due:				
- not later than one year;	1,144	2,306	3,450	3,823
- later than one year and not later than five years;	3,987	3,397	7,384	5,242
- later than five years.	7,069		7,069	5,029
Total	**12,200**	**5,703**	**17,903**	**14,094**

12. FINANCE INCOME

	2017-18	2016-17
	£000s	£000s
Interest on bank accounts	105	76
Total	**105**	**76**

13. FINANCE EXPENDITURE

	2017-18	2016-17
	£000s	£000s
Interest expense:		
Finance leases	10	8
Total interest expense	**10**	**8**
Unwinding of discount on provisions	8	184
Other finance costs	-	7
Total finance costs	**18**	**199**

14. OTHER GAINS / (LOSSES)

	2017-18	2016-17
	£000s	£000s
Gains on disposal of assets	275	286
Total other gains / (losses)	**275**	**286**

15. INTANGIBLE ASSETS

2017-18	SOFTWARE LICENCES	ASSETS UNDER CONSTRUCTION	TOTAL
	£000s		£000s
Valuation / gross cost at 1 April 2017 - brought forward	3,043	-	3,043
Additions	457	314	771
Gross cost at 31 March 2018	3,500	314	3,814
Amortisation at 1 April 2017 - brought forward	1,951		1,951
Provided during the year	462		462
Amortisation at 31 March 2018	2,413	-	2,413
Net book value at 31 March 2018	1,087	314	1,401
Net book value at 1 April 2017	1,092		1,092

2016-17	SOFTWARE LICENCES	ASSETS UNDER CONSTRUCTION	TOTAL
	£000s		£000s
Valuation / gross cost at 1 April 2016 - as previously stated	2,857	-	2,857
Additions	186	-	186
Gross Cost at 31st March 2017	3,043		3,043
Amortisation at 1 April 2016 - brought forward	1,489		1,489
Provided during the year	462		462
Amortisation at 31 March 2017	1,951	-	1,951
Net Book Value 31 March 2017	1,092	-	1,092
Net book value at 1 April 2016	1,368		1,368

The intangible assets have finite useful lives and are amortised, from the date they are available for use, on a straight line basis over the following estimated useful lives:

	MIN LIFE	MAX LIFE
	YEARS	YEARS
Software Licenses	1	6

Amortisation periods and methods are reviewed annually and adjusted if appropriate.

Intangible assets are valued using depreciated replacement cost and held at cost less depreciation value.

16. PROPERTY, PLANT AND EQUIPMENT

16.1 PROPERTY, PLANT AND EQUIPMENT - 2017/18

	LAND	BUILDINGS EXCLUDING DWELLINGS	ASSETS UNDER CONSTRUCTION	PLANT & MACHINERY	TRANSPORT EQUIPMENT	INFORMATION TECHNOLOGY	FURNITURE & FITTINGS	TOTAL
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Valuation/gross cost at 1 April 2017 - brought forward	11,728	23,326	4,534	16,739	51,967	9,892	3,039	121,225
Additions	-	1,061	14,393	604	1,249	274	239	17,820
Impairments	(8)	(30)	-	-	-	-	-	(38)
Reversals of impairments	-	174	-	-	-	-	-	174
Revaluations	50	(898)	(639)	-	-	-	-	(1,487)
Reclassifications	-	-	(5,705)	66	5,639	-	-	-
Transfers to/ from assets held for sale	(265)	(533)	-	(52)	(5,626)	-	-	(6,476)
Disposals / derecognition	-	-	-	-	(411)	-	-	(411)
Valuation/gross cost at 31 March 2018	11,505	23,100	12,583	17,357	52,818	10,166	3,278	130,807
Accumulated depreciation at 1 April 2017 - brought forward	1	377	-	8,855	31,234	6,491	1,275	48,233
Provided during the year	3	1,579	-	1,413	4,926	1,063	293	9,277
Impairments	49	712	639	-	341	-	-	1,741
Reversals of impairments	(50)	(877)	-	-	-	-	-	(927)
Revaluations	48	(1,249)	(639)	-	-	-	-	(1,840)
Transfers to / from assets held for sale	(49)	(150)	-	(52)	(5,626)	-	-	(5,877)
Disposals / derecognition	-	-	-	-	(275)	-	-	(275)
Accumulated depreciation at 31 March 2018	2	392	-	10,216	30,600	7,554	1,568	50,332
Net book value at 31 March 2018	11,503	22,708	12,583	7,141	22,218	2,612	1,710	80,475
Net book value at 1 April 2017	11,727	22,949	4,534	7,884	20,733	3,401	1,764	72,992

16.2 PROPERTY, PLANT AND EQUIPMENT - 2016/17

	LAND	BUILDINGS EXCLUDING DWELLINGS	ASSETS UNDER CONSTRUCTION	PLANT & MACHINERY	TRANSPORT EQUIPMENT	INFORMATION TECHNOLOGY	FURNITURE & FITTINGS	TOTAL
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Valuation / gross cost at 1 April 2016 - as previously stated	**11,728**	**22,795**	**756**	**16,583**	**50,364**	**9,063**	**3,031**	**114,320**
Additions	-	1,012	9,419	153	208	877	8	11,677
Impairments	-	(46)	-	-	-	-	-	(46)
Reversals of impairments	-	143	-	-	-	-	-	143
Revaluations	167	(400)	-	-	-	-	-	(233)
Reclassifications	-	-	(5,641)	190	5,451	-	-	-
Transfers to / from assets held for sale	(167)	(174)	-	(162)	(3,647)	(48)	-	(4,198)
Disposals / derecognition	-	(4)	-	(25)	(409)	-	-	(438)
Valuation/gross cost at 31 March 2017	**11,728**	**23,326**	**4,534**	**16,739**	**51,967**	**9,892**	**3,039**	**121,225**
Accumulated depreciation at 1 April 2016 - as previously stated	**1**	**350**	**-**	**7,661**	**30,453**	**5,486**	**982**	**44,933**
Provided during the year	1	1,442	-	1,371	4,620	1,053	293	8,780
Impairments	(134)	356	-	-	172	-	-	394
Reversals of impairments	-	(1,134)	-	-	-	-	-	(1,134)
Revaluations	140	(627)	-	-	-	-	-	(487)
Transfers to/ from assets held for sale	(7)	(6)	-	(162)	(3,647)	(48)	-	(3,870)
Disposals/ derecognition	-	(4)	-	(15)	(364)	-	-	(383)
Accumulated depreciation at 31 March 2017	**1**	**377**	**-**	**8,855**	**31,234**	**6,491**	**1,275**	**48,233**
Net book value at 31 March 2017	**11,727**	**22,949**	**4,534**	**7,884**	**20,733**	**3,401**	**1,764**	**72,992**
Net book value at 1 April 2016	**11,727**	**22,445**	**756**	**8,922**	**19,911**	**3,577**	**2,049**	**69,387**

16.3 BREAKDOWN OF ASSETS UNDER CONSTRUCTION AT 31ST MARCH 2018

	£000S
Land	690
Buildings excluding dwellings	3,496
Plant & machinery	473
Transport equipment	5,028
Information technology	2,854
Furniture & fittings	42
Total	**12,583**

The Land, Buildings, fixtures and some of the Information Technology items in Assets under Contruction relate to Estuary Point project.

16.4 PROPERTY, PLANT AND EQUIPMENT FINANCING - 2017/18

	LAND	BUILDINGS EXCLUDING DWELLINGS	ASSETS UNDER CONSTRUCTION	PLANT & MACHINERY	TRANSPORT EQUIPMENT	INFORMATION TECHNOLOGY	FURNITURE & FITTINGS	TOTAL
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Net book value at 31 March 2018								
Owned - purchased	11,398	22,708	12,583	7,131	22,166	2,612	1,710	80,308
Finance leased	105	-	-	-	-	-	-	105
Owned - donated	-	-	-	10	52	-	-	62
NBV total at 31 March 2018	**11,503**	**22,708**	**12,583**	**7,141**	**22,218**	**2,612**	**1,710**	**80,475**

16.5 PROPERTY, PLANT AND EQUIPMENT FINANCING - 2016/17

	LAND	BUILDINGS EXCLUDING DWELLINGS	ASSETS UNDER CONSTRUCTION	PLANT & MACHINERY	TRANSPORT EQUIPMENT	INFORMATION TECHNOLOGY	FURNITURE & FITTINGS	TOTAL
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Net book value at 31 March 2017								
Owned - purchased	11,622	22,949	4,534	7,873	20,662	3,401	1,764	72,805
Finance leased	105	-	-	-	-	-	-	105
Owned - donated	-	-	-	11	71	-	-	82
NBV total at 31 March 2017	**11,727**	**22,949**	**4,534**	**7,884**	**20,733**	**3,401**	**1,764**	**72,992**

16.6 PROPERTY, PLANT AND EQUIPMENT VALUATION

Historically the trust has used the Capital Charges Estimates indices published by the Department of Health to revalue its assets. In 2008/09 these indices were discontinued and the trust applied the % movement detailed in the updated forecast indices for assets issued by HM Treasury (ref: PES (2009) 02) which reflected the economic climate and negative pressure on prices. This was in line with guidance issued by the Department of Health.

Due to the fact that the last national revaluation exercise had an effective date of 1 April 2005 (so requiring that values at the preceding balance sheet date of 31 March 2005 reflected the new values), it meant that all NHS bodies must have completed a full property revaluation every five years by 31 March, and that the most recent full valuation must be, for specialised property, on a MEA basis.

The trust formally valued its land and building assets at the 30th November 2014 as part of five year full revaluation cycle using an independent external valuer Deloitte LLP. The desktop exercise was undertaken by the same valuers in order to establish the fair value of trust's estates at 30th November 2017. Taking into account the fact that Deloitte are already familiar with the trust's estates and the fact that that during their valuation they have considered all estates projects which have taken place between the two valuations the trust is assured that the value of estates in the accounts is materially correct. The basis of valuation for all assets under IFRS is Fair Value. Assets that are classified as (Property, Plant and Equipment) PPE have been valued to Fair Value assuming a continuation of their existing use. This is synonymous with Existing Use Value in the Red Book. The valuation is fully compliant with the requirements of the RICS Valuation Standards - 6th Edition which is commonly known as "The Red Book". The signatory to the valuation is Edwin Bray MRICS Partner at Deloitte LLP.

All properties categorised as PPE have been split into land and buildings, and a remaining economic life provided. The componisation elements of each building have been
- Structure;
- Windows and Doors;
- External Works;
- Roof; and
- Services, fixtures and fittings.

Where provided, they have relied on the site areas from NWAS.

Where no site area has been provided, they sought to ascertain Land Registry plans of the site from NWAS and then measured the site using Ordnance Survey plans in accrodance with observd boundaries.

The properties were inspected internally. Where access was not possible, properties were inspected externally.

Due to the fact that the there is only a four months gap between the time when the valuation was undertaken and the year end it was established that the value of the assets are materially correct (confirmed by Deloitte LLP) and no further valuation at 31st March 2018 was required.

The estimated useful lives of the trust's property, plant and equipment are as follows:

	MIN LIFE	MAX LIFE
	YEARS	YEARS
Buildings [excluding dwellings]	16	66
Plant & Machinery	4	25
Transport Equipment	2	14
Information Technology	3	15
Furniture and Fittings	2	20

17. INVESTMENT PROPERTY

The trust does not hold any investment property.

18. COMMITMENTS

18.1 CAPITAL COMMITMENTS

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	31 MARCH 18	31 MARCH 17
	£000s	£000s
Property, Plant and Equipment	5,764	2,551
Total Commitment	**5,764**	**2,551**

19. OTHER FINANCIAL COMMITMENTS

The trust doesn't have any other financial commitments.

20. INVENTORIES

	31 MARCH 18	31 MARCH 17
	£000s	£000s
Drugs	99	65
Consumables	496	593
Energy	169	234
Total inventories	**764**	**892**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £892k (2016/17: £756k). Write-down of inventories recognised as expenses for the year were £0k (2016/17: £0k).

21. TRADE RECEIVABLES AND OTHER RECEIVABLES

	31 MARCH 18	31 MARCH 17
	£000s	£000s
Current		
Trade receivables	2,408	2,458
Accrued income	8,400	6,129
Provision for impaired receivables	(792)	(751)
Prepayments (non-PFI)	2,276	3,977
PDC dividend receivable	151	109
VAT receivable	316	154
Other receivables	186	140
Total current trade and other receivables	**12,945**	**12,216**
Non-current		
Accrued income	1,405	1,422
Total non-current trade and other receivables	**1,405**	**1,422**
Of which receivables from NHS and DHSC group bodies:		
Current	8,615	7,145
Non-current	-	-

The great majority of trade is with Clinical Commissioning Groups (CCGs). As CCGs are funded by Government to buy NHS patient care services, no credit scoring of them is considered necessary.

22. PROVISION FOR IMPAIRMENT OF RECEIVABLES

	2017/18	2016/17
	£000s	£000s
At 1 April as previously stated	751	709
Increase in provision	116	(5)
Amounts utilised	(12)	(11)
Unused amounts reversed	(63)	58
At 31 March	**792**	**751**

23. CREDIT QUALITY OF FINANCIAL ASSETS

	31 MARCH 18	31 MARCH 17
Ageing of impaired financial assets	£000s	£000s
0 - 30 days	1	-
30-60 Days	446	190
60-90 days	440	82
90- 180 days	36	135
Over 180 days	74	31
Total	**997**	**438**
Ageing of non-impaired financial assets past their due date		
0 - 30 days	1,129	1,971
30-60 Days	436	181
60-90 days	378	114
90- 180 days	21	114
Over 180 days	36	-
Total	**2,000**	**2,380**

The great majority of trade is with Clinical Commissioning Groups (CCGs). As CCGs are funded by Government to buy NHS patient care services, no credit scoring of them is considered necessary.

24. NON-CURRENT ASSETS HELD FOR SALE AND ASSETS IN DISPOSAL GROUPS

	2017/18	2016/17
	£000s	£000s
NBV of non-current assets for sale and assets in disposal groups at 1 April	400	333
Assets classified as available for sale in the year	599	328
Assets sold in year	(790)	(261)
NBV of non-current assets for sale and assets in disposal groups at 31 March	**209**	**400**

Buildings - as a result of an estates modernisation programme, two stations were identified as surplus to requirements in 2016-17 and 2 were sold in 2016-17.

In 2016-17 Hazelgrove station was declared as held for sale and was sold in 2017-18 for £65k.

A number of stations were declared as held for sale and sold in 2017-18:
- Crompton sold for £253k
- Wigan sold for £220k
- Hindley sold for £140k
- Millom sold for £50k
- Atherton sold for £232k

Vehicles - The trust disposes of ambulance vehicles it owns. For the period between being taken out of operational use and the final sale the ambulances are classed as held for sale. Normally vehicles are fully depreciated at this stage with a Net Book Value of zero with no impairments.

In addition to disposals of vehicles that are fully depreciated some vehicles are written off due to being damaged as a result of an accident. In this case the insurance proceeds cover the net book value of vehicles. In 2017-18 there were four vehicles written off.

There is only one station that is held for sale and it is Formby.

25. CASH AND CASH EQUIVALENTS MOVEMENTS

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2017/18	2016/17
	£000s	£000s
At 1 April	**37,284**	**37,040**
Net change in year	4,923	244
At 31 March	**42,207**	**37,284**
Broken down into:		
Cash at commercial banks and in hand	2	2
Cash with the Government Banking Service	42,205	37,282
Total cash and cash equivalents as in SoFP	**42,207**	**37,284**
Total cash and cash equivalents as in SoCF	**42,207**	**37,284**

26. THIRD PARTY ASSETS HELD BY THE TRUST

The trust does not hold any third party assets.

27. TRADE AND OTHER PAYABLES

	31 MARCH 18	31 MARCH 17
	£000s	£000s
Current		
Trade payables	968	3,677
Capital payables	8,477	1,200
Accruals	16,538	13,151
Social security costs	2,817	2,751
Other taxes payable	1,859	1,854
Other payables	3,188	3,013
Total current trade and other payables	**33,847**	**25,646**
Total non-current trade and other payables	**33,847**	**25,646**
Of which payables to NHS and DHSC group bodies:		
Current	910	819
Included above:		
Outstanding Pension Contributions at the year end	3,027	2,919

28. OTHER FINANCIAL LIABILITIES

The trust does not have any other liabilities.

29. OTHER LIABILITIES

	31 MARCH 18	31 MARCH 17
	£000s	£000s
Current		
Deferred income	752	928
Total other current liabilities	**752**	**928**

30. BORROWINGS

The trust has one finance lease which was recognised in the accounts as finance lease in 2010/11. The lease term will be finishing in 2079 and the amount of liability is £79k.

31. OTHER FINANCIAL LIABILITIES

The trust does not have any other financial liabilities.

32. NORTH WEST AMBULANCE SERVICE NHS TRUST AS A LESSEE

Obligations under finance leases where North West Ambulance Service NHS Trust is the lessee.

	31 MARCH 18	31 MARCH 17
	£000s	£000s
Gross lease liabilities	**495**	**503**
of which liabilities are due:		
- not later than one year;	8	8
- later than one year and not later than five years;	33	33
- later than five years.	454	462
Finance charges allocated to future periods	(416)	(424)
Net lease liabilities	**79**	**79**
of which payable:		
- later than one year and not later than five years;	2	1
- later than five years.	77	78
Included in:		
Non-current borrowings	79	79
Total	**79**	**79**

33. FINANCE LEASE RECEIVABLES AS LESSOR

The trust does not have any finance lease receivables.

34. PROVISIONS FOR LIABILITIES AND CHARGES ANALYSIS

	PENSIONS - EARLY DEPARTURE COSTS	LEGAL CLAIMS	EQUAL PAY (INCLUDING AGENDA FOR CHANGE)	REDUNDANCY	OTHER	TOTAL
	£000s	£000s	£000s	£000s	£000s	£000s
At 1 April 2017	**17,195**	**2,406**	**250**	**408**	**3,981**	**24,240**
Change in the discount rate	284	(16)	-	-	-	268
Arising during the year	666	356	222	202	100	1,546
Utilised during the year	(676)	(280)	-	-	(221)	(1,177)
Reversed unused	(118)	(221)	(113)	(137)	(840)	(1,429)
Unwinding of discount	40	(32)	-	-	-	8
At 31 March 2018	**17,391**	**2,213**	**359**	**473**	**3,020**	**23,456**
Expected timing of cash flows:						
- not later than one year;	807	475	359	473	3,020	5,134
- later than one year and not later than five years;	4,018	566	-	-	-	4,584
- later than five years.	12,566	1,172	-	-	-	13,738
Total	**17,391**	**2,213**	**359**	**473**	**3,020**	**23,456**

The pensions relating to other staff provision consists of £17,391k (2016/17 £17,195k) relating to claims for Personal Injury Benefits recharged by the NHS Pensions Agency. The amounts detailed are amounts that are paid annually to the individuals. The amounts are calculated by the pensions agency following assessment of the individuals claims. The provision includes a prudent assessment of known claims that may result in future liability.

Within legal claims £1,842k (2016/17 £1,920k) represents an amount payable quarterly to an individual. The remaining £371k (2016/17 £486k) relates to Employers Liability Claims recharged monthly by the NHS Litigation Authority as and when cases are successful for which the trust pays up to the first £10k. In addition there is £178k (2016/17 £238k) included in contingent liabilities.

Other provisions relate to various elements of expenditure such as potential cost of dilapidation of leased vehicles (£1.548m). The expected backpay liability for Agenda for Change £358k (2016/17 £250k), which is based upon expected assimilation using national profiles for operational staff and the associated payscales published within the Agenda for Change Terms and Conditions. Once these staff have assimilated to Agenda for Change contracts the trust is obliged to pay outstanding arrears (based on national profiles) have been included within provisions. All outstanding cases are proceeding using the agreed Agenda for Change procedures. Also included within other is a sum of £251k (2016/176 £290k) for banked annual leave which is payable when the individuals leave the trust.

35. CLINICAL NEGLIGENCE LIABILITIES

At 31 March 2018, £19,684k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of North West Ambulance Service NHS Trust (31 March 2017: £33,857k).

36. CONTINGENT ASSETS AND LIABILITIES

	31 MARCH 18	31 MARCH 17
	£000s	£000s
Value of contingent liabilities		
NHS Resolution legal claims	(178)	(238)
Gross value of contingent liabilities	**(178)**	**(238)**

There is a 2004 Agenda for Change banding claim which is in an appeal process.

37. FINANCIAL INSTRUMENTS

Not relevant for trust.

38. FINANCIAL RISK MANAGEMENT

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with CCGs and the way those CCGs are financed, the NHS is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The trust's treasury management operations are carried out by the finance department, within parameters defined formally within the trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the trust's internal auditors.

Currency risk
The trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The trust has no overseas operations. The trust therefore has low exposure to currency rate fluctuations.

Interest rate risk
The trust can borrow from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The trust therefore has low exposure to interest rate fluctuations.

The trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health (the lender) at the point borrowing is undertaken.

The trust therefore has low exposure to interest rate fluctuations.

Credit risk
Because the majority of the trust's revenue comes from contracts with other public sector bodies, the trust has low exposure to credit risk. The maximum exposures as at 31 March 2018 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity Risk
The trust's operating costs are incurred under contracts with CCGs, which are financed from resources voted annually by Parliament . The trust funds it's capital expenditure from available cash funds. The trust is not, therefore, exposed to significant liquidity risks.

39. CARRYING VALUES OF FINANCIAL ASSETS

	LOANS AND RECEIVABLES	TOTAL BOOK VALUE
	£000s	£000s
Assets as per SoFP as at 31 March 2018		
Trade and other receivables excluding non financial assets	9,368	9,368
Cash and cash equivalents at bank and in hand	42,207	42,207
Total at 31 March 2018	**51,575**	**51,575**
Assets as per SoFP as at 31 March 2017		
Trade and other receivables excluding non financial assets	7,131	7,131
Cash and cash equivalents at bank and in hand	37,284	37,284
Total at 31 March 2017	**44,415**	**44,415**

40. CARRYING VALUE OF FINANCIAL LIABILITIES

		TOTAL BOOK VALUE
	£000s	£000s
Liabilities as per SoFP as at 31 March 2018		
Obligations under finance leases	79	79
Trade and other payables excluding non financial liabilities	29,171	29,171
Total at 31 March 2018	**29,250**	**29,250**
Liabilities as per SoFP as at 31 March 2017		
Obligations under finance leases	79	79
Trade and other payables excluding non financial liabilities	21,041	21,041
Total at 31 March 2017	**21,120**	**21,120**

41. FAIR VALUES OF FINANCIAL ASSETS AND LIABILITIES

Financial Assets and liability are carried at book value (carrying value) as it is a reasonable approximation of fair value

42. MATURITY OF FINANCIAL LIABILITIES

	31 MAR 18	31 MAR 17
	£000s	£000s
In one year or less	29,171	21,041
In more than one year but not more than two years	-	-
In more than two years but not more than five years	2	1
In more than five years	77	78
Total	**29,250**	**21,120**

43. LOSSES AND SPECIAL PAYMENTS

	2017/18		2016/17	
	TOTAL VALUE OF CASES	TOTAL NUMBER OF CASES	TOTAL VALUE OF CASES	TOTAL NUMBER OF CASES
	NUMBER	£000s	NUMBER	£000s
Losses				
Bad debts and claims abandoned	32	12	24	11
Stores losses and damage to property	449	144	434	133
Total losses	**481**	**156**	**458**	**144**
Special payments				
Compensation under court order or legally binding arbitration award	42	163	86	446
Ex-gratia payments	8	636	10	689
Total special payments	**50**	**799**	**96**	**1,135**
Total losses and special payments	**531**	**955**	**554**	**1,279**
Compensation payments received		-		-

44. RELATED PARTY TRANSACTIONS

During the year none of the Department of Health Ministers, Trust Board of Director's or members of the key management staff, or parties related to any of them, has undertaken any material transactions with North West Ambulance Service NHS Trust.

The Department of Health is regarded as a related party. During the year 2017-18 Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

For example :

	EXPENDITURE WITH RELATED PARTY	INCOME FROM RELATED PARTY	AMOUNTS OWED TO RELATED PARTY	AMOUNTS DUE FROM RELATED PARTY
	£000s	£000s	£000s	£000s
CCGs	8	314,682	0	4,563
NHS Foundation Trusts	1,919	553	361	192
NHS Trusts	190	67	78	11
NHS Litigation Authority	2,994	0	31	0

45. BETTER PAYMENT PRACTICE CODE

	2017/18	2017/18	2016/17	2016/17
	NUMBER	£000	NUMBER	£000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	57,419	146,998	58,724	139,433
Total non-NHS trade invoices paid within target	56,182	142,295	56,754	133,833
Percentage of non-NHS trade invoices paid within target	**97.85%**	**96.80%**	**96.65%**	**95.98%**
NHS Payables				
Total NHS trade invoices paid in the year	566	7,984	671	9,067
Total NHS trade invoices paid within target	544	7,863	648	9,017
Percentage of NHS trade invoices paid within target	**96.11%**	**98.48%**	**96.57%**	**99.45%**

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

46. EXTERNAL FINANCING

The trust is given an external financing limit against which it is permitted to underspend:

	2017/18	2016/17
	£000s	£000s
Cash flow financing	(4,741)	(244)
External financing requirement	(4,741)	(244)
External financing limit (EFL)	8,768	878
Under / (over) spend against EFL	13,509	1,122

47. CAPITAL RESOURCE LIMIT

The trust is given a capital resource limit which it is not permitted to exceed.

	2017/18	2016/17
	£000s	£000s
Gross capital expenditure	18,591	11,861
Less: Disposals	(926)	(316)
Charge against Capital Resource Limit	**17,665**	**11,545**
Capital Resource Limit	18,462	11,570
Under / (over) spend against CRL	**797**	**25**

48. CAPITAL COST ABSORPTION RATE

The dividend payable on public dividend capital is based on the actual (rather than forecast) average relevant net assets based on the pre audited accounts and therefore the actual capital cost absorption rate is automatically 3.5%.

49. BREAKEVEN DUTY FINANCIAL PERFORMANCE

	2017/18
	£000s
Adjusted financial performance surplus / (deficit) (control total basis)	5,612
Add back income for impact of 2016/17 post-accounts STF reallocation	419
Breakeven duty financial performance surplus / (deficit)	**6,031**

50. BREAKEVEN DUTY ROLLING ASSESSMENT

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	1,041	2,065	1,558	2,707	2,786	513	135	6,965	6,031
Breakeven duty cumulative position	4,719	6,784	8,342	11,049	13,835	14,348	14,483	21,448	27,479
Operating income	242,220	252,840	259,176	261,312	261,944	266,952	282,429	316,422	327,731
Cumulative breakeven position as a percentage of operating income	**1.9%**	**2.7%**	**3.2%**	**4.2%**	**5.3%**	**5.4%**	**5.1%**	**6.8%**	**8.4%**

The breakeven duty is stated in the National Health Service Act 2006 and it states that: each NHS trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to the revenue account.

Due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009-10, NHS Trust's financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to IFRIC 12 schemes (which would include PFI schemes), which has no cash impact and is not chargeable for overall budgeting purposes, is excluded when measuring Breakeven performance. Other adjustments are made in respect of accounting policy changes (impairments and the removal of the donated asset and government grant reserves) to maintain comparability year to year.

APPENDIX – GLOSSARY OF TERMS

(This glossary does not form a part of the statutory accounts)

STATEMENT OF COMPREHENSIVE INCOME

Income and Expenditure
Often called a Profit and Loss account or an Income and Expenditure account. Public sector accounts tend to use the term Income and Expenditure to indicate that they are non-profit making organisations.

Income from activities
Income from patient care activities of the trust, usually from Clinical Commissioning Groups as the principle commissioner of services.

Other operating income
Income from non-patient care services such as commercial training, research funding etc.

Operating surplus
The surplus generated by the normal operations of the trust before taking into account interest, depreciation and amortisation.

Depreciation
When a fixed asset is purchased, the cost of that asset needs to be charged to the income and expenditure account over the life of the asset to recognise the contribution of that asset to the work of the trust in each year of ownership. On purchase of a fixed asset, the expected life is assessed and the cost is spread over that life. The value of the asset therefore diminishes, or depreciates, over time.

Amortisation
Where depreciation applies to tangible fixed assets, amortisation is the same process for non tangible fixed assets, such as loans to the trust.

Profit / (loss) on disposal of fixed assets
The difference between the value of an asset in the balance sheet and the actual sale price of the item. This could be equipment or buildings.

Public Dividend Capital (PDC)
PDC originated in NHS Trusts as the difference between the valuation of its assets and liabilities on establishment as an NHS Trust. This originating debt is deemed an asset of the Secretary of State, and equates to taxpayers equity in the organisation. The trust has to make a return on this capital equivalent to 3.5% per annum, and this amount has to be paid over to the Treasury. The original debt can increase over time due to the allocation of additional capital funds, and is repayable over time.

STATEMENT OF FINANCIAL POSITION

Fixed Asset / Non-Current Assets
An asset that has a life that extends beyond the current financial year and that will generate economic benefits in future accounting periods – as opposed to current assets, which are realisable immediately or in the next accounting period. Fixed assets are typically equipment or buildings.

Current Assets
These are assets that are held on the balance sheet of the organisation that have an immediate cash value. These include stocks, that could be sold and realise cash quickly, debtors that can be collected quickly to realise cash or cash held in a bank account.

Stock / Inventories
Material held as stock which could be sold to realise cash quickly. Can either be valued at cost where stock is valued in the books at the purchase price or, net realisable value where stock is valued in the books at a value that it could reasonably be expected to fetch if it was sold on the open market today.

Debtors / Receivables
Money owed to the trust for services provided.

Creditors / Payables
Money owed by the trust for goods and services received.

Total Taxpayers' Equity
See Public Dividend Capital

NOTES TO THE ACCOUNTS

Historical Cost Convention
The value of an asset carried in the balance sheet is the amount paid for it on the purchase date.

Accruals Convention
The accounts are prepared taking account of all income received and receivable, and all expenditure paid and payable for the goods and services delivered and received in the period, and are not based on cash receipts and payments in the period.

Off Balance Sheet
Refers to fixed assets that are in use by the trust but which are not technically 'owned' by the organisation, and therefore do not appear in the balance sheet. An example of this would be operating leases, where equipment, such as vehicles, is leased by the organisation but never comes into our ownership.

Liquid Resources
Resources that can be released quickly to enable the organisation to settle debts. Typically, cash in hand or in the bank in short term accounts.

Prepayment
Where the trust has paid in advance for goods or services – for example, quarterly payment in advance for telephone rentals.

Deferred Income
Income received in the financial year but deferred to a subsequent accounting period because the relevant services will be provided in that future accounting period.

Reserves
Funds set aside in recognition of a future event, project or change, where the need has been recognised but the event has not happened.

TERMINOLOGY

Going Concern Basis
The accounts are prepared on the basis that the trust will still be in existence in the next financial year, and that it will therefore be in a position to recover any debtors due to it, and that it will be around to cover its long term liabilities. If it is likely that an organisation will not be in existence beyond this set of accounts, then long term liabilities would become immediately due, and the position of long term debtors would be called into question, resulting in the need to recognise that in the results presented in this set of accounts.

Capital Expenditure
The amount expended by the trust that enhances the value of fixed assets whose useful life extends beyond the current accounting period.

Revenue Expenditure
Expenditure on the day to day operations of the trust, pay and rations as opposed to capital expenditure.

Consumables
Non pay expenditure on items that have a life of less than one year and are therefore not fixed assets. The term relates to everything from drugs, uniform, stationery through to pieces of disposable equipment.

CCGs – Clinical Commissioning Groups
Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. CCGs are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. There are now 31 CCGs in the North West of England.

Liability
A situation where an organisation has an obligation to pay for something that has already occurred, and around which there is certainty, but is not yet physically paid for.

Provisions
An allowance in the accounts for a known item, but where the value or timing of the event giving rise to it is uncertain. An example may be where a pay award from 1 January in a given year has not yet been agreed, and the settlement date is uncertain. The organisation would typically provide an estimate for inclusion in the accounts to ensure that the relevant charge to Income and Expenditure is made in the correct year.

Contingent Liability
A situation where a financial obligation to pay for something that has already happened may arise, but where there is uncertainty or where the final value is difficult to quantify due to dependencies on other things. For example, an outstanding legal claim against the organisation, where if the verdict goes against the organisation, there will be an obligation to pay for an unquantifiable amount. Amounts carried in the accounts under this heading will inevitably be estimates based on the best information available at the time.

Value Added Tax (VAT)
May be in the form of output tax – VAT charged on sales, or input tax – VAT paid on purchases. In the NHS, normal NHS healthcare activity does not attract VAT.

Post Balance Sheet Event
Something that is recognised after the accounts have been finalised, but before publication, which impacts on the results as they are presented, and has a significant impact on how the results should be interpreted.

Risk Pooling Scheme
This is essentially the NHS insurance scheme, where we pay an annual premium to cover any insurance claims that may arise during the year. The scheme covers all the usual insurance risks around buildings, equipment, fire etc, as well as clinical negligence issues.

NHS Resolution
NHS Resolution (NHS R) is the body responsible for handling negligence claims against NHS organisations. NHS R also advises NHS organisations on risk management.

Losses and Special Payments
Any payments made in respect of bad debts, stock write offs, insurance excesses or compensation payments that are not considered a part of the normal business of the trust.

THINGS TO CONSIDER WHEN READING A SET OF ACCOUNTS

True and Fair View
A set of annual accounts is a snapshot at a point in time of how the business is performing. Is it profitable? Is it viable? Is it fit for purpose? It is not and probably never will be 100% accurate. What is important is that the accounts present a fair reflection of performance and viability, and that the items presented in there have been treated according valid and accepted accounting principles, and can be explained and justified in that context.

No Surprises
The annual accounts should only ever confirm what the Board have been expecting in light of the monitoring reports that have been presented by Director of Finance during the year, and should bear a close resemblance to figures reported at Month 12. If there are significant differences between what the Board was expecting, or from the Month 12 report, then the Director of Finance should include explanations for this in a commentary that accompanies the accounts, and the auditors should be asked to comment on any items of significance.

Previous Year
It can be useful to compare this year's figures with those of the previous year. Again, the Board should already be aware of any significant movements, and the reasons for them, so any changes should be expected. If there are any changes that have not been explained, then these should be queried and satisfactory explanations obtained to approval.

Fixed Assets / Non-Current Assets
The Board should be assured that the changes in the fixed asset figures from one year to another reflect the decisions made by the Board on capital investment and disposals during the year. If a revaluation has taken place during the year, this should be explained in the notes, and the Board should ensure that they are fully aware of the impact that this has had on both the Income and Expenditure account and Balance Sheet.

Current Assets
Again, differences between years should be looked at. Particular things to look for include:

- Stock – large swings in stock levels year on year can indicate that stock management is inefficient. As a general rule, the trust should look to carry out as little stock as possible commensurate with ensuring that the right supplies are available at the right time. A very large reduction in stocks in any given year, combined with a reduction in cash balances, may be an indication that the trust is experiencing cash flow problems.
- Debtors – high levels of debtors may be a result of inefficient debt collection in the trust and this may be impacting on the cash flow performance.
- Cash at bank and in hand – this is an indication of the liquidity of the trust, and whilst we should not look to have particularly high levels of cash sitting in low interest accounts, we should make sure that we have sufficient readily accessible cash available to meet our immediate needs. Significant swings from year to year may indicate that cash management is not as efficient as it should be.

FURTHER INFORMATION

Contact the Director of Corporate Affairs at the address, e-mail or telephone number below for information about the Board of Directors or if you would like:

- To view the register of Board of Directors' interests
- To contact the Chair or any member of the Board of Directors
- Information about Board of Directors meetings which are open to the public. Details of meetings are also available on the trust's website.
- To contact the Chief Executive's office for more information or if you have any comments

Write to:

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2017/18

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