NHS
North West
Ambulance Service
NHS Trust
Five Year Integrated
Business Plan (IBP)
2019 - 2024

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1. INTRODUCTION

North West Ambulance Service NHS Trust (NWAS) provides 24 hour, 365 days a year **urgent and emergency services (UEC)** to those in need of emergency medical treatment and transport. Our highly skilled staff provide life-saving care to patients in the community and take people to hospital or a place of care if needed. Alongside the other emergency services, we also work to ensure the safety of the public and treatment of patients in the event of a major incident.

We deliver non-emergency **patient transport services** (PTS) for those patients who require non-emergency transport to and from hospital and who are unable to travel unaided because of their medical condition or clinical need and we also provide the **NHS 111 service** in the North West. It provides non-emergency medical help fast, and is available 24 hours a day, 365 days a year.

1.1 PURPOSE

This document provides a summary of our five year plan. This includes our strategic vision, which is informed by our market assessment, as well as a detailed breakdown of the key deliverables and milestones for each strategic objective. The intention is that this plan is a dynamic document which will provide a strategic framework for the ongoing monitoring of strategy implementation by our Board. We also include further detail regarding the financial and workforce implications of our plan as well as the governance framework for delivery.

2. PROFILE AND CONTEXT

The section provides an overview of the trust; its services lines, performance and activity, together with an insight into the environment in which it operates to provide the context for this five year plan.

2.1 OVERVIEW

The trust headquarters is in Bolton, and there are three area offices in Cheshire and Merseyside (Liverpool), Cumbria (Carlisle) and Lancashire (Preston). There are 109 ambulance stations distributed across the region, three emergency operations centres (EOCs), one support centre, two PTS control centres, and two Hazard Area Response Team (HART) buildings (one being shared with Merseyside Fire and Rescue). The trust operates over 1,000 vehicles on both emergency and non-emergency operations. As at the end of May 2019, the trust has 5,953 whole time equivalent (WTE) staff.

Table 1 below summarises the key characteristics of the trust.

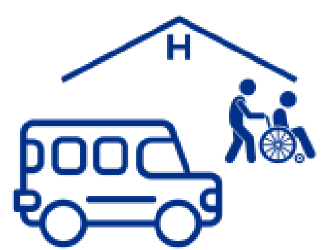
*As of July 2019

2.2 SERVICE LINES

The trust provides three main service lines:

2.21 URGENT AND EMERGENCY CARE SERVICE (UEC)

UEC (sometimes referred to as Paramedic Emergency Service or PES) provides the trust urgent and emergency care for patients across the North West. This is the largest service line in terms of staff, activity and value. UEC comprises several categories of paramedic and emergency medical technician (EMT) that reflect their seniority and clinical skills. The trust currently has eight consultant paramedics. UEC also includes staff who operate the EOC managing all the 999 calls; and our resilience resource which responds to major incidents and other significant mass gathering events where their specialist skills are required.



2.22 PATIENT TRANSPORT SERVICE (PTS)

PTS is a non-emergency service for people who may need special support getting to and from their healthcare appointments. Patients must meet a set of eligibility criteria. PTS includes a contact centre and bookings are also encouraged online by other NHS colleagues. The trust has four separate contracts to provide PTS, each with varied contract performance standards.

Each contract is delivered over three distinct service specifications as follows:

- Enhanced priority service (EPS) which provides for patients travelling for dialysis and cancer treatment
- Planned service which provides for routine planned appointments (i.e. outpatient appointments, planned discharges and planned admissions)
- Unplanned service which provides for bookings made on the day of travel i.e. mainly discharge and transfer bookings

The operating hours within each contract vary across the areas. Additionally, each service specification is managed against a distinct set of Key Performance Indicators (KPIs) specific to the service specification i.e. EPS, planned and unplanned.

2.23 NHS 111

NHS 111 is a free, non-emergency service available for urgent health care assessment. It covers the whole of the North West, being collaboratively commissioned by North West clinical commissioning groups (CCGs), with Blackpool CCG acting as the lead commissioner. If a patient is unsure which healthcare service they need, NHS 111 will signpost them to the most appropriate care for their condition, which could be a GP, local pharmacy or walk-in centre. It could also be the emergency department or an emergency ambulance if required. The service is available 24 hours a day by dialling 111 or by going to 111.nhs.uk.

2.3 WORKFORCE

The trust workforce is reported along the three operational service lines (UEC, PTS and NHS 111) together with the supporting corporate staff. UEC is also monitored at area level. The table below shows the current (May 2019) whole time equivalent (WTE) workforce numbers.

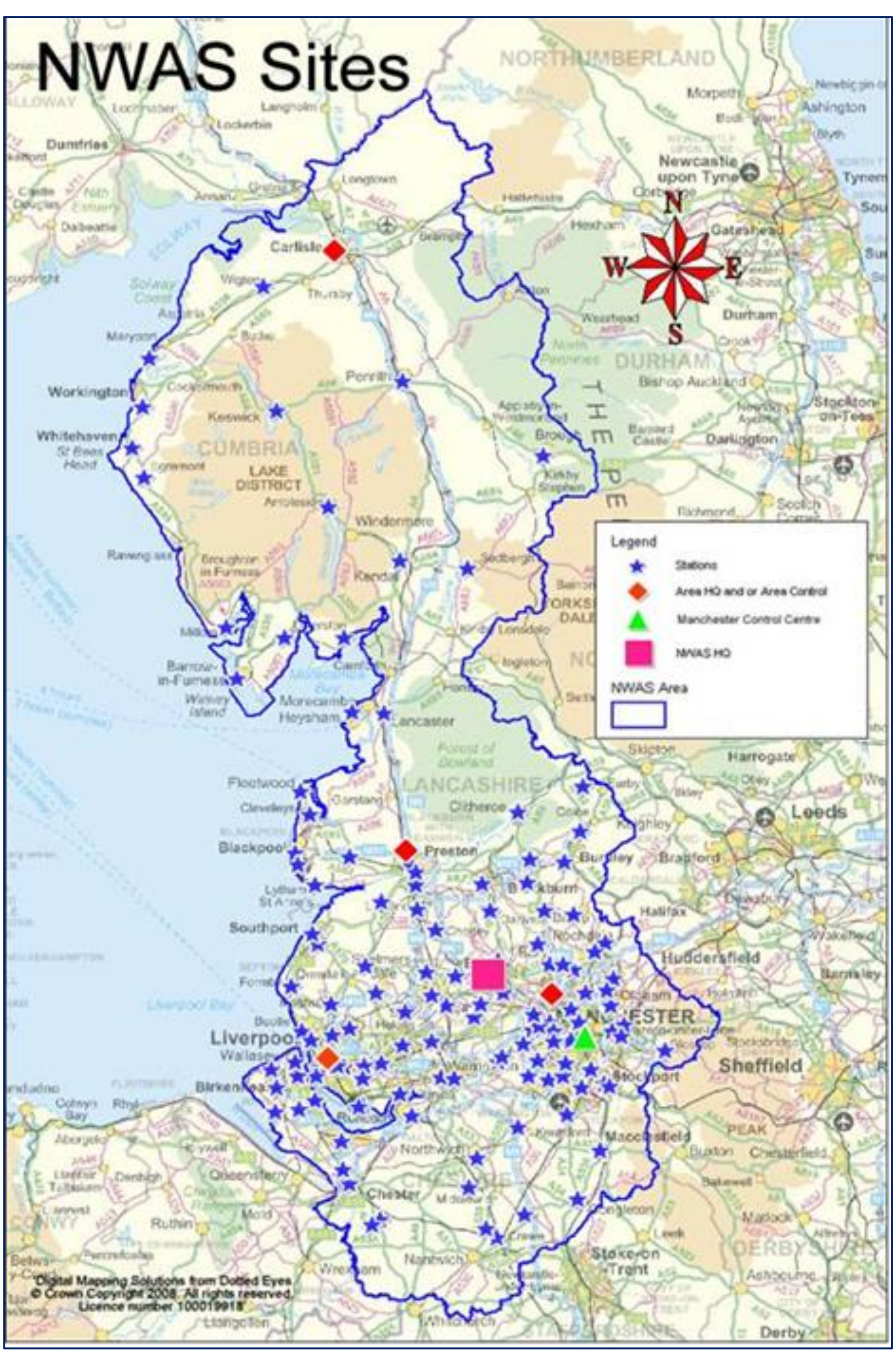
Table 2

Service Line/Work Area	Area	WTE
Urgent and emergency care	Greater Manchester	1,243
	Cumbria and Lancashire	1,089
	Cheshire and Mersey	1,155
	EOC	743
	Resilience	104
	Total	**4,334**
Patient Transport Service	All	764
111	**All**	**364**
Corporate	All	491
Total		**5,953**

The trust is also supported by volunteers; these include 850 community first responders (CFRs) and 360 volunteer car drivers.

2.4 ESTATE

The trust estate is divided into the same groups, namely; Cumbria and Lancashire, Cheshire and Merseyside, and Greater Manchester. Today, the trust is comprised of 132 sites, with the most recent addition of Estuary Point. These are indicated on the map below:



2.5 FLEET

The trust's fleet size is based upon the core operational service requirements and a relief percentage (pool resource) to enable the continued maintenance and servicing of the fleet to ensure safe and sufficient availability of the operational fleet. The service lines have a variety of vehicle requirements and the current fleet total is 1,026, more detailed information is set out below:

Table 3: Current Operational Fleet Profile (Fleetman Jan 2019)

Urgent and emergency care	
UEC	481
Dedicated see and treat cars	10
Rapid response vehicles (inc 1 bike)	93
Advanced paramedic / UC practitioners / specialist paramedic	21
Green / neonatal / HEATT cars	11
HART urban search and rescue (USAR) and major incident unit	47
Patient Transport Service	**321**
Training School and Workshop Support and others	**42**

Table 4 below summarises the market environment in which the trust operates and highlights some of the challenges the trust faces due the scale and complexity of the North West patch with wide ranging health inequalities and socio/economic factors. The numbers of stakeholders are considerable creating challenges in relation to engagement and ensuring plans are developed that are consistent with our partner organisations.

Table 4: trust environment

2.6 FINANCE

Regulatory Requirements and 2018/19 Achievement (Break-even – each and every year)

NHS trusts have a regulatory duty to break-even in each and every financial year. In 2018/19 the trust returned a surplus and therefore achieved this regulatory duty.

2.61 SINGLE OVERSIGHT FRAMEWORK

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 2018/19 the trust achieved the highest attainable score of '1' and the planned rating for 2019/20 is also a score of 1.

2.7 ENVIRONMENT

The trust is committed to reducing carbon emissions with our approach described in the Sustainable Development Management Plan. This is a priority for the trust and described in more detail later in this plan.

2.8 SERVICE LINE PERFORMANCE AND ACTIVITY

The trust measures and reports the activity for each of the service line against a set of standard measures; and reports on performance against a set of national and contractual indicators. These are reported to our board and commissioners.

2.81 URGENT AND EMERGENCY CARE

2.811 ACTIVITY

UEC activity is measured in terms of incidents and calls. Emergency face to face (F2F) incidents are classed as incidents where there is a response on scene. As part of the plans to reduce conveyance to hospital emergency departments (ED), the trust has focused on an increase in hear and treat, which is when an incident is resolved by a clinician over the telephone.

The trust has a statutory obligation to deliver emergency responses in full compliance with the Ambulance Response Programme (ARP). Activity and

performance for the ambulance service is measured against a set of national Ambulance Quality Indicators (AQI).

- **Category 1:** (purple) life-threatening: - 7 minute mean response time, and 15 minute response 9 out of 10 times (90th percentile)
- **Category 2:** (amber) Emergency: - 18 minute mean response time and 40 minute response 9 out of 10 times (90th percentile)
- **Category 3** (yellow) Urgent: two hour response time 9 out of 10 times (90th percentile)
- **Category 4** (green) Less urgent: three hour response time 9 out of 10 times (90th percentile)
- In addition, we measure separately **Category 4H**. These are calls that have been pre-determined as having high probability of being managed through hear and treat processes.

Activity has increased year on year and Category 1 life threatening only forms a relatively small portion of our demand. This leads to the need to better manage the lower acuity calls, reducing the numbers conveyed to the emergency department. This is core to the trust's plans.

2.812 PERFORMANCE

The EOC prioritises emergency calls using medical priority dispatch systems (MPDS) into one of the four categories above. From this categorisation the EOC decides what kind of response is required and whether an ambulance is dispatched. Dependent on the response required, they may send a rapid response vehicle (RRV) equipped to provide treatment at the scene of an accident, or a traditional emergency ambulance or an urgent care service vehicle. It may be determined that a response to the emergency is not required and can be dealt with over the phone using self-help and referring to another service like a GP or 111. The trust also uses community first responders (CFRs) to complement the ambulance response. CFRs provide basic first aid and life support at the scene until the ambulance arrives.

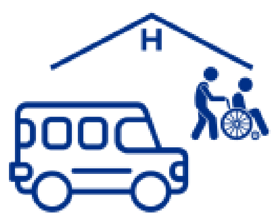
In order to be the **best**, NWAS will achieve these national response time targets and be the best across all C1-C4 standards by the end of 2023/24.

Ambulance services are not measured simply on time alone, but on how we treat patients and the outcomes of the treatment. We also report on our performance against the national set of 11 clinical quality indicators. The indicators allow us to identify areas of good practice and areas which need improvement.

2.813 HCP CALLS

We also receive calls from GPs and other healthcare professionals across the North West, requesting ambulance transport for their patients. The response to these calls is tailored to each individual patient's need as determined by the doctor or health professional requesting the ambulance. It is important to appreciate that although the

patient is often termed an 'emergency admission' a GP may give the ambulance service one hour or more to carry out the journey and so it is not necessarily dealt with as a 999 call.



2.82 PATIENT TRANSPORT SERVICES

Table 8 shows the total PTS activity across the four contracts comparing 2017/18 to last year 2018/19.

Table 5

PTS Activity	2017/18	2018/19	YoY Change
Total	1848786	1870586	1%

2.83 NHS 111

111 activity is measured under the following categories:

- Calls offered
- Calls answered
- Calls triaged
- Call disposal:
    - Calls directed to 999
    - Calls recommended to attend A&E
    - Recommended to attend primary and community care
    - Recommended to attend ‘other;

2.9 Summary

The profile and context information has been used to understand our current position. This will now be combined with an assessment of the market in terms of drivers, opportunities and competition in the market assessment section.

3. MARKET ASSESSMENT

This section provides a thorough market assessment, looking at the national, local and individual service line factors influencing our plans and provides clear insights for trust strategy

3.1 ANALYSIS

In order to assess the market in which the trust operates we have considered national and local drivers, together with service line specific analysis. This has been supported by a PESTLE (Political, Economic, Social, Technical, Legislative and Environmental) and SWOT (strengths, weaknesses, opportunities and threats) review, the outputs of which reflected the main elements of the impact of national and local drivers.

3.2 DRIVERS

Table 6

National Drivers: The trust's five year Integrated Business Plan has taken into consideration the impact of several key external strategies and reports that have been published; these are shown below, together with planned response from the trust		
Strategy	**Description**	**NWAS Response**
NHS Long Term Plan	NHS Long Term Plan builds on increased integration with the further development of Sustainability and Transformation Partnerships (STPs) in integrated care systems. An element is focused on expanding and reforming urgent and emergency care services. The aim is to ensure patients get the care they need fast, relieve pressure on ED departments, and better offset winter demand spikes.	Plans to develop an integrated service model which will be supported by all the enabling strategies, with significant reliance on the digital strategy and associated technology which will enable staff to respond effectively.

NHS Ambulance Digital Strategy	The aim of the National NHS Ambulance Digital Strategy is to provide resilient, effective and sustainable services to support the right care enabled by digital technology.	Implementation of the digital strategy will allow for opportunities of transformational change, including standardisation and new functionality of digital technology within NWAS. This strategy supports all aspects of the patient journey with a focus on improving patient outcomes while also creating a better environment for staff. NWAS will provide for resilient and future oriented solutions, which in turn increases stability, security and organisational resilience.
Integrated Urgent Care Service Specification (2017)	This national service specification describes how the existing and new service elements - call-handling, clinical assessment and treatment services should be commissioned, provided and measured. The vision for an Integrated Urgent Care Clinical Assessment Service (IUC CAS) offers a transformational opportunity to deliver a model of urgent care access that will streamline and improve patient care across the urgent care community, through the implementation of "consult and complete" model.	The planned IUC model is underpinned by technology. The service specification therefore sets out the standards against which technology must be procured and emphasises the importance of robust resilient solutions as below: • Telephony: The function of the national 111 platform and how providers receive 111 calls • Service directory: The importance of maintaining an accurate service directory and how to access and use it. • Interoperability: The challenges associated with referral of encounters into and out of the service, access to records and appointment booking. • Future Technology: The emergence of alternative access channels such as online and the replacement / onwards development of

		existing technologies such as service directories and triage tools.
National Ambulance Commissioning Strategy	Recommendations include: "There should be a refocus on commissioning and provider systems that support non-conveyance and provision of the right care closer to home as its principal aim for most patients." We need a focus on an improved triage that will be consistent, systematic and focused on the right response for the patient.	The Right Care and UEC strategic priorities together with the enabling strategies all support increasing care closer to home when it is safe and clinically appropriate to do so. They include plans to further increase hear and treat and see and treat resulting in an increase in non-conveyance.
Lord Carter Report	Recommendations include: • Enabling effective benchmarking • Delivering the right model of care and reducing avoidable conveyance to hospital • Efficient use of available resources • Optimising workforce wellbeing and engagement • Effective fleet management • Improving performance and strengthening resilience and interoperability • Developing the digital ambulance • Maximising use of non-clinical resources • Delivering effective implementation	The trust key strategies and enabling strategies of estate, fleet, workforce and digital all reflect the requirements arising from the Lord Carter report. The Lord Carter Review highlighted nine key recommendations. NWAS has developed an action plan which is made up of 50 actions. All ambulance trusts are working towards putting these recommendations in place. Some of the recommendations need to be nationally implemented, for example, standard vehicles; other elements are being progressed by NHS England and our commissioners.

GP Contract	Includes the option to recruit paramedics.	The trust is developing an agreed to approach to rotational working which may be reflected in the processes that support business and commercial development.
Topol review	The Secretary of State for Health and Social Care commissioned The Topol Review: Preparing the healthcare workforce to deliver the digital future. This review makes recommendations that will enable NHS staff to make the most of innovative technologies such as genomics, digital medicine, artificial intelligence and robotics to improve services. These recommendations support the aims of the NHS Long Term Plan and the workforce implementation plan, helping to ensure a sustainable NHS.	The trust needs to ensure its plans are aligned to the key recommendations which include: ensuring patients are partners in the digital journey; providing and developing the expertise to evaluate healthcare technology; and adopting new technology to provide more time with patients.
The NHS Carbon Reduction Strategy 2009/ Climate Change Act	The Climate Change Act requires an 80% reduction in CO2 emissions by 2050 compared to 1990 emission levels and interim targets of 10% by 2015 and 34% by 2020. The NHS has developed a new Sustainable Development Strategy to assist in the delivery.	The trust met the 2015 target and is currently working towards the 2020 target via a number of initiatives including the introduction of more energy efficient technology and estates rationalisation. The trust is committed to reduce emissions – this will impact our fleet and estate.

While the trust will need to consider the impact of the national drivers, it must also take account of the local factors which may influence the trust plans and its journey to achieve its vision

The table below has taken in consideration the impact of the key local factors that have an impact of the trust. These are shown below, together with planned response from the trust.

Table 7

Local factors		
Factor	**Description**	**NWAS Response**
Commissioning intentions	These are described in more detail within the service line analysis. In summary the commissioning intentions for urgent and emergency care reflect the national direction of travel towards increased integration and interoperability.	The commissioning intentions have been reflected in the contract agreement.
Contracting arrangements for urgent and emergency care (including resilience), 111 and PTS	The trust has a block contract for UEC for 2019/20; four individual PTS contracts; and NHS 111. Both PTS and 111 are due to expire within the planning period and will be subject to a tendering exercise.	See above, plus the further analysis will be undertaken to assess the trust appetite for future PTS and 111 contracts and the form they may need to take. Business and commercial development will be structured in a formal manner.
Varied stages of development of the STPs with Greater Manchester Health and Social Care devolution providing unique challenges/opportunities	This is partly reflected in the UEC commissioning intentions earlier in the plan. Each 'system' (STP/ICS) is required to submit a 5 year plan by November 2019.	The trust has an opportunity to influence and advise on the system plans, particularly in relation to increased integration for UEC; and acting as a 'gateway' to all non-planned care via both 111 and UEC. The trust will work to develop and improve its relationships with the STPs.

The population we serve	The North West has wide-ranging health inequalities, with areas having some of the highest levels of chronic sickness and very high levels of deprivation. The trust operates in a variety of areas both rural and urban, and everything in between; with representation for all ethnicities, religions and races.	The trust is working to reduce variation, utilising business intelligence including population demographic analysis. The trust will work towards improving the staff BME and diversity representation. Work to increase patient and public involvement in order to ensure all voices can be heard.

3.3 INSIGHTS

The key insights arising from the analysis of the national and local drivers are highlighted in blue in the table above and expanded in the table below:

Table 8

1. Greater integration and interoperability
The continued evolution of STP into ICSs requires better integration of services and systems. As the lead for urgent and emergency care, together with 111, we have the opportunity to provide a more integrated solution to pre/out of hospital care.
2. Safe care closer to home/admission avoidance
There is a continued drive to treat patients in the 'right place' and this is often not in hospital. We must empower our staff to make clinician decisions, supported by access to information and by access to suitable alternative services.
3. Increased use of technology and 'digitising the frontline'
The increased use of technology is a strong theme throughout; the importance is reflected in the national expectation that digital will be represented at board level. The trust will need to invest in the actual technology, hardware, software and expertise. In addition a similar investment quality improvement methods that support human factors to support our workforce as we digitise the frontline.
4. Flexible workforce and clinical leadership
In order to provide an integrated service model and support the national driver for greater integration, use of multidisciplinary teams and rotational working, the trust will develop our staff increasing their potential and leadership skills. The trust will develop 'its offer' in terms of rotational working into other providers.
5. Efficiency and effectiveness
Both in terms of working more closely with the STPs/ICSs and our fellow ambulance services, the trust is working to identify areas for potential efficiencies. This has been shown by our work as part of the Northern Ambulance Alliance (NAA) and is a continue focus as part of the action plan including estates and fleet, resulting from the Lord Carter report.
6. Clear business and commercial plans
This reflects the need for a more formal structure to horizon scan for contract expiry dates and opportunities for income generation, and to prepare for responses to invitations to tender and assess the appetite for different areas of business.

7. Need to reduce variation in terms of performance, and treating patients outside of the hospital
Keeping patients safe is core to our organisation and the quality (right care) strategy focuses on the need to reduce variation and prevent harm from patients waiting unnecessarily. We will need to use business intelligence to support this work and ensure our staff are equipped with the clinical and leadership skills.
8. Improved engagement with our patients and population
The scale of the trust footprint which captures a population of over 7 million makes engagement with our patients a constant challenge. This is reinforced by the nature of our core business when a significant portion of our patients have infrequent, irregular contact with our urgent and emergency care service. Patients who access PTS and 111 are more likely to contact us more often. The trust must be open to feedback from our patients and offer the opportunities for them to influence the services with offer.
9. Environment
The trust must deliver the requirements of the Climate Change Act and they may be opportunities to combine progress in this area with a parallel improvement in efficiency and effectiveness.

3.4 SERVICE LINE ANALYSIS

Each service line has specific drivers and is faced with challenges which need to be considered when assessing the market and therefore the trust priorities and plans.

3.41 URGENT AND EMERGENCY CARE

The trust aims to achieve and sustain its performance across all the standards and indicators whilst moving towards a more integrated service model.

We intend to position ourselves to be the provider of choice for an integrated service model, with the option to sub-contract or partner with other organisation to provide the fully integrated solution and this is likely to involve an element of non-emergency transport similar to PTS.

Currently the 31 CCGs in the North West collaboratively commission the urgent and emergency care and 111 services with NHS Blackpool CCG acting as the lead commissioner. The urgent and emergency care contract for the year 2019/20 is a block contract

3.412 GROWTH

The trust jointly commissioned a piece of modeling work with the commissioners.

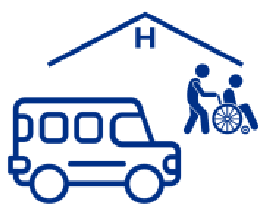
The trust has also agreed a forecast for a reduction in conveyance to ED for each of the subsequent years of the five year plan, by maintaining hear and treat and focusing on increasing see and treat. This is developed further within the strategic priorities section of this plan.

The urgent and emergency care contract is a one year block contract so any growth over or below the forecast will not affect the associated income this year (2019/20) but it will be used to inform future contract negotiations.

3.413 COMMISSIONING INTENTIONS

The commissioning intentions are built on a shared vision and detail the key areas for joint delivery between commissioners, the ambulance service, key providers and stakeholders for 2018/19, 2019/20 onwards.

Working collaboratively across urgent and emergency care services, we will agree across the North West a shared vision and supporting strategy to achieve the best outcome for patients and future sustainability of services. Recognising that the ambulance service has an integral role to play, working with providers to maximise clinical and operational virtual integration where appropriate, supported by interoperable technology and (digital strategy and implementation plan) to deliver the most appropriate and responsive service for patients. The overarching commissioning intentions will both inform and support delivery of the place based plans of CCGs and STPs as part of the wider transformation of urgent and emergency care.



3.42 PATIENT TRANSPORT SERVICES (PTS)

The North West CCGs let five contracts for the provision of PTS for eligible patients registered with a GP in the commissioning areas of: Cheshire (including Warrington and Wirral), Cumbria, Greater Manchester, Lancashire, and Merseyside. This arrangement attracted challenge for small to medium sized providers of PTS transport across the country and in 2012 commissioners tendered the services across the five lots now in existence.

In 2015 the services were tendered in line with the scheduled contract end date. Resultant from that exercise NWAS is the provider of PTS in:

- Cumbria,
- Greater Manchester
- Lancashire
- Merseyside

The Cheshire (including Warrington and Wirral) contract is provided by West Midlands Ambulance Service NHS Foundation Teaching Trust (WMAS).

The current contracts for NWAS will cease in June 2021.

In 2017 WMAS served notice on the Cheshire contract which resulted in a tender exercise being undertaken, therefore that contract will be in effect between April 2019 and March 2024.

3.422 COMMISSIONING INTENTIONS

PTS will continue to evolve and there are strong links to the business and commercial development strategic priorities in preparation for the contract end dates.

3.423 COMPETITION

It is assumed the contracts for the core PTS (EPS, planned and unplanned) will be offered for tender at the end of the contract date.

3.43 NHS 111

NHS 111 is jointly commissioned by the North West CCGs with the contract due to expire in 2020. The current contract includes the key performance indicators described in the profile section and it includes call taking, signposting and offering clinician advice across the North West. The 111 service also supports the development of the direct booking initiatives and has partner arrangements with out of hours (OOH) providers and APAS (Acute Patient Assessment Schemes). The current annual contract value is £20.271m.

3.433 COMMISSIONING INTENTIONS

The commissioning intentions reflect the national drive towards greater integration, with the aim that patients with less severe conditions will find it easier to access urgent care clinical advice, on the phone and online.

Plans include rolling out enhanced triage across urgent care services, and potentially to urgent treatment centres, care homes and ambulance services. GP out of hours and 111 services will increasingly be combined. NHS 111 will be able to book people into urgent face to face appointments where this is needed. The plans include patients calling NHS 111 who need clinical input will be transferred to a clinical assessment service (CAS). They will speak directly to a clinician who will seek to complete the call there and then without the need to transfer the patient elsewhere. The CAS team will be able to directly book patients into an appointment at an urgent treatment centre following a clinical assessment over the phone.

The aims include:

- Increasing the proportion of calls resolved through telephone advice including clinical advice on the phone
- Decreasing inappropriate ambulance conveyance to emergency departments.

3.6 INSIGHTS AND CONCLUSIONS

Combining the analysis from the market assessment, PESTLE and SWOT aligned to the risks on the Board Assurance Framework, resulted in the identification of the following areas of opportunity, development and improvement:

- Sustainable performance
- Increased integration and interoperability – 'blending' our service offer across all three service lines
- Flexible workforce with staff from a wide variety of professional groups
- Increased clarity with regard to the commercial and business appetite of the trust and 'what business' it wishes to be involved in /compete for
- Rapid develop of digital and technical products and solutions
- Effective and effective use of resources
- Planning for a cleaner more environmentally friendly future
- Systems and process to ensure patient safety is central to all we do

These insights have been combined with the knowledge of our current position as detailed in the 'Profile and context' section; and in the next section applied to the trust strategy and vision.

4. STRATEGIC VISION

This section describes the trust vision and how, considering the insights gained from the market assessment, we will achieve this.

4.1 VISION

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

4.2 VALUES

The trust recognises we cannot become the 'best' if our staff do not demonstrate our values by their behaviours. These values can only be achieved if we have the staff in place who share the trust's values and feel supported to deliver them. We need to ensure that we recruit, develop and support our staff to feel engaged and proud to work for the trust.

The trust values are shown in the table below. These values were developed with a great deal of influence from our staff; we held workshops, produced an online survey and a set of presentations.

All staff induction materials and appraisals include an assessment of behaviours that support the trust values. When assessing our strengths – our **caring** staff came out as a consistent strength. We expect our staff to behave in a manner that reflects these values and we are proud to receive the positive feedback from our patients and the latest CQC inspection.

Table 9

Value	Description
Working Together for Patients	Patients are at the heart of everything we do. Through positive teamwork, we share our knowledge, experience and expertise, providing a well-mannered, professional service which is inclusive of all communities.
Commitment to Quality of Care	We strive for excellence through being committed to quality and professionalism, providing suitable, sustainable and effective care to our patients. We welcome feedback to continually enhance and develop our service.
Respect and Dignity	We show respect and dignity to every person we have contact with, demonstrated through our honesty, trust and good manners. We take personal responsibility for our behaviour, being accountable for the impact our actions and words may have on others.
Compassion	We safeguard our patients, caring for and protecting them and acting on any concerns. We value each other and embrace our differences through listening, being supportive, sharing information and through collaborative working, knowing our diversity makes us stronger.
Everyone Counts	Compassion, kindness and empathy are essential to the care we provide to our patients.
Improving Lives	We acknowledge and learn from our mistakes to provide the best care we can.

4.3 STRATEGIC ALIGNMENT

The core trust strategies detailed below will be reviewed to ensure they reflect the priority areas identified together with the associated objectives, deliverables and milestones.

These trust strategies include

- Quality (right care)
- Urgent and emergency care
- Workforce
- Estates and fleet
- Digital
- Communications and engagement
- Environment and sustainability

Some of the priority areas are not covered by any of the current strategies; these are business and commercial processes and developing and influencing the STPs across the North West.

4.4 STRATEGIC PRIORITIES

Following on from understanding our current position derived from the profile and context and the market assessment analysis, the strategic priorities are shown below; these incorporate all the areas of opportunity, development and improvement.

	Priority	Description
	Urgent and emergency care (integrated)	Increasing service integration and leading improvements across the healthcare system in the North West.
	Quality (Right Care)	Delivering appropriate care, which is safe, effective and patient centered for each individual.
	Digital	Radically improving how we meet the needs of patients and staff every time they interact with our digital services.
	Business and commercial development	Developing skills and capability to explore business opportunities for current and new viable contracts, services or products.
	Workforce	Engaging and empowering our leaders and staff to develop, adapt and embrace new ways of delivering the right care.
	Stakeholder relationships	Building and strengthening relationships that enable us to achieve our vision.
	Infrastructure	Reviewing our estates and fleet to reflect the needs of the future service model.
	Environment	Committing to reduce emissions by embracing new technology including electric vehicles.

5. SERVICE DEVELOPMENTS

This section expands upon the strategic priorities identified at the end of the previous section, 'Market Assessment', providing further details.

1. URGENT AND EMERGENCY CARE (INTEGRATED)

This priority will deliver effective urgent and emergency care for every patient by adopting a system wide integrated response model. Our primary objective is always to ensure that patients with serious or life threatening emergency needs receive timely high quality care in order to maximise their chances of survival and recovery. We aim to achieve ambulance response standards consistently and sustainably by working in collaboration with the wider health care system to develop a range of integrated urgent and emergency care solutions. This will ensure that emergency resources are able to provide a timely response; every time.

While we maintain our position as the core provider of pre-hospital emergency care in the North West, we will also position NWAS firmly at the centre of a whole system IUC model. We recognise that we are ideally placed to provide high quality patient-centred care closer to home, in order to treat more patients, by telephone, at scene, and in community settings; thereby reducing unnecessary conveyance to hospital.

2. QUALITY (RIGHT CARE)

Our core purpose is to save lives and prevent harm. We will ensure that our governance and management systems, first and foremost, keep our patients safe; will focus on reducing the most prevalent themes of harm which have surfaced through our best intelligence. We are committed to high reliability performance for key patient pathways and outcomes. We require the systematic adoption of new skills for our workforce in human factors, safety, reliability and improvement sciences. This strategy will be operationalised through all NWAS service lines and at all levels of the organisation through service line plans and individual objectives. Delivering the right care which is safe, effective and patient-centred for each individual

3. DIGITAL

Core to this strategic priority is the delivery of reliable services 'every time'; a commitment to solving everyday problems with digital solutions, developing a digitally enabled workforce, providing secure joined up IT platforms, and supporting smarter decisions through improved insight and innovation across the entire NWAS estate and all service lines.

Technology is increasingly important for safe, effective and efficient service provision from the frontline to the Board. It is central to delivery of key performance standards and enhancing patient experience. Likewise the opportunities afforded by connected business intelligence systems and the insight they provide can reduce variation in management systems and delivery back office efficiencies.

The digital strategic priority is also critical to connecting with other health providers in the North West and with the STPs regionally. Nationally, digital enables us to connect with other ambulance trusts to provide a more effective response to national resilience, activity increases and mutually beneficial support arrangements between ambulance trusts.

This strategic priority is a key enabler for the other strategic priorities, particularly integrated UEC.

4. BUSINESS AND COMMERCIAL DEVELOPMENT

Currently the trust does not have a formal arrangement in relation to business and commercial development. The trust is looking at the options to formalise its approach to business development and commercial opportunities; and contract management. These options consider how the trust should best position itself to:

- Prepare for contract end dates
- Protect its core services from competition
- Generate additional income - this could include a wide-range of opportunities depending on the risk appetite

The options will consider key functions and processes a business and commercial function should incorporate for example:

- Assessing the 'strategic fit' before any action is taken
- Bid no bid process
- Governance and gateways – linked to financial values - who can approve a bid or expression of interest
- Horizon scanning for opportunities
- Resources and expertise to respond to invitation to tenders or potential opportunities

5. WORKFORCE

The trust aims to ensure that patients are at the heart of what we do. This strategic priority presents how we will develop, engage and empower our workforce to deliver the right care; we will need innovative leadership, an agile workforce and the necessity to collaborate in new ways of working to deliver safe, effective and patient-centred care. The needs of our workforce are also changing. Shortages of key clinical staff, changing educational pathways and the changing demands of the new workforce and longer working, requires flexibility across the employee lifecycle and a culture which will provide inspirational leadership and support. There are a number of workforce challenges around recruitment and retention, terms and conditions, productivity and workforce modernisation.

Our workforce strategic priorities starts at the point of recruitment and continues throughout the employee lifecycle; recognising our leaders are key to enabling our staff to be motivated, caring and proud to work for the trust.

This strategic priority will develop our staff and leaders within an inclusive and innovative culture to support and enable the other strategic priorities. In addition, there are some more specific ways in which this strategic priority contributes to other priorities:

Strategic Priority Area	Workforce
Urgent and emergency care (integrated)	Review of clinical and managerial structures Support for rota review implementation Development of multidisciplinary team and enabling wider skill set Development to support increased see and treat New role development such as the urgent care practitioner role EOC and other contact centre reviews Rotational working (internal and external) Developing effective leaders to enable and drive change Empowering staff
Quality (right care)	Supporting the development of a safety culture Improving the quality of investigations through training and the development of a just culture

	Enabling improvement capacity and capability Developing skills to support improvements in patient care
Digital	Support the development of a digitised frontline as part of the staff engagement and development
Infrastructure	Staff engagement and organisational change particularly in relationship to development of hubs and spokes and changes to control function following clarification of requirements
Environment	Innovative ideas to line with drive to reduce carbon emissions Increased awareness and move towards electric vehicles Staff health and wellbeing Staff engagement Leadership development Equality, diversity and inclusion

One of the key insights of the analysis is the significance of the impact on our workforce due to a large number of changes forecast in a short period of time.

6. STAKEHOLDER RELATIONSHIPS

This strategic priority falls mainly into two categories: relationships with sustainability and transformation partnership (STPs) and developing our relationships with our patients.

STP relationships

STPs were created to bring local health and care leaders together to plan around the long term needs of local communities. They were drawn up by senior figures from different parts of the local health and care system, following discussion with staff, patients and others in the communities they serve.

A number of these partnerships have now grown into integrated care systems (ICS) and it is expected that by April 2021 every STP will become an ICS.

Within the North West there are four STPs:

- Greater Manchester
- Cheshire and Mersey

- Lancashire and South Cumbria
- North Cumbria

The national guidance provides very little in terms of the appropriate approach to be taken by the ambulance services with regard to plans or relationships.

The NHS Long Term Plan and the recently published operational planning guidance reinforce the future model for a more integrated health and social care. The national planning guidance presents a direction of travel that is based on 'system' collative plans and NWAS needs to ensure it is in a position not only to be fully informed but to influence these plans, particularly, but not exclusively, in relation to urgent and emergency care and digital, sharing our plans to provide a fully integrated solution, and acting as a consistent, reliable and resilient gateway to the rest of the 'system'.

Patient and Public Panel

The second aspect of this strategic priority is our engagement with our public. We need to increase patient and public engagement and involvement between the communities of the North West and the trust. In summer 2019, we introduced a Patient and Public Panel (PPP) to ensure effective patient and public involvement, making sure the voices of our patients and the public are heard and acted upon.

The PPP aims to:

- Strengthen our community engagement and structured patient and public involvement.
- Create the infrastructure to enable patients/the public to become involved at a level that suits them and in their selected area(s) of interest.
- Develop a work-plan for patient and public engagement and involvement.
- Provide meaningful opportunities for patients/the public to influence service planning and delivery and to develop service improvements using co-production methodology.
- Ensure patient and public representation can act as a critical friend for the trust's business.

7. INFRASTRUCTURE

This strategic priority presents the elements of the trust infrastructure which will contribute to the vision to be best ambulance service in the UK. The key elements include the redesign of ambulance responses to align with the requirements of the Ambulance Response model (ARP) ensuring patients receive the most appropriate type of response; and to continue to move towards reducing the number of patient's conveyed to ED.

Key to improving patient care is the development of deployment plans that position ambulance resources as close as possible to patients at the time of despatch. This concept of intelligent deployment plans based upon accurate and reliable activity

data is called patient centred deployment (PCD). From the infrastructure perspective, the foundations to support PCD include hub and spoke, workshops, IT/staff facilities, cleanliness and environment.

8. ENVIRONMENT

The Climate Change Bill introduced the world's first long term legally binding framework to tackle the dangers of climate change. The Act created a new approach to managing and responding to climate change through: setting ambitious targets, assuming powers to help achieve them, strengthening the institutional framework, enhancing the UK's ability to adapt to the impact of climate change and establishing clear and regular accountability. The trust, as part of its Board approved Sustainable Development Management Plan (SDMP), has undertaken a climate change risk assessment and developed an appropriate climate change adaptation plan.

The NHS Carbon Reduction Strategy 2009 was developed and introduced to ensure compliance with the Climate Change Act target of 80% reduction in CO_2 emissions by 2050 compared to 1990 emission levels and interim targets of 10% by 2015 and 34% by 2020. The trust is currently working towards the 2020 target via a number of initiatives including the introduction of more energy efficient technology and estates rationalisation.

The NHS, public health and social care system recognises that the current system is not sustainable without radical transformation. It suggests that environmental and social sustainability can be addressed alongside economic sustainability challenges and has developed a new Sustainable Development Strategy to assist in the delivery.

The strategic priority is about committing to reduce emissions; this may be achieved by embracing new technology including electric vehicles.

5.1 OBJECTIVES, DELIVERABLES AND MILESTONES

For each strategic priority a set of objectives has been identified; each objective will require an associated set of deliverables and milestones. The strategic priorities together with the associated objectives are shown in the section below. The full deliverables and milestones are detailed in a supporting annex.

5.2 MEASURES SUMMARY

To demonstrate we are the best, we will:

- Achieve the highest standards of safe, effective and patient-centred care
- Achieve all operational performance standards for UEC, NHS 111 and PTS
- Ensure care is delivered in most appropriate setting for the patient and the system, safely reducing unnecessary conveyance to the emergency department
- Provide the appropriate workforce, resources and infrastructure enabling the achievement of our priorities every time to all our patients

5.3 REVIEW AND REFRESH

These priorities and objectives will be reviewed regularly in line with the trust Strategic Planning Framework every year as a minimum to ensure the trust is continuing to assess the market and its impact on the trust.

5.4 COSTS AND EFFICIENCIES

As shown above it is the aim of this plan that each strategic priority provide high level costs breakdown and forecast efficiencies associated with each of objectives, as it is recognised that the trust must operate within financial limits, and adhere to regulations and standards; these include a cap on capital expenditure and procurement rules and that these limitations may affect the phasing and or the deliverability of objectives.

Many of the objectives and deliverables will be projects and programmes which will be required to adhere to the trust Project Way process; and this will result in a requirement for a full business case for those meeting the financial threshold.

It is proposed that all the objectives should include an element of cost efficiency that will contribute to the trust cost improvement programme (CIP) target. Where the full business case is required this efficiency will be captured, for other deliverables and objectives this will be captured as part of scoping and development process.

5.5 PROJECT WAY

The Project Way provides a consistent but flexible approach to anyone managing a project within the trust. This standardised approach provides the trust with confidence that projects are being managed and delivered effectively, without undue risk being introduced into the organisation. The process ensures the flexibility to use

a tailored process, dependent on some simple factors such as the project's cost, time to deliver and level of associated risk. These factors will also determine the governance and approval authority required for each project. The Project Way details three differing 'pathways' providing a clear picture of the process and level of governance to be applied based on the project's cost, time to deliver and level of associated risk. It ensures that proactive decision making and accountability is in place.

The trust utilises a corporate portfolio tracker to provide oversight of all the projects and programmes regardless of associated Project Way pathway

5.6 CORPORATE PROGRAMME BOARD

This governing body provides the approvals process for projects, and importantly provides robust scrutiny and challenge to all project and programmes within its portfolio.

5.7 CONCLUSION

A detailed understanding of the financial impact of the service developments together with a detailed understanding of the trusts financial commitments and obligations is required and developed within the next section.

6. FINANCE

This section provides a high level view of the trust's financial plans reflecting the strategic priorities and national must do's

6.1 FIVE YEAR DRAFT FINANCIAL PLANS

The trust is in the process of preparing five year financial plans to support and underpin the NHS long term strategic implementation plans. The financial plans must ensure financial balance is achieved, while achieving the national NHS plan priorities at pace and certainly by 2023/24. The resultant five year estimated annual income and expenditure (I&E) forecast positions for each of the service lines, and the aggregate position has been produced.

This I&E forecast is based on inflation and CIP rates mandated in the NHS Plan Implementation Framework, and it is planned to incorporate high level cost estimates for the significant developments identified in this document. This work is underway and will be reflected in future iterations of the trust plan.

The risks to the financial plans are incorporated into the trust risks, being reflected on the Board Assurance Framework (BAF).

7. RISKS

This section examines the potential risks associated with the achievement of the strategic priorities; together with the current risks on the BAF, demonstrating how the objectives will mitigate these risks.

While the objectives that underpin the strategic priorities mitigate the current risks on the BAF, there are other potential risks that currently fall outside the BAF. These are the risks related to the interdependencies between the strategic priorities and objectives and the resources required to deliver them.

7.1 INTERDEPENDENCIES

The trust UEC strategic priority includes an objective to develop a new integrated service delivery model. This includes milestones that can only be achieved with the parallel development of the associated digital solution. If the digital solutions are not realised within the relevant timescales there will be an impact on the UEC strategic objectives.

These sorts of interdependencies are replicated across the trust plans. Therefore the trust has developed a critical path/roadmap which shows all the key deliverables and

milestones and their relationships. This tool can be used to assess the impact of any change or delay.

7.2 RESOURCES

The trust five year plan presents an ambitious set of objectives, each of which will require resources to enable its delivery. These resources include finance and therefore the financial limitations such as the capital spend cap and the actual available funds need to be fully assessed.

The finite number of individuals with expertise in the priority areas also presents a risk. While backfilling of roles could be an option this will be limited by the funding challenges and may introduce delays due to the need to recruitment additional resource. The number of business cases that will be required are also resource intensive requiring input from across the trust, which in turn reinforces the strategic priority of business and commercial development.

7.3 LINKS TO STRATEGIC PRIORITIES

7.31 BOARD ASSURANCE FRAMEWORK

The risks which normally scored between 15 and 25 will be regarded as strategically significant risks and will be considered by the Board of Directors for inclusion in the BAF. The scoring process is shown below.

During the SWOT and PESTLE analysis described in the market assessment the outputs particularly in relation to the weaknesses and threats were compared to the overarching strategic risks on the BAF in order to ensure the trust strategic priorities act to mitigate the trust risks.

7.32 RISK MANAGEMENT

The trust's risk management process provides assurance to the Board of Directors on the effective provision of healthcare services. The Board of Directors, with support from the committees provide a fundamental role in guaranteeing a robust risk management system is effectively maintained and lead a culture where risk management is embedded across the trust through its policies, procedures and strategies, setting out its appetite and priorities in respect of the mitigation of risk when delivering a safe, high quality service.

As part of the strategic planning process, the risks on the Board Assurance Framework have been mapped to the items on the SWOT. This ensures all the risks have been identified and that the actions required to mitigate the risks are incorporated into the integrated plans

7.33 ASSESSING AND SCORING OF RISKS

Risks are scored using a risk scoring matrix which has been adopted by many NHS organisations and is based on the initial guidance produced by the National Patient Safety Agency (NSPA) called "*A risk matrix for risk managers*". The risk scores take into account both the consequence and likelihood of a risk occurring.

CONSEQUENCE score X LIKELIHOOD score = RISK score

Risk review frequency

The following table sets out minimum expectations for the review of risks:

Table 10

RISK RATING	MANAGEMENT
1-3: Low	Every 12 months, or sooner in light of changes
4-6: Moderate	Every 6 months, or sooner in light of changes
8-12: High	Every quarter, or sooner in light of changes
15-25: Significant	Every month, or sooner in light of changes

7.34 RISK MITIGATION

Managing risk involves identifying options for mitigating the risk, assessing those options, preparing risk management action plans and implementing them. This mitigation is married-up to the strategic priorities and associated objectives.

8. GOVERNANCE

The section describes the governance arrangements that are in place in the trust. The overarching aim of these arrangements is to provide a high quality governance framework within which the trust's business activities take place.

8.1 BOARD OF DIRECTORS

The Board of Directors is led by the Chairman and comprises both executive and non-executive directors (NEDs). Executive directors are responsible for the day to day operational aspects of running of the trust, while the non-executive directors provide specific expertise from a variety of industries, advice and guidance to the executive directors.

The Board of Directors is responsible for:

- Formulating strategy for the organisation
- Ensuring accountability by holding the organisation to account for the delivery of the strategy
- Ensuring the organisation operates effectively and with openness, transparency and candour and by seeking assurance that systems of control are robust and reliable
- Shaping a healthy culture for the board and the organisation

8.1 BOARD DEVELOPMENT

In order to provide the best patient care our Board undertakes regular board development sessions. The content of these sessions are agreed by the Chairman and Chief Executive in conjunction with the Director of Corporate Affairs and are based on regulatory requirements alongside areas identified through skills gap analysis.

8.2 GOVERNANCE STRUCTURE

The Board has established committees with delegated responsibility for seeking assurance on behalf of the Board and these are reviewed on annual basis. The Board has responsibility for the oversight of the delegation arrangement and retains the power to change or revoke the authority delegated to a committee at any stage. In addition, the trust has established Standing Orders that ensure effective and appropriate corporate governance arrangements are in place. The Board is supported by the following governance structure:

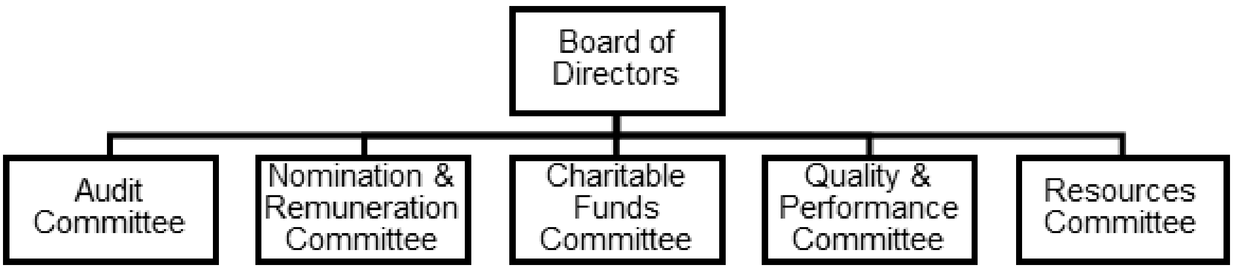


Table 11

The remit of each committee remit is to advise and offer assurance to the Board for their specific area of oversight.

Committee	Remit
Audit	With a Chair who has a finance background, the audit committee's remit is to ensure there is an effective system of internal controls across the trust, primarily utilising the work of internal audit, external audit and other assurance functions.
Nomination and remuneration	The remit of this committee is to agree appropriate remuneration and terms of service for the Chief Executive, the executive directors and other senior managers; it also reviews the structure, size and composition (including the skills, knowledge and experience) of the Board of Directors compared to its current position and gives full consideration to succession planning for all directors.
Charitable funds	The Board of Directors is the corporate trustee of the charity governed by the laws applicable to trusts and it established this committee to monitor, manage and review charitable funds as required by the Charities Act 2011 and ensure there is an effective system of governance, risk management and internal control across the charity's activities, ensuing that the NWAS NHS Trust Charitable Fund complies with statutory regulations as set out by the Charity Commission.
Quality and	All aspects of quality, safety and operational performance relating to the

Committee	Remit
performance	provision of care and services in support of getting the best clinical outcomes and experience for patients.
Resources	This committee ensures all the trust's business, financial and workforce plans are viable and that risks have been identified and mitigated, monitoring governance arrangements established to address internal and external service developments and will seek assurance on the delivery of corporate projects.

The Director of Corporate Affairs has delegated executive responsibility for corporate governance arrangements within the organisation on behalf of the Chief Executive.

A key element of the governance process is to provide assurance to the Board that a suitable level of challenge has been faced for all major decisions. In order to ensure this there is evidence of challenge by the NEDs will be within the minutes for each meeting and will be assessed as part of any CQC inspection.

8.21 CONTROLS OVER EXPENDITURE

The trust has an excellent track record of achieving all of its statutory financial duties. Controls over the full range of trust expenditure are contained within the Standing Orders, Standing Financial Instructions and Scheme of Delegation, supplemented by detailed financial procedure notes, which are all subject to review. There is a programme of finance training to assist non-financial managers in understanding their financial responsibilities. Controls are also in place to safeguard both the trust and individual managers. Regular one to one meetings take place with budget holders and Management Accounts.

8.22 PERFORMANCE CONTROLS AND REPORTING

The Board of Directors have received an Integrated Performance Report (IPR) since August 2012. The IPR is a monthly report which provides the Board of Directors with an update on performance against key indicators covering the main functions of the organisation.

In light of the measures required for the Single Oversight Framework (SOF), used by NHS Improvement to monitor and review performance, the format of this report has changed and will continue to develop. The SOF can be viewed at the following link: https://improvement.nhs.uk/resources/single-oversight-framework/

It should be viewed in line with the ambition for NWAS to be the best ambulance service in the UK. The goal is to achieve this through continually improving services to our patients, wherever possible focusing our attention on prevention, ensuring that our people are thriving and working in the right place, at the right time, every time.

The SOF measures are divided into five areas with the report:

- Quality of care
- Effectiveness
- Finance
- Operational performance
- Organisational health

The following SOF and business critical measures are now available within the IPR, with comparison against other trusts where available:

Domains	Measures				
Quality of Care	Q1: Complaints	Q2: Incidents	Q3: StEIS Incidents	Q4: Staff Experience	Q5: Safety Alerts
Effectiveness	E1: Patient Experience	E2: AC QIs	E3: AQI Outcomes		
Finance	F1: Financial Score				
Operational	OP1: Call Pick Up	OP2: A&E Turnaround	OP3: ARP Response Times	OP4: 111 Response Times	OP5: PTS Activity
Organisational Health	OH1: Staff Sickness	OH2: Staff Turnover	OH3: Staff Recommend	OH4: Temporary Staffing	OH5: Vacancy Gap
	OH6: Appraisals	OH7: Mandatory Training			

8.23 EXECUTIVE LEADERSHIP COMMITTEE (ELC)

The ELC has recently been established and replaces the previous Executive Management Team (EMT). It meets weekly to discuss all areas of compliance in relation to performance, finance, quality and discuss and/or approve major decisions that affect the management of the organisation. The ELC receives assurance reports that provide details of progress; and where progress is not on track, details of the associated risks.

8.231 Senior Leadership Group (SLG)

A new Senior Leadership Group has been established to support ELC in the fulfilment of its duties. It ensures that ELC decision-making and discussion is

informed by the views of other senior leaders within the trust and that there is a high level of understanding and awareness of key strategic issues faced by the trust.

8.232 Chief Executive Accountability Reviews

These newly established reviews will occur weekly, with service lines on a rotational basis having an opportunity to meet with the CEO and an executive panel, utilising the agreed service line metrics to monitor and challenge performance by exception and allow the service line leads to escalate any appropriate issues and showcase new and innovative ways of working.

The CEO Accountability approach will provide the tools for the Executive Team to monitor all key performance metrics and receive the necessary assurance required whilst ensuring intervention is proportionate and balanced to the issue with key emphasis on the balance between challenge and support.

8.233 Corporate Programme Board

A new Corporate Programme Board has been established to provide oversight and assurance across all the key projects and programmes, receiving progress information from a group of focused oversight forums – more details are provided in section 5 (Service Development)

8.25 AUDIT

8.251 Internal audit

Internal audit services are provided to the trust by Mersey Internal Audit Agency; they attend each audit committee and assist the committee in reaching its opinion on the trust's Statement on Internal Control through provision of an audit opinion on the systems of internal control; working through a risk-based annual work programme for internal audit activities which is derived from the trust's Board Assurance Framework and Risk Register

Mersey Internal Audit Agency also provides the trust with a counter fraud service delivered by an accredited Local Counter Fraud Specialist.

8.252 External audit

KPMG are appointed as the External Auditors for the trust, attending each audit committee and reporting on progress against the External Audit annual plan; together with Internal Audit representatives they meet privately with the members of the Audit Committee twice a year.

The external auditors (KPMG) issued an unqualified opinion on the financial accounts for 2018/19 and no significant issues were identified by the external audit during the course of the 2018/19 audit programme.

8.26 EXTERNAL GOVERNANCE

In addition to the robust internal governance arrangements the trust also provides assurances and receives challenge from the commissioners. This involves three key forums:

- Strategic Partnership Board
- Contracting Group
- Quality and Safety Group

In addition there is a joint Strategic Transformation Board which is currently reviewing its terms of reference in order to ensure they reflect the future plans for the trust.

8.3 CONCLUSION

The governance arrangements have recently undergone a restructure and the membership of the Board has been expanded to ensure it is better placed for the future; this includes an associate NED with an experience in digital and technology.

The supporting governance structures for the strategic priorities that will report to the planned Corporate Programme Board are evolving ensuring they reflect the strategic priorities.

9. CLOSING STATEMENT

This plan, together with detailed planning which includes deliverables and milestones, provides details of the strategic priorities and objectives over the next five years. It recognised these are ambitious and challenges and will require significant sustained effort and focus. There are many interdependencies identified and must of the detailed underpinning implementation plans need to be developed further, hence this plan will undergo regular reviews to ensure it reflects the current state of progress.

Five Year Integrated Business Plan (IBP)

2019-2024

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